

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED DEC 1 4 2016

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A F	or the	2015 calendar year, or tax year beginning and er	naing		
B c	heck if pplicable	C Name of organization		D Employer identifica	ntion number
	Addres	ALABAMA STATE NURSES ASSOCIATION			
	Name change	Doing business as		63-00	03817
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return/	360 NORTH HULL STREET		(334)	<u> 262-8321 </u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	417,646.
	Ameno			H(a) is this a group reti	
F	Applica			for subordinates?	Yes X No
	⊥tiòn pendin	- 1	36101	H(b) Are all subordinates incl	
				7 · ·	
		empt status: 501(c)(3)	527	1 '	st. (see instructions)
		e: > WWW.ALABAMANURSES.ORG	T	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1914 M	State of legal domicile: AL
Pa	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$			
Activities & Governance		NURSES ASSOCIATION (ASNA) IS TO FOSTER HI	GH ST	ANDARDS OF N	URSING,
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
တ္	l	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	4
ij	J.	Total number of volunteers (estimate if necessary)		6	20
€		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34	•	7b	0.
	<u>_</u>			Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		178,841.	165,908.
Шe	l .	Contributions and grants (Part VIII, line 1h)		109,159.	184,534.
ě	9	Program service revenue (Part VIII, line 2g)	<i>#</i>		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4 and 19)	ט ∦כי	7,052.	10,529.
	11	Investment income (Part VIII, column (A), lines 3, 4 and 10) (A) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 12) 2016 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	?/ -	11,965.	<u>-7,906.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part (III) column (A), line 12)	/	307,017.	353,065.
	13	Grants and similar amounts paid (Part IX, column (A), ineg-137	′ ⊢	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	<u> </u>	154,853.	163,733.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	<u> </u>
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	141,636.	184,428.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		296,489.	<u>348,161.</u>
	19	Revenue less expenses. Subtract line 18 from line 12		10,528.	4,904.
os Ses			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		241,294.	249,772.
ABB	21	Total liabilities (Part X, line 26)		57,021.	<u>60,595.</u>
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		184,273.	189,177.
Pa	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			
		Moderate			
Sig	n	Signature of Officer 2		Date //- / 6	5-2016
Her		JOHN ZEIGLER, EXECUTIVE DIRECTOR			•
1161	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Dale	4		- 1	1/16/16 self-employed	- ∤
Paid		BOBBY L. TAUNTON, JR. CPA			63-0834838
	parer	Firm's name MACHEN MCCHESNEY, LLP		Firm's EIN	07 0074070
use	Only	Firm's address 1761 TALIAFERRO TRAIL		Dh 224	244.0000
_		MONTGOMERY, AL 36117		Phone no. 3 3 4	-244-8900
<u>Ma</u>	y the II	AS discuss this return with the preparer shown above? (see instructions)			X Yes No
5320	01 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruction	15.		Form 990 (2015)

orm	1990 (2015) ALABAMA STATE NURSES ASSOCIATION 63-0003817	Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE PURPOSE OF THE ALABAMA STATE NURSES ASSOCIATION (ASNA) IS TO	
	FOSTER HIGH STANDARDS OF NURSING, PROMOTE THE PROFESSIONAL AND	
	EDUCATIONAL ADVANCEMENT OF NURSES, AND PROMOTE THE WELFARE OF NURSES	TΩ
	THE END THAT ALL PEOPLE MAY HAVE BETTER HEALTH CARE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990 EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3		X No
3	- · · · · · · · · · · · · · · · · · · ·	LAL NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported.	
4-		
4a	(Code) (Expenses \$,
	CONTINUING EDUCATION, PUBLIC RELATIONS AND MEMBERSHIP, LEGISLATIVE	
	ISSUES, ECONOMIC AND GENERAL WELFARE, RESEARCH.	
4b	(Code) (Expenses \$	
	/ Lexellus 3 / Lexellus 3	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
		_
		
44		
40	Other program services (Describe in Schedule O.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			i
	If "Yes," complete Schedule A	1_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u></u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	i		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
_	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			37
		11b		<u> </u>
G	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX			v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	120		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	_12a		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	- 100	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı-ta		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
			990 c	

Form 990 (2015) ALABAMA STATE NURSES ASSOCIATION
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	5			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OE!		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?]	J	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form 5	990 r	2015)

O15) ALABAMA STATE NURSES ASSOCIATION Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2015) Part V Sta

1a Enter the number of forms W2G included in in a E. Enter Of the papilicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withing the prize without prize with the complete payments to vendors and reportable gaming (gambling) with payments of prize without prize with the complete payments to vendors and reportable gaming (gambling) withing with payments of prize with the payments of the complete payments to vendors and reportable gaming (gambling) withing withing withing the payments of the complete payments to vendors and reportable gaming (gambling) withing with		Check it Schedule O contains a response or note to any line in this Part V					
Enter the number of Forms W.2G included in line 1s. Enter -0 find applicable Old the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2s, did the organization file all required feederal employment tax returns? 33 Did the organization have unrelated business gross income of \$1,000 or more during the year? 34 A at any time during the calendar year, did the organization file a fire quived an explanation in Schedule O 35 If "Yes," has fide a Form 900 To fire this year? "If W.7 Lo file all 2s, provide an explanation in Schedule O 36 If "Yes," and the did any organization file form 114, Report of Foreign Bank and Financial accountly over, a financial accountly such as a bank account, securities account, or other financial accountly of the all the organization have an interest in, or a signature or other authority over, a financial countly such as a bank account, securities account or other financial accountly? 55 If "Yes," and the organization file Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 56 Was the organization a party to a prohibition tax shelter transaction at any time during the tax year? 57 ID did any taxable party northly the organization file Form 888617? 58 Did any taxable party northly the organization file Form 888617? 59 Did the organization receive a payment in excess of \$15 made party or the file organization solicit any contributions that were not tax deductible contributions under section 170(c). 59 Did the organization receive a payment in excess of \$15 made party to growth and party for goods and services provided to the payor? 50 Did the organization receive a payment in excess of \$15 made party for goods or services provided? 50 Did the organization organiza						Yes	No
be Enter the number of Forms W.2G included on line 1s. Enter 0 · finot applicable 2 · Did the organization concept, with backup withfoling rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a · Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 · Bit at least one is reported on line 2s, did the organization file all required feederal employment tax returns? 5 · Note. If the sum of lines 1 and 2s is grader than 250, you may be required to e-file (see instructions) 5 · Bit of the organization have unrelated business gross income of \$1,000 or more during the year? 5 · Bit if Yes, 1 and 1 feed a form 990 of for this year? If Vive, 1 on the 3b, provide an explanation in Schedule O 5 · Bit if Yes, 2 · Institute of the organization file organization file organization in schedule or other financial accountly? 5 · Bit if Yes, 2 · Institute of the organization file organization is a bank account, scuttles as a bank account, scuttles as counts or other financial accountly? 5 · Bit if Yes, 2 · Institute of the organization file form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 · Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 · Did any taxable party notify the organization file Form 8886 17? 6 · Does the organization and party to a prohibited tax shelter transaction? 6 · Did the organization is that were not tax deductible as charitable contributions? 6 · Did the organization is that were not tax deductible as charitable contributions? 7 · Did the organization receive a payment in excess of \$15 made party for goods and services provided to the payor? 5 · Did the organization receive a payment in excess of \$15 made party for goods and services provided to the payor? 7 · Did the organization organization will be contribution or care, or other weblack of the organiza	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
disambing) winnings to prize winners? 2 Eather the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 If it least on experience on line 2a, and dut the organization file all required federal employment tax returns? 3 If it is least one is reported on line 2a, and dut the organization file all required federal employment tax returns? 3 If If Yes, 1 has a filed a Form 990-For for this year? If it is a filed a Form 990-For for this year? If it is a part of the organization have unrelated business gross income of \$1,000 or more during the year? 4 If Yes, 1 has a filed a Form 990-For for this year? If it is a bank account, or other financial accounts? 5 If Yes, 1 and the calendar year, doff the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5 If Yes, 1 and the organization and a bank account, securities account, or other financial accounts? 5 If Yes, 1 and the organization and the organization file at the transaction at any time during the tax year? 5 If Yes, 1 and the organization and the organization file and the transaction at any time during the tax year? 5 If Yes, 1 and the organization that will be organization and the organization file and the organization receive a payment in excess of S75 made partly as a contribution of qualt of the programation receive a payment in excess of S75 made partly as a contribution of undersoluted to the organization receive a payment in excess of S75 made partly as a contribution of undersoluted to the organization receive a payment in excess of S75 ande partly as a contribution of undersoluted to the organiz	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
28 Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file ail required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 b If the organization have unreliated business gross income of \$1,000 or more during the year? 3 a If the 1st least one is reported on line 2a, did the organization have unreliated business gross income of \$1,000 or more during the year? 3 a If Yes, 1st led a Form 990.T for this year? If Yeo, 1st least a phase and a significant organization have unreliated business gross income of \$1,000 or more during the year? 3 a If Yes, 1st least a form 990.T for this year? If Yeo, 1st least a significant and provided and a form of the foreign country. If Yes, 1st least ending the call of the organization and the organization and the second of the organization file. If Yes, 1st lens so of \$5, did the organization file Form 8886-T? 5 a Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 5 if Yes, 1st lens organization include with every solicitation an express statement that such contributions or grits were not tax deductible. 5 b If Yes, 2st lens organization include with every solicitation an express statement that such contributions or grits were not tax deductible. 5 b If Yes, 2st lens organization include with every solicitation an express statement that such contributions or grits were not tax deductible. 5 b If Yes, 2st lens organization include with every solicitation and express statement that such contributions. 6 b If Yes, 2st lens organization include with every solicitation and express statement that such contribution	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming	1		
field for the calendar year ending with or within the year covered by this return If all least one is reported on the 24, aid the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrielated business gross income of \$1,000 or more during the year? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a barik account, securities account, or other financial account)? 4b. If "Yes," enter the name of the foreign country (such as a barik account, securities account, or other financial accounts (FBAR). 5ce in instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce in year to be a son 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6c. If Yes, "to line 5a or 5b, did the organization michide with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductible contributions? 6c. If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If Yes, "did the organization notify the donor of the value of the goods or services provided? 8d. If Yes, "did the organization notify the donor of the value of the goods or services provided? 9d. If Yes, "indicate the number of Forms 8882 filed during the year? 9d. If the organization receive a spirm in excess of 575 made party as a contribution of quanty and the provided that the arrangement of the provided to the forms 899		(gambling) winnings to prize winners?			1c_		
b if a least one is reported on time 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rile (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so entering country (such as a bank account, so entering country (such as a bank account, so entering country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If "Yes," other the name of the foreign country > See instructions for filing requirements for FinceNF orm 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," in the ins 5 aro 55, did the organization that if was or is a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6 Did the organization shall may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall may receive deductible contributions under section 170(c). 9 Did the organization shall be shall be shall be gross as a combition of organization organization shall be shall be gross as a c		filed for the calendar year ending with or within the year covered by this return	2a	4			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 99c7 for this year? if "No," to line 3b, provide an explanation in Schedule 0 3b All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization for the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b Was the organization for the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that the very solicitation and express statement that such contributions or grifts were not tax deductible? 6c If "Yes," to the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c If "Yes," and the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 6c If "Yes," and the organization selection that the expression of the payment of the payment of the payment of the organization selection of the payment of the pay	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
b if "Yes," has it field a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a triancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b if "Yes," enter the name of the foreign country > 5e enter thou have been decided as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c I "Yes," to line 5a or 5b, did the organization file Form 8886-1? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 6d b organization and the account of the school and services forward to the form account of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible 6d b organizations that may receive deductible contributions under section 170(c). 8d b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d b if "Yes," did the organization notify the donor of the value of the goods or services provided? 9d b if "Yes," did the organization notify the donor of the value of the goods or services provided? 9d b if "Yes," indicate the number of Forms 8282 filed during the year 9d bid the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d if the organization received a contribution of qualified intellectual property, did the organization files Form 1998-0. 9d bid the organization maintaining donor advised funds. Did a donor advised fund maintained b		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in farring in country). b if "Yes," enter the name of the foreign country is the securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinoEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinoEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of thing requirements for FinoEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of the great and the second of	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X
thancal account in a foreign country [such as a bank account, so other financial account]? b if "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions or grifts were not tax deductible as chartable contributions or grifts were not tax deductible? 7 Organization shat may receive deductible contributions under section 170(c). a bid the organization shat may receive deductible contributions under section 170(c). b If "Yes," did the organization norify the donor of the value of the goods or services provided? c bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Publication or second a contribution of qualified intellectual property, did the organization file a Form 1098-0? 7 The Old the organization facewed a contribution of qualified intellectual property, did the organization file a Form 1098-0? 7 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Cid the sponsoring organization make a distribution to a donor, donor advised funds. a Indiation fees and c	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0				
b if "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction? 5a Does the organization that on the form 8886.7? So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bid eorganization state may receive deductible contributions under section 170(c). 8d bid eorganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7b Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," include the number of forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 9 If the organization service and contributions included funds. 9 Sponsoring organizations maintaining donor advised funds.	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 59 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 50 Does the organization and annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; 60 were not tax deductible? 61 If "Yes," did the organization receive a deductible contributions under section 170(c). 62 Did the organization start may receive deductible contributions under section 170(c). 63 If "Yes," did the organization notify the denor of the value of the goods or services provided? 64 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 65 If "Yes," indicate the number of Forms 8282 filed during the year. 66 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 77 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 77 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form selection of a devised funds. 78 Did the sponsoring organizations maintaining donor advised funds. 79 Did the organization form selection of cars, boats, airplanes, or other vehicles, did the organization file form 500 form 300 personal property of pe		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Droganizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the gloods or services provided? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization may funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 1 If the organization received a contribution of axis, botas, arplanes, or other vehicles, did the organization file Form 899 as required? 2 If the organization received a contribution of oars, botas, arplanes, or other vehicles, did the organization file Form 8999 as required? 3 Did the sponsoring organization make any taxable dist	b	If "Yes," enter the name of the foreign country.		,			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5 aor 5b, did the organization file Form 888-17. Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required? If the organization received a contribution of cas, boats, angipanes, or other vehicles, did the organization flee Form 1998-0? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Foscion 501(c)(72) organizations. Enter: In instance from the sources (Do not net amounts due or paid to other sources agains		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
c if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 5 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? B) Did the sponsoring organization make any taxable distributions under section 4966? B) Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? if "Yes," enter the amount of fexerves the organization required to maintain by the states in which the organization is iscensed to issue qualified health plans in more than on	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization excess payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 6 If 'Yes,' indicate the number of Forms \$282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 8 If the organization received a contribution of caris, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(x)7 organizations. Enter. 1 Initiation fees and capital contributions included on Part VIII, line 12 2 Gross receipts, included on Form 990, Part VIII, line 12 3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(x)12 organizations. Enter. 13b Section 501(x)12 organizations. Enter. 15c Section 501(x)12 organizations. Enter. 15d Section 501(x)12 organizations. Enter. 15d Section 501(x)12 organizations with the	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	?	5b		X
any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year D Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds, and donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. D Id the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(17) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) C Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organization incersed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organiz	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). In the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The politic	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organizations extent may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The sponsoring organization received a contribution of acis, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a first of the organization have excess business holdings at any time during the year? Section 501(c)(7) organizations. Enter: a first of the organizations of the property of the donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a forsi income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		any contributions that were not tax deductible as charitable contributions?	_		6a		Х
7 Organizations that may receive deductible contributions under section 170(c) a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To bit "Yes," idod the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? Sponsoring organization meceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 601(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from other sources (Do not ret amounts due or paid to other sources against amounts due or received from them) Section 601(c)(7) organizations. Enter: Gross income from other sources (Do not ret amounts due or paid to other sources against amounts due or received from them) Section 601(c)(7) organizations. Enter: Section 601(c)(7) organizations certificated to retain the paid of the property file health insurance issuers. Is the organization is unified health plans in more than one state? Note, See the instru	b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7d 7d 7d 7d 7d 7d 7d 7d 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g 7f 7d 7f 7d 7d 7e The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 7h 7f 7h 7s 8ponsoring organizations maintaining donor advised funds. 8ponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make at distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter. 1 Initiation fees and capital contributions included on Part VIII, line 12 9 Gross receipts, included on Form 990, Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Initiation fees and capital contributions included on part VIII, line 12 9 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 gross income from members or shareholders 10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(29) qualified nonprofit health insurance issuers. 12 is the organizat		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization in the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization in the year pay payments or indirectly or indirectly, to pay premiums on a personal benefit contract? f If the organization in the numbers or shareholds any payments or indirectly or i	7	Organizations that may receive deductible contributions under section 170(c).					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter: a first included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities f Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on han	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advised, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(2) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organiz	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves on hand 13a	C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		to file Form 8282?		•	7c		_X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 12b 12b 12b 12b 12b 12b 12c 12a 12b 12b 12c 12b 12b 12c 12b 12b 12c 12b 12b 12c 12b	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_				
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	f				7f		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Ө			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9						
section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	,		•			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b 15 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b			••	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1	l			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				 	-		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			_10b_	<u> </u>	ł		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C Enter the amount of reserves on hand 13c C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-مه ا	İ	1		
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• •	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Ð						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	10-	·			40-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1	ĺ	ıza		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·	[120		1		
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	a	· · · · · · · · · · · · · · · · · · ·		•	138		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	h						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	J	·	12h			.	
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	r				1	Ì	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·		·	142		x
		· · · · · · · · · · · · · · · · · · ·	e O	• •			_==_
						990	(2015)

Form 990 (2015)

ALABAMA STATE NURSES ASSOCIATION

63-0003817

Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				77						
	Check if Schedule O contains a response or note to any line in this Part VI			X						
sec	tion A. Governing Body and Management			г						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			*						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
_	b Enter the number of voting members included in line 1a, above, who are independent 1b 16									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х						
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u> </u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X						
6	Did the organization have members or stockholders?	_6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_								
	The governing body?	8a	X							
	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>						
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1							
40	Middle annument on hour level should be a start by a still start.		Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b								
and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	100	x							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
C	In Schedule O how this was done	12c	x							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	x							
b	Other officers or key employees of the organization	15b	X							
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1								
_	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	<u>JOHN ZEIGLER - 334-262-8321</u>									
	360 N. HULL STREET, MONTGOMERY AL 36104									

Form 990 (2	2015) ALABAMA	STATE NU	JRSES	ASSOCIATION	63-0003817	_Page 7						
Part VII	Compensation of Officers	, Directors, T	rustees,	Key Employees,	Highest Compensated							
	Employees and Independent Contractors											

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	offi	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)			than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN ZEIGLER	40.00	1	l							
EXECUTIVE DIRECTOR		L	<u> </u>	X				48,000.	0.	0
(2) REBECCA HULE	5.00	1				ĺ				
PRESIDENT		<u> </u>		X		L		0.	0.	0
(3) SARAH WILKINSON	5.00]								
PRESIDENT - ELECT		L		X				0.	0.	0 .
(4) CARTHENIA JEFFERSON	5.00		İ			ļ .				
VICE PRESIDENT		L		X				0.	0.	0
(5) LINDSEY HARRIS	5.00									
SECRETARY			_	X				0.	0.	0
(6) WANDA SPILLERS	5.00	İ								
TREASURER				X				0.	0.	0 .
		_								
		_								
			ļ							
<u></u>			-	-						
		<u> </u>								
			}							!
		Γ								
		\vdash								

	1
	·
bove) who received more than	
	bove) who received more than

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue business exempt function sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 165,908. **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 165,908 h Total, Add lines 1a-1f **Business Code** Program Service 184,534. 184,534. f All other program service revenue 184,534. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,512. 10,512. other similar amounts) Income from investment of tax-exempt bond proceeds 4,141 4,141. 5 Royalties . . (II) Personal (i) Real 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 64,598 assets other than inventory b Less cost or other basis 64,581 and sales expenses c Gain or (loss) 17. 17. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** -12,047. -12,047.11 a UNREALIZED LOSS ON INV d All other revenue -12,047e Total. Add lines 11a-11d 199,204 -12,047353,065 Total revenue. See instructions. 12

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).						
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	ındıvıduals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	77,621.								
6	Compensation not included above, to disqualified	ł		ł						
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	59,106.	·							
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)			ļ						
9	Other employee benefits	16,944.								
10	Payroll taxes	10,062.								
11	Fees for services (non-employees):)						
а	Management									
b	Legal			<u> </u>						
C	Accounting	3,400.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	2 164								
f	Investment management fees	2,164.								
g	Other. (If line 11g amount exceeds 10% of line 25,	15 000								
	column (A) amount, list line 11g expenses on Sch O.)	15,000.								
12	Advertising and promotion	2,860.								
13	Office expenses	4,000.								
14	Information technology Royalties									
15 16	Occupancy	13,320.								
17	Travel	15,520.								
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	43,845.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization		_							
23	Insurance	3,061.								
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.)									
а	CONTINUING EDUCATION &	73,485.								
þ	DUES	10,843.								
С	UTILITIES AND TELEPHONE	10,674.			·····					
d	REPAIRS AND MAINTENANCE	<u>5,776.</u>								
е	All other expenses				<u> </u>					
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	348,161.								
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)			1 I						

rai	t X	Check if Schedule O contains a response or note	e to any line in this Part Y			
		Consoli i Octredule o Contains a response or nest	o to dry into in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		35,803.	1	45,363.
	2	Savings and temporary cash investments	282.	2	55,238.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	· ' '			
		Part II of Schedule L	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
	_	section 4958(f)(1)), persons described in section	· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of sect	· · · · · · · · · · · · · · · · · · ·			
Assets		employees' beneficiary organizations (see instr).	· · · · · · · · · · · · · · · · · · ·		6	
	7	Notes and loans receivable, net			7	
Ž	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	Ţ		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		205,209.	11	149,171
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	·		13	
	14	Intangible assets	Ī		14	
	15	Other assets See Part IV, line 11	F		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	241,294.	16	249,772
	17	Accounts payable and accrued expenses		1,215.	17	1,234
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
,	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	s, and disqualified persons.		l	
		Complete Part II of Schedule L			22	
j	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of		ļ	
		Schedule D		55,806.	25	59,361
	26	Total liabilities. Add lines 17 through 25		57,021.	26	60,595
		Organizations that follow SFAS 117 (ASC 958)	, check here ► X and			
,		complete lines 27 through 29, and lines 33 and				
	27	Unrestricted net assets	. [_ 184,273.	27	189,177.
5	28	Temporarily restricted net assets			28	
,	29	Permanently restricted net assets	[29	
,		Organizations that do not follow SFAS 117 (AS	SC 958), check here ▶			
5		and complete lines 30 through 34.				
?	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
,	32	Retained earnings, endowment, accumulated inc			32	
Í	33	Total net assets or fund balances		184,273.	33	189,177.
	34_	Total liabilities and net assets/fund balances		241,294.	34	249,772.

	1 990 (2015) ALABAMA STATE NURSES ASSOCIATION	<u>63-000</u>	<u> 3817</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	, , -			
_			2.5		- -
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>61.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184	4,2	<u>73.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	189	9,1	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			
	consolidated basis, or both:	o baoio,			ľ
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	o addit,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	20		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				1
Ja	Act and OMB Circular A-133?	igie Audit	3a		x
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	rod audit	Sa		
IJ		neu audit	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	- · · · · · · · · · · · · · · · · · · ·		990	L (2015)
			-orm	シブリ ((CI U⊃)

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990 Internal Revenue Service **Employer identification number** ALABAMA STATE NURSES ASSOCIATION 63-0003817 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		STATE NUR							<u>03817</u>		<u>2</u>
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simi</u>	lar Asse	ts (contini	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	signıfican	t use of its	collection	ıtems	
	(check all that apply).										
а	Public exhibition	C	4 🖳	Loan or exc	hange progr	ams					
b	Scholarly research	•	e []	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	the organizat	ion's exe	mpt pur	ose in Par	t XIII.		
5	During the year, did the organization solicit of					ner sımıla	r assets	_	_		
_	to be sold to raise funds rather than to be ma								Yes	N	<u>o</u>
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 99	30, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										_
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	ssets no	t included	, –	٦.,	<u> </u>	
	on Form 990, Part X?					•			_ Yes	N	0
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table.				1	A	_	
_	Daginging bolones						-	 	Amount		—
C	Additions during the year						1c	 			—
a	Additions during the year Distributions during the year	•					1d	 			_
•	Ending balance				•	•	1e 1f	 			—
) 2a	Did the organization include an amount on F	orm 990 Part X line	21 for	escrow or c	 Listodial acco	ount liab	h		Yes	□ N	_
	If "Yes," explain the arrangement in Part XIII						•		_ 163	一"	•
Pai											_
		(a) Current year	T	Prior year	(c) Two year			vears back	(e) Four	ears bac	— k
1a	Beginning of year balance		1-7-		(9) 111 3 2 2		1=1	1	107		_
b	Contributions										_
С	Net investment earnings, gains, and losses										
d	Grants or scholarships .										
е	Other expenditures for facilities										
	and programs	<u></u>]								_
f	Administrative expenses	<u> </u>									_
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	· ·									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	ered for t	he organ	ızatıon	Г		_
	by									<u>res No</u>	<u> </u>
	(i) unrelated organizations						•		3a(i)		_
	(ii) related organizations			_kL_D0	•				3a(ii)		_
D	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the				•				_3b		_
Par	t VI Land, Buildings, and Equipm		ownent	iunas.							_
	Complete if the organization answere		0 Part IV	/ line 11a 9	See Form 990) Part Y	line 10				
	Description of property	(a) Cost or o			or other		ccumulat	bed T	(d) Book	value	_
	Description of property	basis (investi			(other)		preciatioi		(u) BOOK	value	
19	Land	323.5 (306)					,				_
	Buildings			 -							_
	Leasehold improvements				 i						_
	Equipment						 -				_
	Other_										_
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B), line 1	10c.)			ightharpoonup		0	-

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

ALABAMA STATE NURSES ASSOCIATION

Employer identification number 63-0003817

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE THE PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF NURSES,
AND PROMOTE THE WELFARE OF NURSES TO THE END THAT ALL PEOPLE MAY HAVE
BETTER HEALTH CARE.
FORM 990, PART VI, SECTION A, LINE 6:
ASSOCIATION DOES HAVE A VOTING MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERSHIP ELECTS GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
BY REQUEST
FORM 990, PART VI, SECTION B, LINE 12C:
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
ANNUALLY, BOARD DETERMINES ALL COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST, THE ASSOCIATION MAKES IT GOVERNING DOCUMENTS, CONFLICTS OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XII, LINE 1:
- Valla 220 aanta Alaa Halla I

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
ALABAMA STATE NURSES ASSOCIATION	63-0003817
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.	
,	
	
	
	
	_ ·

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number Open to Public Inspection 2015

1 p

OMB No 1545-0047

I

1

63-0003817 Part I | Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ALABAMA STATE NURSES ASSOCIATION

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) ŝ × × controlled entity? Yes Direct controlling entity $\boldsymbol{\varepsilon}$ status (if section 501(c)(3)) Public charity Exempt Code section € Legal domicile (state or foreign country) LABAMA ALABAMA Primary activity 9 CHARITABLE POLITICAL 62-0003817, 360 N, HULL STREET, MONTGOMERY ALABAMA NURSES FOUNDATION - 63-0821292 ALABAMA STATE NURSES ASSOCIATION PAC Name, address, and EIN of related organization MONTGOMERY, AL 36104 360 N. HULL STREET AL 36104

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

532161 09-08-15 LHA

Schedule R (Form 990) 2015

63-0003817

Page 2

the District

Schedule R (Form 990) 2015 ALABAMA STATE NURSES ASSOCIATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage	<u>.</u>											
,(k) Percenta												
C)	Partner? Yes No											
Ge	୍ଚ ଆଧି		 	_	 	 		_				_
V-UBI	20 of Schedule 1 K-1 (Form 1065) N											
Code V.	of Sc (Forr											
# 6	2	_				 _			_			
(h) Disproportionate	allocations?		 		 					 		
Displ	₹ *				 							
(g) Share of	assets											
(f) Share of total								-				
	excluded from tax under sections 512-514)											
(d) Direct controlling	e e e e e e e e e e e e e e e e e e e										•	
(c) Legal domicile	(state or foreign country)											
(b) Primary activity												
(a) Name, address, and EIN	or related organization											

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

Section 512(b)(13) controlled entity?			
(h) Percentage ownership			
(g) Share of end-of-year assets			
(f) Share of total income			
ling Type of entity Sha (C corp, S corp, or trust)			
(d) Direct control entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2015

20

532162 09-08-15

+ + + + + + +

Part V | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2015		21	532163 09-08-15
			(5)
			(4)
			(3)
			(2)
			(1)
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
ships and transaction thresholds.	is line, including covered relation	no must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1- 1- st		į	 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
X dt X			 P Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses
to t		າກ(s)	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)
* = E		nzation(s) nzation(s)	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
- I-			j Lease of facilities, equipment, or other assets to related organization(s)
4 X \$			
			f Dividends from related organization(s)
Te X			 d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)
Is X			 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s)
Yes No	lated organizations listed in Part	with one or more re	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

63-0003817

Page 4

Schedule R (Form 990) 2015 ALABAMA STATE NURSES ASSOCIATION

Part VI | Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(Q)	(5)	(b)	(e)	€	(5)	3	9	5	(<u>k</u>)
Name, address, and EIN of entity	Primary activity	reign (V	related, tax unc	Partners sec 501(c)(3) orgs?	<u>Ω</u> _ Ξ	Share of end-of-year assets	Dispropor- tionate allocations	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
		1		Les No			Yes No	(2001)	Yes	
									<u> </u>	
					_					
									-	
				_						

Schedule R	(Form 990) 2015	<u>ALABAMA</u>	<u>STATE</u>	NURSES	ASSOCIATION	63-0003817	Page 5
Part VII	(Form 990) 2015 Supplemental I	nformation					
	Provide additional in	formation for responsi	es to allesti	one on Schodu	ule R (see instructions).		
	1 TOTAL GUARIONALII	normation for response	oo to questi	on ochede	ale it (see it structions).		
							
							
					<u> </u>		
				,, 			
	· ·						
		 -				· · · · · · · · · · · · · · · · · · ·	
	_						
			-				
		··			 		
				 			
		···				· · · · · · · · · · · · · · · · · · ·	
		 					
				·			
					<u> </u>		
			 -				
_							