

2015

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

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.irs.gov/form990

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
Massachusetts Nurses Association

% ANDREW FERRIS

Doing business as

Number and street (or P O box if mail is not delivered to street address) 340 TURNPIKE STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CANTON, MA 02021

D Employer identification number

04-1591164

E Telephone number

(781) 821-4625

G Gross receipts \$ 20,625,326

F Name and address of principal officer

Donna Kelly-Williams
340 TURNPIKE STREET
CANTON, MA 02021H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates
Included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status

 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527J Website: ► www.massnurses.orgK Form of organization Corporation Trust Association Other ►

L Year of formation 1903

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE MNA, THE ASSOCIATION for registered nurses, is to PRESERVE THE IDENTITY, INTEGRITY, and
CONTINUITY OF PROFESSIONAL NURSING IN THE COMMONWEALTH OF MASS

2 Check this box ► <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 25
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 94
6 Total number of volunteers (estimate if necessary)	6 85
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,285,070	19,765,786	
9 Program service revenue (Part VIII, line 2g)	7,016	7,213	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283,802	246,253	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,167	66,418	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,596,055	20,085,670	

		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,877,888	11,293,700	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,419,563	8,171,556	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,297,451	19,465,256	
19 Revenue less expenses Subtract line 18 from line 12	298,604	620,414	

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,024,447	10,413,448	
21 Total liabilities (Part X, line 26)	2,379,678	2,298,001	
22 Net assets or fund balances Subtract line 21 from line 20	7,644,769	8,115,447	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	*****	2017-02-02
	Signature of officer	Date
	DONNA KELLY-WILLIAMS President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Anthony T Candeo JR CPA	Preparer's signature Anthony T Candeo JR CPA	Date 2017-01-30	Check <input type="checkbox"/> if self-employed	PTIN P00171579
	Firm's name ► WOLF & COMPANY PC				Firm's EIN ►
	Firm's address ► 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110				Phone no (617) 439-9700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission**

THE MISSION OF THE MNA, THE ASSOCIATION FOR REGISTERED NURSES, IS TO PRESERVE THE IDENTITY, INTEGRITY, AND CONTINUITY OF PROFESSIONAL NURSING IN THE COMMONWEALTH OF MASSACHUSETTS THE PURPOSE OF THE MNA, UNRESTRICTED BY CONSIDERATION OF NATIONALITY, RACE, CREED, RELIGION, LIFESTYLE, COLOR, SEX, HANDICAP, OR AGE, SHALL BE TO - WORK FOR THE IMPROVEMENT AND AVAILABILITY OF HEALTH CARE SERVICES FOR ALL PEOPLE - FOSTER HIGH STANDARDS OF NURSING PRACTICE, EDUCATION, RESEARCH, AND NURSING ADMINISTRATION - PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES - ADVANCE THE ECONOMIC AND GENERAL WELFARE OF NURSES - ACT AND SPEAK FOR NURSES IN MASSACHUSETTS THE FUNCTIONS OF THE MNA SHALL BE TO IMPROVE THE PROFESSION BY - PROVIDING FOR QUALITY IN NURSING PRACTICE BY PROMOTING THE IMPLEMENTATION OF STANDARDS FOR NURSING PRACTICE AND STANDARDS FOR NURSING SERVICES - PROVIDING FOR QUALITY IN NURSING EDUCATION BY PROMOTING STANDARDS FOR NURSING EDUCATION (UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

Attained accreditation with distinction for Continuing Education from the American Nurses Credentialing Center Develop and maintain on line Accredited Nursing Continuing education Develop position papers on Nursing Practice and Health and Safety issues via the two Nursing Congresses Plan implement and evaluate a robust nursing education program which consists of a minimum of six programs per region and an all day program for over 700 nurses Provide consultation on nursing issues to labor program and membership Serve on Health care and Nursing Boards of Directors to provide and receive current information on nursing issues Reviewed the revised ANA Code of Ethics for Nurses with Interpretative statements and presented the review to the Board of Directors Composed a "Code Gray Planpolicy for hospitals to use to design their plan to prevent workplace violence 5801 nurses attended educational seminars during FY2016

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

Division of Labor Action During the last fiscal year MNA settled contracts for the following facilities Newton Wellesley Hospital, UMass Memorial Medical Center Memonal campus, Faulkner Hospital, Brigham and Womans Hospital, Cambridge Alliance Hospitals (Cambridge Hospital, Somerville Hospital, and Whidden Hospital), Lawrence General Hospital, North Shore Medical Center, Anna Jaques Hospital, MetroWest Medical Center Additionally, a number of school nurse and public health contracts have been settled in various towns and cities throughout the state There are negotiations on going for Baystate Franklin Medical Center, Noble Hospital, Baystate VNA, Tufts Medical Center, UMass Memorial Medical Center University Campus, St Vincents Hospital, Morton Hospital, Merrimack Valley Hospital, Holy Family Hospital, Berkshire Medical Center, Tobey Hospital, Athol Hospital, and a first contract for the newly organized Cape Cod Falmouth VNA With the new Governors executive order to review all regulations, we are actively engaged in regulation changes that effect health care and the practice of nursing and allied health disciplines We continue to work on new organizing campaigns and aggressively pursue contract enforcement as well as engaging on issues of advocacy for the profession and for patients in our care

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

DIVISION OF PUBLIC COMMUNICATIONS, LEGISLATIVE AND GOVERNMENTAL AFFAIRS Division of Public Communications continued its ongoing efforts to educate and mobilize membership about MNA activities and programs, with similar efforts launched to educate and mobilize the general public and nursing community to support a variety of issues related to nursing, safe patient care, workplace violence, occupational health and safety, social and economic justice, as well as issues related to our union contract campaigns Special emphasis was placed on increasing members understanding and utilization of social media platforms, such as Facebook and Twitter to amplify their reach and their ability to effect changes in the workplace and within their communities The Department of Legislation and Government Affairs continued working on the Legislative Agenda for the Association This included attending hearings, meetings with legislators, lobby days and many literature drops up at the State House Work continues on the implementation of the Associations ICU staffing law which was passed in June 2014 This included attending hearings and scheduling meetings with various state agencies Special attention was paid to an executive order by Governor Baker to examine all state regulations so many hearings and meetings continue to be the focus of the division In addition the division monitors and tracks all legislation relative to health care and nursing and attends hearings and/or meets with legislators either in support or opposition

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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

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

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

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b** 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
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d** 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 Part X, line 16? If "Yes," complete Schedule D, Part IX
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

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

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

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5	Yes	
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K</i> <i>If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)	28a	
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
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? <i>If "Yes," complete Schedule L, Part IV</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	87
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	2a	94
b	If at least one is reported on line 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-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
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 bank account, securities account, or other financial account)?	4a	No
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)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds.	9a	
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9a	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?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
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	13b	
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	13c	
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
1a 26

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 O

b Enter the number of voting members included in line 1a, above, who are independent
1b 25

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
2 No

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 No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
4 Yes

5 Did the organization become aware during the year of a significant diversion of the organization's assets?
5 No

6 Did the organization have members or stockholders?
6 Yes

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 Yes

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 Yes

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
a The governing body?
8a Yes

b Each committee with authority to act on behalf of the governing body?
8b Yes

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 No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?
10a Yes

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
10b Yes

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
11a No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990
12a Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
12b Yes

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
12c Yes

13 Did the organization have a written whistleblower policy?
13 Yes

14 Did the organization have a written document retention and destruction policy?
14 Yes

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?
a The organization's CEO, Executive Director, or top management official
15a Yes

b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
15b Yes

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
16a No

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website 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 financial 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
►ANDREW FERRIS 340 TURNPIKE STREET CANTON, MA 02021 (781) 821-4625

Part VII Compensation of Officers, Directors, Trustees, 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, or 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 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

Check this box if neither the organization nor any related organization compensated any current officer, director, trustee,

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table		Officer	Independent Trustee	Institutional Trustee	Chamber of Commerce	Key Employee	Part-time Compensation	Employee	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	1,585,637	0	315,530

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 38

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
McDonald Lamond Canzoneri, 352 Turnpike Rd suite 310 SOUTHBOROUGH, MA 01772	Legal Services	858,460

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	19,765,786				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ►		19,765,786				
Program Service Revenue	Business Code						
	2a NURSING PROGRAMS		900099	7,213	7,213		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ►		7,213				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		202,069			202,069	
	4 Income from investment of tax-exempt bond proceeds . . . ►		0				
	5 Royalties ►		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ►			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses	583,840						
c Gain or (loss)	539,656						
d Net gain or (loss) ►	44,184		44,184			44,184	
8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 . . .	a						
b Less direct expenses b			0				
c Net income or (loss) from fundraising events . . . ►			0				
9a Gross income from gaming activities See Part IV, line 19 . . .	a						
b Less direct expenses b			0				
c Net income or (loss) from gaming activities . . . ►			0				
10a Gross sales of inventory, less returns and allowances . . .	a						
b Less cost of goods sold b			0				
c Net income or (loss) from sales of inventory . . . ►			0				
Miscellaneous Revenue		Business Code					
11a WEBSITE INCOME/MISC INCOME		900099	15,856	15,856			
b VENDOR CONTRACTS/ROYALTIES		900099	562	562			
c OTHER INCOME		900099	50,000	50,000			
d All other revenue							
e Total. Add lines 11a-11d ►		66,418					
12 Total revenue. See Instructions ►		20,085,670	73,631			246,253	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	879,047			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,355,758			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	461,103			
9 Other employee benefits	1,952,989			
10 Payroll taxes	644,803			
11 Fees for services (non-employees)				
a Management	0			
b Legal	926,914			
c Accounting	71,600			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	17,157			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	414,086			
12 Advertising and promotion	152,691			
13 Office expenses	558,147			
14 Information technology	270,143			
15 Royalties	0			
16 Occupancy	425,924			
17 Travel	446,846			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	381,037			
20 Interest	14,525			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	330,266			
23 Insurance	95,418			
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 O)				
a DUES & MEMBERSHIP EXPENSES	3,055,754			
b REGIONAL ORG OFFICE	420,000			
c ARBITRATION FEES	158,272			
d SAFE CARE/TRANSPARENCY	88,386			
e All other expenses	344,390			
25 Total functional expenses. Add lines 1 through 24e	19,465,256			
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	4,655,498	1
	2 Savings and temporary cash investments	0	2
	3 Pledges and grants receivable, net	61,893	3
	4 Accounts receivable, net	15,444	4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
		0	5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		
		0	6
	7 Notes and loans receivable, net	0	7
	8 Inventories for sale or use	0	8
	9 Prepaid expenses and deferred charges	332,408	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,622,403	
	10b Less accumulated depreciation	4,850,162	
		1,573,220	10c
	11 Investments—publicly traded securities	3,359,907	11
	12 Investments—other securities See Part IV, line 11	0	12
	13 Investments—program-related See Part IV, line 11	0	13
	14 Intangible assets	0	14
	15 Other assets See Part IV, line 11	26,077	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	10,024,447	16
Liabilities	17 Accounts payable and accrued expenses	1,834,322	17
	18 Grants payable	0	18
	19 Deferred revenue	0	19
	20 Tax-exempt bond liabilities	0	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22
	23 Secured mortgages and notes payable to unrelated third parties	179,130	23
	24 Unsecured notes and loans payable to unrelated third parties	0	24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D	366,226	25
	26 Total liabilities. Add lines 17 through 25	2,379,678	26
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
Net Assets or Fund Balances	27 Unrestricted net assets	5,832,987	27
	28 Temporarily restricted net assets	1,811,782	28
	29 Permanently restricted net assets	0	29
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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 equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	7,644,769	33
	34 Total liabilities and net assets/fund balances	10,024,447	34
			10,413,448

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,085,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,465,256
3	Revenue less expenses Subtract line 2 from line 1	3	620,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	7,644,769
5	Net unrealized gains (losses) on investments	5	-149,736
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,115,447

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	2a	No
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	2b	Yes
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 04-1591164

Name: Massachusetts Nurses Association

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or Director	Individual trustee	Institutional Trustee	Officer	Key employee				Highest compensated
Elizabeth SPARKS	2 5							0	0	0
DIRECTOR	0 0	X								
ELLEN SMITH	2 5									
DIRECTOR	0 0	X						1,000	0	0
Beth Amsler	2 5									
DIRECTOR	0 0	X						0	0	0
HARLEY KEISCH	2 5									
Director	0 0	X						0	0	0
Michael D'Intinosanto	2 5									
DIRECTOR	0 0	X						0	0	0
Gary Kellenberger	2 5									
DIRECTOR	0 0	X						0	0	0
KATHY REARDON	2 5									
DIRECTOR	0 0	X						0	0	0
PATRICIA DUFFY	2 5									
Director	0 0	X						0	0	0
JOAN BALLANTYNE	2 5									
Director	0 0	X						1,000	0	0
KATIE MURPHY	2 5									
Director	0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)
		Individual trustee or director	Officer	Key employee	Highest compensated	Former
Kathy Metzger	2 5					
Director	0 0	X				
SUSAN WRIGHT-THOMAS	2 5					
Director	0 0	X				
KATIE CHRISTOPHER	2 5					
Director	0 0	X				
Colleen Wolfe	2 5					
Director	0 0	X				
Paula Ryan	2 5					
Director	0 0	X				
Brittany Slowey	2 5					
DIRECTOR	0 0	X				
JULIE PINKHAM	35 0					
EXECUTIVE DIRECTOR	0 0			X		
Andrew Ferris	35 0					
Director of Finance	0 0			X		
David Schildmeier	35 0					
DIR PUBLIC COMM	0 0			X		
DOROTHY MCCABE	35 0					
DIRECTOR-NURSING	0 0			X		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

2015

Open to Public
Inspection**SCHEDULE C**
**(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
Massachusetts Nurses Association

Employer identification number

04-1591164

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

► \$ _____

- 2 Political expenditures

- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955

► \$ _____

- 2 Enter the amount of any excise tax incurred by organization managers under section 4955

► \$ _____

- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

 Yes No

- 4a Was a correction made?

 Yes No

- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No

- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a If zero or less, enter -0-	
i Subtract line 1f from line 1c If zero or less, enter -0-	

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

2b If "Yes," enter the amount of any tax incurred under section 4912

2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Were substantially all (90% or more) dues received nondeductible by members?
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members

2 Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).

a Current year

b Carryover from last year

c Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation

2015

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the
Treasury
Internal Revenue ServiceName of the organization
Massachusetts Nurses Association

Employer identification number

04-1591164

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 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 No6 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? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space

Preservation of an historically important land area
 Preservation of a certified historic structure

2 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 Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____8 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)? Yes No

9 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

Part III 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 ► \$ _____

2 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 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition

d Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

Yes

No

(ii) related organizations

3a(i)

3a(ii)

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land				321,000	
b Buildings			2,854,448	1,991,600	862,849
c Leasehold improvements					
d Equipment			2,673,309	2,150,246	523,063
e Other			773,646	708,317	65,329

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 1,772,241

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Total (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 445,557

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,935,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-149,736
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-149,736
3	Subtract line 2e from line 1	3	20,085,670
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	20,085,670

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,465,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	19,465,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	19,465,256

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Page 3, Part x, Line 2 - Uncertain Tax Position	The Association is a tax exempt organization under Section 501(c)(6) of the Internal Revenue Code and is, therefore, exempt from Federal and state income tax. Accounting principles generally accepted in the United States of America require the Association to evaluate tax positions taken, including the position that the Association qualifies as a tax-exempt organization, and recognize a tax liability (or asset) if the Association has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Association, and has concluded that as of June 30, 2016 and 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Association believes it is no longer subject to examinations for years prior to June 30, 2013. The Association's policy is to recognize any interest and penalties related to tax matters as an expense when paid.

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2015

Open to Public
Inspection**Schedule J**
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Department of the
Treasury
Internal Revenue ServiceName of the organization
Massachusetts Nurses Association

Employer identification number

04-1591164

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a

a The organization?

5b

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6a

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6b

a The organization?

7

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

8

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

9

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIE PINKHAM EXECUTIVE DIRECTOR	(i) 192,068 ----- (ii) 0	0 ----- 0	0 ----- 0	11,733 ----- 0	26,494 ----- 0	230,295 ----- 0	0 ----- 0
2 Andrew Ferns Director of Finance	(i) 168,068 ----- (ii) 0	0 ----- 0	0 ----- 0	10,374 ----- 0	26,494 ----- 0	204,936 ----- 0	0 ----- 0
3 Theodore Burke Associate director	(i) 154,207 ----- (ii) 0	0 ----- 0	0 ----- 0	8,997 ----- 0	26,494 ----- 0	189,698 ----- 0	0 ----- 0
4 David Schildmeier DIR PUBLIC COMM	(i) 140,755 ----- (ii) 0	0 ----- 0	0 ----- 0	9,407 ----- 0	26,494 ----- 0	176,656 ----- 0	0 ----- 0
5 EAMON HOGAN ASSOCIATE DIRECTOR	(i) 145,927 ----- (ii) 0	0 ----- 0	0 ----- 0	9,344 ----- 0	26,494 ----- 0	181,765 ----- 0	0 ----- 0
6 DOROTHY MCCABE DIRECTOR-NURSING	(i) 134,125 ----- (ii) 0	0 ----- 0	0 ----- 0	8,063 ----- 0	12,605 ----- 0	154,793 ----- 0	0 ----- 0
7 SHIRLEY THOMPSON DIRECTOR OPERATIONS	(i) 137,034 ----- (ii) 0	0 ----- 0	0 ----- 0	8,898 ----- 0	9,902 ----- 0	155,834 ----- 0	0 ----- 0
8 CHRISTINE PONTUS ASSOCIATE DIRECTOR	(i) 142,486 ----- (ii) 0	0 ----- 0	0 ----- 0	8,077 ----- 0	26,494 ----- 0	177,057 ----- 0	0 ----- 0
9 Kevin Hayes Associate Director	(i) 133,277 ----- (ii) 0	0 ----- 0	0 ----- 0	8,997 ----- 0	32,445 ----- 0	174,719 ----- 0	0 ----- 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data**Software ID:**
Software Version:**EIN:** 04-1591164**Name:** Massachusetts Nurses Association**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIE PINKHAM EXECUTIVE DIRECTOR	(i) 192,068	0	0	11,733	26,494	230,295	0
	(ii) 0	0	0	0	0	0	0
1 Andrew Fems Director of Finance	(i) 168,068	0	0	10,374	26,494	204,936	0
	(ii) 0	0	0	0	0	0	0
2 Theodore Burke Associate director	(i) 154,207	0	0	8,997	26,494	189,698	0
	(ii) 0	0	0	0	0	0	0
3 David Schildmeier DIR PUBLIC COMM	(i) 140,755	0	0	9,407	26,494	176,656	0
	(ii) 0	0	0	0	0	0	0
4 EAMON HOGAN ASSOCIATE DIRECTOR	(i) 145,927	0	0	9,344	26,494	181,765	0
	(ii) 0	0	0	0	0	0	0
5 DOROTHY MCCABE DIRECTOR-NURSING	(i) 134,125	0	0	8,063	12,605	154,793	0
	(ii) 0	0	0	0	0	0	0
6 SHIRLEY THOMPSON DIRECTOR OPERATIONS	(i) 137,034	0	0	8,898	9,902	155,834	0
	(ii) 0	0	0	0	0	0	0
7 CHRISTINE PONTUS ASSOCIATE DIRECTOR	(i) 142,486	0	0	8,077	26,494	177,057	0
	(ii) 0	0	0	0	0	0	0
8 Kevin Hayes Associate Director	(i) 133,277	0	0	8,997	32,445	174,719	0
	(ii) 0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

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Department of the
Treasury
Internal Revenue Service

Name of the organization
Massachusetts Nurses Association

Employer identification number

04-1591164

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see Instructions).

Return Reference	Explanation
SCHEDULE L PAGE 2 PART IV - INTERESTED PARTY	THOMAS BRESLIN, AN EMPLOYEE OF THE MASSACHUSETTS NURSES ASSOCIATION IS THE SPOUSE OF JULIE PINKHAM, A KEY EMPLOYEE OF THE MASSACHUSETTS NURSES ASSOCIATION

**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.irs.gov/form990.

2015**Open to Public
Inspection**

Name of the organization
Massachusetts Nurses Association

Employer identification number

04-1591164

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 6 Part VI Section A Lines 7a & 7b - Election of governing members	The members vote for their Board of Directors and make governing decisions at their annual convention
Page 6 Part VI Section B Line 15b - Officer Compensation	The Board of Directors determines the compensation for their organization's President, directors and management. This process includes review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 6 Part VI Section B Line 11 - Responsible for 990 review	The Board of Directors has delegated the responsibility for reviewing, approving and signing the Form 990 to the President. The Form 990 is made available to any director upon request.
Page 6 Part VI Section C Line 19 - Availability of 990 to public	The organizational governing documents, financial statements and Form 990 are available upon request to the general public.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 6 Part VI Section A Line 6 - Members	The MNA is directed and run by the membership with an elected board of directors and a grassroots organizational structure. With regional councils in five different regions of the state, members have an opportunity to become involved in the MNA on local issues and concerns. The MNA also provides members with an opportunity to influence nursing and other healthcare issues on a national level.
Page 6 Part VI Section A Line 4 - ByLaws Changes	<p>ARTICLE V - Board of Directors Section 3 Term of Office a. Officers and directors are declared elected at the end of the annual business meeting of the MNA or 30 days after the election results have been certified, whichever is sooner and hold office for three years or until successors are declared elected. b. A member who has served more than a half a term in any office shall be deemed to have served that term. c. In case of a vacancy in the office of President, the Vice President shall become President. The Board of Directors shall fill vacancies in the office of Vice President, Secretary and Treasurer by appointment. The Board of Directors shall fill all other vacancies for the unexpired term by appointment.</p> <p>d. The non-voting member representing each of the Congresses shall be selected by those respective groups and affirmed by the Board of Directors.</p> <p>ARTICLE VII - Elections Section 1 Schedule of elections Beginning in 2016, the terms of office for all elected positions will be three years. The election cycle for MNAs general election will consist of two consecutive years where elections involving the individual offices grouped as group A and B will be conducted, followed by a null year where no general elections are held. The new election cycle will begin in 2016 with the election of Group B a. Group A. The President, Collective Bargaining Unit member, Secretary, Collective Bargaining Unit member, Director from each region, Collective Bargaining Unit member, four At-Large Directors, Collective Bargaining Unit members, three At-Large Directors, General, one Collective Bargaining Unit member who is a non-RN health care Professional, five members of the Nominations and Elections Committee representing each region, five members of the Bylaws Committee, five members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the year immediately following the election of members in Group B. b. Group B. The Vice President, Collective Bargaining Unit member, the Treasurer, Collective Bargaining Unit member, a Director from each region, Collective Bargaining Unit member, three At-Large Directors, Collective Bargaining Unit members, four At-Large Directors, General, five members of the Committee on Nominations and Elections representing each region, five members of the Bylaws Committee, four members of each Congress and two members of the Center for Ethics and Human Rights shall be elected in the year following null year with no general election. c. Two At-large Regional Council members shall be elected by the Regional Council membership in MNAs general election, during each year where elections take place in MNAs general election cycle. d. Members shall be considered eligible to hold only one elective office in MNA at any one time, though they may run for more than one office.</p> <p>ARTICLE III - Regional Councils Section 5 Governance b. At-large members shall be elected by the Regional Councils membership in MNAs general election. Two at-large members shall be elected in MNAs general election, during each year where elections take place in the election cycle.</p> <p>ARTICLE VI - Standing Committees Section 1 Definition There shall be Standing Committees on Bylaws, Finance, and Nominations and Elections. Section 2 Composition a. A standing committee shall be composed of ten members with representation from each region. b. The Finance Committee shall consist of five members of the Board of Directors, four of whom shall be from the Collective Bargaining Unit positions, one of whom shall be the Treasurer, who shall act as chair, and five MNA members-at-large, three of whom shall be from the Collective Bargaining Units. Members shall be appointed by the President with the approval of the Board of Directors. c. The Committee on Nominations and Elections and the Bylaws Committee shall each consist of ten members, five of whom shall be elected annually by the membership, with representation from each region. Section 3 Term of Office a. Members of Standing Committees shall serve a three-year term and shall serve until their successors are appointed.</p> <p>Section 4 Accountability a. The Bylaws Committee and Nominations and Elections Committee shall be accountable to the membership unless otherwise provided herein. b. The Finance Committee shall be accountable to the Board of Directors.</p> <p>Section 5 Responsibilities a. The Bylaws Committee shall (1) Recommend to the Board of Directors for adoption the policies, procedures and timeline for submission of proposed amendments to the Bylaws. (2) Receive or initiate proposed amendments to the Bylaws of the MNA from regional councils, the Board of Directors and structural units of the MNA. (3) Report its recommendations to the Board of Directors and the Voting Body at the annual business meeting and any special business meeting at which the membership will vote on any proposed bylaw amendment or amendments. (4) Review all policies for congruency with existing Bylaws. b. The Nominations and Elections Committee shall (1) Publish a list of incumbent officers and members of the Board of Directors and Congresses, with their respective regions and a statement as to which are eligible for re-election. (2) Establish and publicize the deadline for submission of nominations and consent-to-serve form. (3) Actively solicit and receive nominations from all Regional Councils, Congresses, Standing Committees and individual members in good standing. All nominations must be accompanied by a written consent-to-serve form. (4) Prepare a slate that shall be geographically representative of the state with one or more candidates for each office. (5) Report to the Board of Directors the slate of candidates to be elected to each office. Included in the slate shall be candidates for the officers, members of the Board of Directors, Bylaws Committee, and Nominations and Elections Committee. (6) Publicize the proposed slate together with instructions for additional nominations at least four months prior to the MNA annual business meeting. (7) Establish a deadline by which individual members may submit additional nominations accompanied by a consent-to-serve form. (8) Prepare and present the final ballot to the MNA Board of Directors for their information before distribution to the membership. (9) Mail the final ballot to the membership at least 30 days prior to the first day of the annual business meeting including biographical information on each nominee and a deadline for return on the ballot. (10) Implement the policies and procedure for elections established by the Board of Directors. (11) Determine the elected candidates as follows: (a) A plurality vote shall constitute an election for each office. The candidate receiving the largest number of votes shall be declared elected. In the case of a tie, the election shall be determined by lot. (12) Announce the results of the elections at the MNA annual business meeting and publish the results. (13) Preserve all ballots and other records of the election for one year. c. The Finance Committee shall (1) Prepare a budget for the year and submit it to the Board of Directors for approval. (2) Advise the Board as to income, investment and expenditure of funds. (3) Present a report to the Voting Body at the annual business meeting.</p> <p>ARTICLE VIII - Congresses Congresses and Centers Section 1 Definition Congresses and Centers are organized, deliberative bodies which focus on long-range policy development essential to the mission of the association.</p> <p>Section 2 Designation There shall be a Congress on Nursing Practice, a Congress on Health Policy and Legislation, a Congress on Health and Safety and a Center on Ethics and Human Rights.</p> <p>Section 3 Composition a. Composition of Congresses and Centers shall be determined by the Board of Directors and shall consist of sufficient members with interest and/or expertise to carry out the designated purpose of the congress and/or center. The Chairpersons shall be selected by each congress and/or center. b. In addition, Associate Members participating on congresses and/or centers shall have a voice but no vote.</p> <p>Section 4 Term of Office Members may serve so long as the purpose of the Congress or Center is to be completed or until their successors have been appointed.</p> <p>Section 5 Accountability Congresses and Centers are accountable to the Board of Directors and shall act in accordance with general policy and bylaws of MNA.</p> <p>Section 6 Responsibilities Congresses and Centers shall develop internal procedures appropriate to their designated purpose and consistent with the policies specified by the Board of Directors. Congresses and Centers shall submit a report annually in writing to the Board of Directors.</p> <p>ARTICLE IX - Committees and Task Forces Section 1 Definition Committees and Task Forces are groups established for a specific limited purposeful activity designated by the membership at any annual business meeting or by the</p>