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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

OMB No 1545-0047

2015

Open to Public Inspection

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
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE DUPONT CIRCLE NW STE 530 NO 530

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
52-0971333

E Telephone number
(202) 463-6930

G Gross receipts $ 23,530,775

F Name and address of principal officer
DEBORAH E TRAUTMAN
ONE DUPONT CIRCLE NW STE 530 NO 530
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(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) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AACN NCHE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1969

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS THE COLLECTIVE VOICE FOR ACADEMIC NURSING, AACN SERVES AS THE CATALYST FOR EXCELLENCE AND INNOVATION IN NURSING EDUCATION, RESEARCH, AND PRACTICE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	71
6	Total number of volunteers (estimate if necessary)	**6**	981
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	725,260
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	186,571

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,887,069	10,344,758
9	Program service revenue (Part VIII, line 2g)	6,418,519	7,114,935
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,021,430	702,536
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,332,427	1,716,785
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,659,445	19,879,014
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,981,287	2,367,484
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)	5,772,515	6,096,472
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶44,300		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,180,817	7,119,379
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,934,619	15,583,335
19	Revenue less expenses Subtract line 18 from line 12	-1,275,174	4,295,679

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,475,114	29,192,538
21	Total liabilities (Part X, line 26)	6,947,087	7,073,560
22	Net assets or fund balances Subtract line 21 from line 20	18,528,027	22,118,978

Net Assets or Fund Balances

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

****** 2017-02-03
Signature of officer Date

DEBORAH E TRAUTMAN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM E TURCO CPA	WILLIAM E TURCO CPA			P00369217

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400
GAITHERSBURG, MD 208787340

Phone no (301) 296-3600

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 Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

AS THE COLLECTIVE VOICE FOR ACADEMIC NURSING, AACN SERVES AS THE CATALYST FOR EXCELLENCE AND INNOVATION IN NURSING EDUCATION, RESEARCH, AND PRACTICE

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 $ 3,156,397 including grants of $) (Revenue $ 3,793,205)

ACCREDITATION THE COMMISSION ON COLLEGIATE NURSING EDUCATION IS AN AUTONOMOUS ARM OF AACN HAVING THE SOLE PURPOSE OF ACCREDITING BACCALAUREATE AND GRADUATE NURSING EDUCATION PROGRAMS AS WELL AS NURSE RESIDENCY PROGRAMS

4b (Code) (Expenses $ 2,306,142 including grants of $ 1,938,648) (Revenue $)

JONAS NURSE LEADERS SCHOLARS THESE PROGRAMS, SUPPORTED BY THE JONAS CENTER FOR NURSING AND VETERANS HEALTHCARE, ARE DESIGNED TO INCREASE THE NUMBER OF DOCTORALLY PREPARED FACULTY IN NURSING SCHOOLS AND ADVANCED PRACTICE NURSES IN DIRECT PATIENT CARE

4c (Code) (Expenses $ 2,058,352 including grants of $) (Revenue $ 2,210,573)

CONFERENCES NATIONAL CONFERENCES FOCUSED ON A VARIETY OF CONSTITUENT GROUPS WITHIN THE SCHOOL OF NURSING TO ADDRESS LEARNING NEEDS IN THE COMPLEX NURSING EDUCATION ENVIRONMENT

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 6,093,030 including grants of $ 428,836) (Revenue $ 1,419,739)

4e **Total program service expenses ▶** 13,613,921

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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	Yes	
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*	11a	Yes	
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*	11b		No
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*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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		No
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		No
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)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
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**	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
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*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *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**		No
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**		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 Compliance

Check 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	83		
b	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	71		
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	Yes	
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	Yes	
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).**				
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?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
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 . . .	10a			
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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
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.**				
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		13a		
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	13c			
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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	11		
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			No
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.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
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	15b		No
	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 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 ▶ DC

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 ▶ HEATHER SHELFORD ONE DUPONT CIRCLE NW STE 530 NO 530 WASHINGTON, DC 20036 (202) 463-6930

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 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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIANN SEBASTIAN CHAIR FROM 03/2016	10 00	X		X				0	0	0
(2) EILEEN BRESLIN CHAIR THRU 03/2016	10 00	X		X				0	0	0
(3) ANN CARY CHAIR-ELECT FROM 03/2015	8 00	X		X				0	0	0
(4) TERI MURRAY TREASURER	2 00	X		X				0	0	0
(5) JUDY BEAL SECRETARY	2 00	X		X				0	0	0
(6) SUSAN BAKEWELL-SACHS MEMBER-AT-LARGE	2 00	X						0	0	0
(7) HARRIET FELDMAN MEMBER-AT-LARGE THRU 03/2016	2 00	X						0	0	0
(8) GREER GLAZER MEMBER-AT-LARGE	2 00	X						0	0	0
(9) ANITA HUFFT MEMBER-AT-LARGE	2 00	X						0	0	0
(10) CYNTHIA MCCURREN MEMBER-AT-LARGE FROM 03/2016	2 00	X						0	0	0
(11) KRISTEN SWANSON MEMBER-AT-LARGE	2 00	X						0	0	0
(12) DAVID VLAHOV MEMBER-AT-LARGE	2 00	X						0	0	0
(13) LEPAINE SHARP-MCHENRY MEMBER-AT-LARGE FROM 03/2016	2 00	X						0	0	0
(14) DEBORAH E TRAUTMAN PRESIDENT & CEO	37 50			X				356,658	0	36,072

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENNIFER AHEARN CHIEF OPERATING OFFICER	37 50			X				219,577	0	37,870
(16) JENNIFER BUTLIN EXECUTIVE DIRECTOR OF CCNE	37 50			X				171,093	0	42,645
(17) ROBERT ROSSETER CHIEF COMMUNICATIONS OFFICER	37 50					X		185,473	0	25,292
(18) JOAN STANLEY SR DIR , EDUCATION POLICY	37 50					X		183,121	0	29,818
(19) SUZANNE MIYAMOTO SR DIR , GOV'T AFFAIRS & HEALTH POLICY	37 50					X		144,526	0	30,968
(20) KATHLEEN MCGUINN DIRECTOR, SPECIAL PROJECTS	37 50					X		140,171	0	24,718
(21) VERNELL DEWITTY RWJF NCIN PROGRAM DEPUTY DIR	37 50					X		138,787	0	24,169
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,539,406	0	251,552

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 ▶ 16

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	CDC WORKFORCE IMPROVEMENT PROJECT	163,874
TRUSTEES OF THE UNIV OF PENNSYLVANIA PO BOX 8500 9726 PHILADELPHIA, PA 19178	WHARTON EXECUTIVE LEADERSHIP PROGRAM	148,400
POLSINELLI 1401 EYE STREET NW SUITE 800 WASHINGTON, DC 20005	LOBBYING CONSULTANT	127,316
MANATT PHELPS & PHILLIPS 11355 WEST OLYMPIC BLVD LOS ANGELES, CA 900641614	RESEARCH REPORT	101,162

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

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	3,914,468			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	531,755			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,898,535			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		10,344,758			
Program Service Revenue		Business Code				
	2a ANNUAL, APPLICATION &	541900	3,771,146	3,771,146		
	b REGISTRATION FEES	541900	2,488,468	2,488,468		
	c CERTIFICATIONS	541900	513,722		513,722	
	d PUBLICATIONS SALES	541900	341,599	130,061	211,538	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		7,114,935			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		696,775			696,775
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,568,169			1,568,169
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	3,657,522				
	b Less cost or other basis and sales expenses	3,651,761				
	c Gain or (loss)	5,761				
	d Net gain or (loss)		5,761			5,761
	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					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	541900	148,616	148,616		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		148,616			
	12 **Total revenue.** See Instructions		19,879,014	6,538,291	725,260	2,270,705

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	2,019,848	2,019,848		
2 Grants and other assistance to domestic individuals See Part IV, line 22	347,636	347,636		
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	881,666	741,993	133,092	6,581
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,016,965	3,382,142	603,808	31,015
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	389,105	326,377	60,550	2,178
9 Other employee benefits	546,403	458,317	85,028	3,058
10 Payroll taxes	262,333	220,042	40,823	1,468
11 Fees for services (non-employees)				
a Management				
b Legal	52,977	43,507	9,470	
c Accounting	50,304	13,582	36,722	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,216,655	971,965	244,690	
12 Advertising and promotion				
13 Office expenses	564,489	455,258	109,231	
14 Information technology	231,538	149,516	82,022	
15 Royalties				
16 Occupancy	281,408	278,742	2,666	
17 Travel	1,841,015	1,733,279	107,736	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	548,106	411,474	136,632	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	265,572	32,752	232,820	
23 Insurance	65,451	35,985	29,466	
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 TAXES	77,649	77,649		
b CATERING & AUDIO VISUAL	1,420,195	1,394,020	26,175	
c OTHER EXPENSES	321,923	196,417	125,506	
d DUES & SUBSCRIPTIONS	132,384	71,000	61,384	
e All other expenses	49,713	252,420	-202,707	
25 **Total functional expenses.** Add lines 1 through 24e	15,583,335	13,613,921	1,925,114	44,300
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)				

Part X Balance Sheet

Check 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	4,356,606	1	4,757,175
	2	Savings and temporary cash investments	1,200,283	2	1,340,367
	3	Pledges and grants receivable, net	2,402,223	3	5,777,678
	4	Accounts receivable, net	400,551	4	447,215
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	588,749	9	565,917
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,827,844			
	b	Less accumulated depreciation — 10b: 1,506,889	513,387	10c	320,955
	11	Investments—publicly traded securities	16,006,942	11	15,968,180
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,373	15	15,051
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	25,475,114	16	29,192,538
Liabilities	17	Accounts payable and accrued expenses	817,635	17	2,460,771
	18	Grants payable	1,610,000	18	
	19	Deferred revenue	4,341,400	19	4,476,928
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	178,052	25	135,861
	26	**Total liabilities.** Add lines 17 through 25	6,947,087	26	7,073,560
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	16,522,237	27	18,079,090
	28	Temporarily restricted net assets	1,917,587	28	3,951,685
	29	Permanently restricted net assets	88,203	29	88,203
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	18,528,027	33	22,118,978
	34	Total liabilities and net assets/fund balances	25,475,114	34	29,192,538

Part XI Reconcilliation of Net Assets

Check 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	19,879,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,583,335
3	Revenue less expenses Subtract line 2 from line 1	3	4,295,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	18,528,027
5	Net unrealized gains (losses) on investments	5	-704,728
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,118,978

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ Other _____ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
b	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: 52-0971333

Name: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 1,066,494 including grants of $ 5,000) (Revenue $)

NEW CAREERS IN NURSING THIS PROGRAM, SUPPORTED BY THE ROBERT WOOD JOHNSON FOUNDATION, PROVIDES SCHOLARSHIPS TO COLLEGE GRADUATES WITHOUT NURSING DEGREES WHO ARE ENROLLED IN ACCELERATED BACCALAUREATE AND MASTER'S NURSING PROGRAMS

(Code) (Expenses $ 1,020,594 including grants of $ 362,636) (Revenue $ 159,966)

OTHER GRANTS AND CONTRACTS A VARIETY OF PROGRAMS GEARED TO ADVANCE NURSING EDUCATION, RESEARCH AND PRACTICE INCLUDES PROJECTS FUNDED BY THE GORDON & BETTY MOORE FOUNDATION, DHHS CENTERS FOR DISEASE CONTROL AND PREVENTION, SCHOLARSHIP PROGRAMS, AND OTHERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	371,837	including grants of $	) (Revenue $	84,482)

RESEARCH AACN'S INSTITUTIONAL DATA SYSTEMS AND RESEARCH CENTER (IDS) PROVIDES ESSENTIAL RESOURCES TO ASSIST THE NURSING COMMUNITY IN ADDRESSING CHANGES IN HEALTH CARE SYSTEMS AND NURSING EDUCATION

(Code	) (Expenses $	485,909	including grants of $	) (Revenue $	162,732)

EDUCATION POLICY MULTIPLE AND DIVERSE INITIATIVES AND ACTIVITIES RELATED TO NURSING EDUCATION AND PRACTICE THESE INCLUDE THE ESTABLISHMENT OF CURRICULAR STANDARDS, QUALITY INDICATORS FOR NURSING EDUCATION, AND NURSING EDUCATION POLICY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	1,054,368	including grants of $	9,600) (Revenue $	84,977)

GOVERNMENT AFFAIRS ADVOCACY FOR NURSING EDUCATION AND RESEARCH THROUGHOUT THE FEDERAL LEGISLATIVE AND REGULATORY PROCESS

(Code	) (Expenses $	238,482	including grants of $	) (Revenue $	106,552)

PUBLICATIONS PUBLICATIONS INCLUDE THE JOURNAL OF PROFESSIONAL NURSING, THE SYLLABUS NEWSLETTER, AND A VARIETY OF OTHER HIGHER EDUCATION/NURSING PUBLICATIONS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 503,165 including grants of $ 1,200) (Revenue $ 150,565)

COMMUNICATIONS PROGRAMS TO ESTABLISH AACN AS THE AUTHORITATIVE SOURCE FOR INFORMATION ON BACCALAUREATE AND GRADUATE NURSING EDUCATION BY GENERATING INCREASED VISIBILITY WITHIN AND OUTSIDE NURSING

(Code) (Expenses $ 213,488 including grants of $) (Revenue $)

FACULTY INITIATIVES INITIATIVES THAT ADDRESS THE PROFESSIONAL DEVELOPMENT NEEDS OF FACULTY OF AACN MEMBER SCHOOLS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 82,663 including grants of $) (Revenue $)

STUDENT INITIATIVES INITIATIVES THAT ADDRESS THE PROFESSIONAL DEVELOPMENT NEEDS OF GRADUATE STUDENTS OF AACN MEMBER SCHOOLS

(Code) (Expenses $ 265,110 including grants of $ 1,700) (Revenue $ 32,500)

NURSINGCAS THIS NATIONAL CENTRALIZED APPLICATION SERVICE ALLOWS PROSPECTIVE STUDENTS TO APPLY TO MULTIPLE NURSING PROGRAMS USING ONE ELECTRONIC APPLICATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	466,246	including grants of $	) (Revenue $	531,019)

COMMISSION ON NURSE CERTIFICATION CNC OFFERS CERTIFICATION TO GRADUATES OF CNL PROGRAMS WHO MEET THE ELIGIBILITY REQUIREMENTS ESTABLISHED BY CNC

(Code	) (Expenses $	324,674	including grants of $	48,700) (Revenue $	106,946)

SPECIAL PROJECTS AND TASK FORCES A VARIETY OF ACTIVITIES FOCUSED ON UNDERGRADUATE AND GRADUATE EDUCATION INITIATIVES

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,680,362	8,171,744	6,407,637	5,887,069	10,344,758	36,491,570
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,680,362	8,171,744	6,407,637	5,887,069	10,344,758	36,491,570
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,972,785
6 **Public support.** Subtract line 5 from line 4						22,518,785

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	5,680,362	8,171,744	6,407,637	5,887,069	10,344,758	36,491,570
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	208,273	900,689	1,487,652	2,113,710	2,264,944	6,975,268
9 Net income from unrelated business activities, whether or not the business is regularly carried on	17,493	163,987	136,894	200,476	187,278	706,128
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	290,817	66,514	103,513	114,041	147,866	722,751
11 **Total support.** Add lines 7 through 10						44,895,717

12 Gross receipts from related activities, etc (see instructions)	12	27,492,270

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	50 160 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	56 790 %

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2011 AMOUNT $ 290,817 2012 AMOUNT $ 66,514 2013 AMOUNT $ 103,513 2014 AMOUNT $ 114,041 2015 AMOUNT $ 147,866

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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.

OMB No 1545-0047

2015

Open to Public Inspection

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	Employer identification number
AMERICAN ASSOCIATION OF COLLEGES OF NURSING	52-0971333

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.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,500	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	174,542	
c	Total lobbying expenditures (add lines 1a and 1b)	181,042	
d	Other exempt purpose expenditures	15,402,293	
e	Total exempt purpose expenditures (add lines 1c and 1d)	15,583,335	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	929,167	
g	Grassroots nontaxable amount (enter 25% of line 1f)	232,292	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ 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	682,874	770,602	946,731	929,167	3,329,374
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,994,061
c	Total lobbying expenditures	144,038	144,551	176,612	181,042	646,243
d	Grassroots nontaxable amount	170,719	192,651	236,683	232,292	832,345
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,248,518
f	Grassroots lobbying expenditures		7,770	6,400	6,500	20,670

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		(a) Yes	(a) No	(b) Amount
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)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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	1	
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	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493034013047

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

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 ☐ No

6 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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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
a	Total number of conservation easements	2a
b	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	2d

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 ☐ No

6 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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	107,231	110,144	107,038	109,624	104,553
b	Contributions					
c	Net investment earnings, gains, and losses	3,998	957	3,547	-365	5,071
d	Grants or scholarships					
e	Other expenditures for facilities and programs	2,704	3,870	441	2,221	
f	Administrative expenses					
g	End of year balance	108,525	107,231	110,144	107,038	109,624

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 ▶ 81 270 %
- c Temporarily restricted endowment ▶ 18 730 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
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				
b Buildings				
c Leasehold improvements		688,674	561,093	127,581
d Equipment				
e Other		1,139,170	945,796	193,374
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				320,955

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.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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

(a) Description	(b) Book value
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.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	83,380
OBLIGATION UNDER CAPITAL LEASE	37,430
DEFERRED COMPENSATION PAYABLE	15,051
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	135,861

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	19,174,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-704,728		
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	-704,728
3	Subtract line **2e** from line **1**			3	19,879,014
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	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	19,879,014

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	15,583,335
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	0
3	Subtract line **2e** from line **1**			3	15,583,335
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	15,583,335

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
PART V, LINE 4	THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS TO BE USED TO FUND STIPENDS AND LECTURE AWARDS FOR OUTSTANDING MEMBERS OF THE HEALTHCARE FIELD

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 96

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UNIFORM ADVANTAGE SCHOLARSHIPS	2	5,000			
(2) AFTERCOLLEGE SCHOLARSHIPS	4	10,000			
(3) JOHNSON & JOHNSON SCHOLARSHIPS	10	178,500			
(4) HURST SCHOLARSHIPS	4	10,000			
(5) CASTLE BRANCH SCHOLARSHIPS	12	50,000			
CDC'S PARTNERSHIP TO IMPROVE HEALTH (APIH) PUBLIC HEALTH (6) FELLOWSHIPS	3	60,136			
(7) CDC'S ACADEMIC PARTNERS TO IMPROVE HEALTH (APIH) PUBLIC HEALTH DNP EVIDENCE-BASED PROJECT (EBP) AWARDS	10	34,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	DNP EVIDENCE-BASED PROJECT (EBP) AWARDS SUPPORT POPULATION HEALTH FOCUSED DOCTORAL STUDENT PROJECTS TO BE COMPLETED IN COOPERATION WITH PUBLIC OR COMMUNITY HEALTH AGENCIES SUPPORT IS INTENDED TO HIGHLIGHT THE IMPORTANCE OF POPULATION HEALTH IN NURSING PRACTICE AND EDUCATION AND TO CREATE OPPORTUNITIES FOR THE ADVANCED NURSING PRACTICE COMMUNITY TO COLLECTIVELY MEET THE CHALLENGES OF IMPROVING THE POPULATION'S HEALTH GRANTEES' EXPENDITURES AND ACTIVITIES ARE MONITORED BY PROGRAM STAFF VIA THE SUBMISSION OF QUARTERLY AND FINAL PROJECT NARRATIVE REPORTS AACN DISTRIBUTES FUNDING ON BEHALF OF THE JONAS CENTER FOR NURSING AND VETERANS HEALTHCARE TO INSTITUTIONS THAT WERE SELECTED FOR THE JONAS SCHOLARS PROGRAM BASED ON THE APPLICATION SUBMITTED INSTITUTIONS ARE RESPONSIBLE FOR SELECTING INDIVIDUAL SCHOLARS WHO MUST SIGN AND SUBMIT A SIGNED SCHOLAR AGREEMENT FORM ONCE SELECTED SCHOLARS ARE REQUIRED TO SUBMIT A PROGRESS REPORT EVERY YEAR PROVIDING AN UPDATE ON PROGRESS IN THEIR PROGRAM, ACHIEVEMENT OF GOALS, AND OUTLINE CHALLENGES AND SUCCESSES IN ADDITION, SCHOLARS MUST ALSO COMPLETE A FORMAL LEADERSHIP PROGRAM INSTITUTIONS ARE REQUIRED TO SUBMIT FINANCIAL REPORTS WHICH INDICATE HOW THE SCHOLARSHIP MONEY WAS SPENT ON AN ANNUAL BASIS PART III JOHNSON & JOHNSON SCHOLARSHIPS AACN DISTRIBUTES SCHOLARSHIP FUNDS ON AN ANNUAL BASIS DIRECTLY TO THE STUDENT SCHOLARS ARE REQUIRED TO SUBMIT PROGRESS REPORTS TWICE ANNUALLY FOR EACH YEAR OF FUNDING THE REPORT FORM INCLUDES STATUS OF ACADEMIC PROGRESSION, SELF-ASSESSMENT OF GOAL ACHIEVEMENT, UPDATES ON LEADERSHIP DEVELOPMENT ACTIVITIES, OUTLINE OF PLANS FOR FINAL MONTHS AT THE INSTITUTION AND A FINANCIAL STATEMENT SCHOLARS ARE ALSO REQUIRED TO SUBMIT A FINAL REPORT WITHIN THREE MONTHS OF COMPLETING THE GRADUATE DEGREE AFTERCOLLEGE SCHOLARSHIPS, HURST SCHOLARSHIPS, UNIFORM ADVANTAGE SCHOLARSHIPS, AND CASTLEBRANCH SCHOLARSHIPS AACN DISTRIBUTES SCHOLARSHIP FUNDS TO ELIGIBLE NURSING STUDENTS ON A ONE-TIME ONLY BASIS SCHOLARSHIP APPLICANTS MUST COMPLETE AN APPLICATION FORM AND ESSAY FOR AWARD CONSIDERATION AACN STAFF DETERMINE IF ALL ELIGIBILITY REQUIREMENTS ARE MET, SELECT WINNERS, AND CONFIRM APPLICATION INFORMATION BEFORE AWARDS ARE FINALIZED AND ANNOUNCED NO STUDENT FOLLOW-UP IS CONDUCTED AFTER SCHOLARSHIP MONIES ARE DISBURSED AACN DISTRIBUTES THE FELLOWSHIP STIPEND ON A BI-MONTHLY BASIS AND REIMBURSES FOR TRAVEL AND TRAINING OPPORTUNITIES FELLOWS ARE REQUIRED TO SUBMIT A SCOPE OF TRAINING OUTLINE AT THE START OF THEIR FELLOWSHIP, SERVING AS A GUIDELINE FOR THE FELLOW AND CDC MENTOR FELLOWS ARE REQUIRED TO SUBMIT QUARTERLY ACTIVITY JOURNALS ILLUSTRATING PROGRESS ON ASSIGNED PROJECTS AND PROFESSIONAL DEVELOPMENT GOALS EACH JOURNAL IS SIGNED BY THE FELLOW AND CDC MENTOR AND SUBMITTED TO AACN THREE WEEKS AFTER FELLOWSHIP COMPLETION, A FINAL REPORT IS REQUIRED TO HIGHLIGHT ACCOMPLISHMENTS AND PROVIDE CDC/AACN SUBJECTIVE EVALUATION OF THE FELLOW EXPERIENCE TRAINING EVALUATIONS ARE COMPLETED WITH ASSISTANCE FROM THE CDC MENTOR AND ARE CONDUCTED AS NEEDED

Additional Data

Software ID:
Software Version:
EIN: 52-0971333
Name: AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VERMONT 85 S PROSPECT ST BURLINGTON,VT 05405	03-0179440	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE 215 BK BOSTON,MA 02115	04-1679980	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE OFF OF SPONSORED PRGMS CHESTNUT HILL,MA 02467	04-2103545	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIS COLLEGE 235 WELLESLEY STREET WESTON,MA 02493	04-2104451	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF MASSACHUSETTS AMHERST 333 SOUTH STREET SUITE 450 SHREWSBURY,MA 01545	04-3167352	501(C)(3)	30,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE RD KINGSTON,RI 02881	05-6014351	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)(3)	30,000				JONAS DOCTORAL SCHOLARSHIPS
MOLLOY COLLEGE 1000 HEMPSTEAD AVE PO BOX 5002 ROCKVILLE CENTRE,NY 11571	11-1797182	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 WEST 120TH STREET BOX 306 NEW YORK,NY 10027	13-1624202	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CUNY GRADUATE CENTER 230 WEST 41ST STREET 7TH FLOOR NEW YORK,NY 10016	13-1988190	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK,NY 10036	13-3615533	501(C)(3)	20,000				SPONSORSHIP
HUNTER COLLEGE OF CUNY 425 E 25TH ST ROOM 600A NEW YORK,NY 10010	13-3893536	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE UNIVERSITY 235 ELM ROAD TEAD HOUSE BRIARCLIFF MANOR,NY 10510	13-5562314	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE NEW YORK,NY 10087	13-5598093	501(C)(3)	40,000				JONAS DOCTORAL SCHOLARSHIPS
RESEARCH FOUNDATION FOR SUNY 35 STATE STREET ALBANY,NY 12207	14-1368361	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETON HALL UNIVERSITY 457 CENTER STREET SOUTH ORANGE,NJ 07079	22-1500645	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
THOMAS JEFFERSON UNIVERSITY 125 S 9TH ST 2ND FLOOR SHERIDAN BLDG PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	25,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P221 FRANKLIN BLDG PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	30,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA,PA 19085	23-1352688	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER,PA 19013	23-1386178	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF WISCONSIN-MILWAUKEE 1440 E NORTH AVE MILWAUKEE,WI 53202	23-7337744	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH,PA 15251	25-0965591	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS
DUQUESNE UNIVERSITY 600 FORBES AVE ROOM 301 ADMINISTRAT ON BLDG PITTSBURGH,PA 15282	25-1035663	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF MARYLAND 620 W LEXINGTON STREET BALTIMORE,MD 21201	31-1678679	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CINCINNATI 500 UNIVERSITY HALL PO BOX 210641 CINCINNATI,OH 45221	31-6000989	501(C)(3)	25,000				JONAS DOCTORAL SCHOLARSHIPS
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
INDIANA UNIVERSITY 509 EAST 3RD STREET BLOOMINGTON,IN 47401	35-6001673	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIVERSITY CHICAGO 820 N MICHIGAN AVENUE 15TH FLOOR CHICAGO,IL 60611	36-1408475	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF ILLINOIS AT CHICAGO 845 SOUTH DAMEN AVE M/C 802 CHICAGO,IL 60612	37-6000511	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DRIVE 201 LAKE MICHIGAN HALL ALLENDALE,MI 49401	38-1684280	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD ROOM 2 EAST LANSING,MI 48824	38-6005984	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER 3003 S STATE STREET ANN ARBOR,MI 48109	38-6006309	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE STE 13001 DETROIT,MI 48202	38-6028429	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF WISCONSIN SYSTEM 21 NORTH PARK STREET STE 6230 MADISON,WI 53715	39-1805963	501(C)(3)	25,000				JONAS DOCTORAL SCHOLARSHIPS
REGENTS OF THE UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE STE 100 MINNEAPOLIS,MN 55414	41-6007513	501(C)(3)	30,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL ST LOUIS,MO 63108	43-0654872	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF MISSOURI-KANSAS CITY 5100 ROCKHILL RD KANSAS CITY,MO 64110	43-6003859	501(C)(3)	50,000				JONAS DOCTORAL SCHOLARSHIPS
SOUTH DAKOTA STATE UNIVERSITY 815 MEDARY AVE BOX 525 BROOKINGS,SD 57006	46-0273801	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KANSAS 3901 RAINBOW BLVD MAIL STOP 3012 KANSAS CITY,KS 66160	48-1124839	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK,DE 19716	51-6000297	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES 4301 JONES BRIDGE RD BETHESDA,MD 20814	52-1743257	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE NATIONAL INSTITUTE OF NURSING RESEARCH (FNINR) 47595 WATKINS ISLAND SQUARE STERLING,VA 20165	52-1832014	501(C)(3)	6,200				NIGHTINGALA SPONSORSHIP
CATHOLIC UNIVERSITY 620 MICH AVE NE - RM 163 LEAHY HALL HALL WASHINGTON,DC 20064	53-0196583	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 240V ASHBURN,VA 20147	53-0196584	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES ATTN INST OF MEDICINE 500 FIFTH ST NW WASHINGTON,DC 20001	53-0196932	501(C)(3)	7,500				SPONSOR GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION
UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE,VA 22904	54-6001796	501(C)(3)	25,000				JONAS DOCTORAL SCHOLARSHIPS
WEST VIRGINIA UNIVERSITY ONE WATERFRONT PLACE 7TH FLOOR MORGANTOWN,WV 26507	55-6017181	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE,NC 28260	56-0532129	501(C)(3)	40,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR STE 2200 CB 1350 CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO 1111 SPRING GARDEN STREET GREENSBORO,NC 27402	56-6001468	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST ROOM 612 COLUMBIA,SC 29208	57-6001153	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
MERCER UNIVERSITY 1501 MERCER UNIVERSITY DRIVE MACON,GA 31207	58-0566167	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
EMORY UNIVERSITY 1599 CLIFTON ROAD NE 4TH FLOOR ATLANTA,GA 31193	58-0566256	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY SCHOOL OF NURSING PO BOX 4019 ATLANTA,GA 30302	58-6002050	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
AUGUSTA UNIVERSITY COLLEGE OF NURSING 1120 15TH STREET EC-5426 AUGUSTA,GA 30912	58-6002053	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF WEST GEORGIA P1601 MAPLE ST ALUMNI HOUSE CARROLLTON,GA 30118	58-6056464	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY STE 650 CORAL GABLES,FL 33146	59-0624458	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO,FL 32886	59-3102112	501(C)(3)	30,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF FLORIDA 123 GRINTER HALL/PO BOX 113001 GAINESVILLE,FL 32611	59-6002052	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY STE 300 ORLANDO,FL 32826	59-6211832	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF LOUISVILLE 555 SOUTH FLOYD STREET LOUISVILLE,KY 40292	61-1014882	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
FRONTIER NURSING UNIVERSITY 170 PROSPEROUS PLACE LEXINGTON,KY 40509	61-1124267	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY 337 FRANK PETERSON SERVICE BLDG LEXINGTON,KY 40506	61-6033693	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
VANDERBILT UNIVERSITY 461 21ST AVE S 107 GODCHAUX HALL NASHVILLE,TN 37240	62-0476822	501(C)(3)	65,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP STREET SUITE 300 MEMPHIS,TN 38163	62-6001636	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S NB 307A BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON,MS 39216	64-6008520	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD ADMIN BLDG 10 BOCA RATON,FL 33431	65-0385507	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOYOLA UNIVERSITY NEW ORLEANS 6363 ST CHARLES AVENUE BOX 011 NEW ORLEANS,LA 70118	72-0408946	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF OKLAHOMA 1100 N STONEWALL AVE OKLAHOMA CITY,OK 73117	73-6091755	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF TEXAS-AUSTIN 1710 RED RIVER ST AUSTIN,TX 78701	74-6000203	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD GALVESTON,TX 77555	74-6000949	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
TEXAS WOMAN'S UNIVERSITY PO BOX 425618 DENTON,TX 762045618	75-1292762	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
THE UNIVERSITY OF TEXAS AT ARLINGTON 701 S NEDDERMAN DR BOX 19198 ARLINGTON,TX 76019	75-6000121	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNS HOPKINS UNIVERSITY 525 N WOLFE STREET ROOM 336 BALTIMORE,MD 21205	82-0595110	501(C)(3)	55,000				JONAS DOCTORAL SCHOLARSHIPS
IDAHO STATE UNIVERSITY 921 S 8TH AVE STOP 8219 POCATELLO,ID 83209	82-6000924	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE DEPT 3355 LARAMIE,WY 82071	83-6000331	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF COLORADO MAIL STOP F428 PO BOX 910238 DENVER,CO 80291	84-6000555	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO MSC09 5225 ALBUQUERQUE,NM 87131	85-6000642	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE,AZ 85287	86-0196696	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 411 SALT LAKE CITY,UT 84112	87-6000525	501(C)(3)	55,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF NEVADA 4505 S MARYLAND PKWY BOX 451055 LAS VEGAS,NV 89154	88-6000024	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS
SEATTLE UNIVERSITY 901 12 AVE USVC 203 POBOX 222000 SEATTLE,WA 981221090	91-0565006	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY 240 FR ADMIN BLDG POBOX 641025 PULLMAN,WA 99164	91-6001108	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF WASHINGTON PO BOX 24967 SEATTLE,WA 98124	91-6001537	501(C)(3)	25,000				JONAS DOCTORAL SCHOLARSHIPS
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 97239	93-1176109	501(C)(3)	35,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET LMR 324D SAN FRANCISCO,CA 941171080	94-1156628	501(C)(3)	17,500				JONAS DOCTORAL SCHOLARSHIPS
SAMUEL MERRITT UNIVERSITY 450 30TH STREET OAKLAND,CA 94609	94-2992642	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET BOX 0812 SAN FRANCISCO,CA 94143	94-6036493	501(C)(3)	27,500				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS,CA 95616	94-6036494	501(C)(3)	20,000				JONAS DOCTORAL SCHOLARSHIPS
AZUSA PACIFIC UNIVERSITY PO BOX 7001 AZUSA,CA 91703	95-1744370	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
UNIVERSITY OF CALIFORNIA-IRVINE BIO SCI III SUITE 1400 IRVINE,CA 92697	95-2226406	501(C)(3)	15,000				JONAS DOCTORAL SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO,CA 92110	95-2544535	501(C)(3)	50,000				JONAS DOCTORAL SCHOLARSHIPS
UC REGENTS - UNIVERSITY OF CALIFORNIA LOS ANGELES 1125 MURPHY HALL 405 HILGARD AVE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS
CALIFORNIA STATE UNIVERSITY LONG BEACH 6300 STATE UNIVERSITY DR STE 332 LONG BEACH,CA 90815	95-6106694	501(C)(3)	10,000				JONAS DOCTORAL SCHOLARSHIPS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF COLLEGES OF NURSING

Employer identification number
52-0971333

Part I Questions Regarding Compensation

			Yes	No
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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	Yes	
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?	**2**	Yes	
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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH E TRAUTMAN PRESIDENT & CEO	(i)	329,908	26,400	350	26,500	18,032	401,190	0
	(ii)	0	0	0	0	0	0	0
2 JENNIFER AHEARN CHIEF OPERATING OFFICER	(i)	214,227	5,000	350	22,050	19,847	261,474	0
	(ii)	0	0	0	0	0	0	0
3 JENNIFER BUTLIN EXECUTIVE DIRECTOR OF CCNE	(i)	170,743	0	350	18,621	26,437	216,151	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT ROSSETER CHIEF COMMUNICATIONS OFFICER	(i)	182,123	3,000	350	18,212	8,482	212,167	0
	(ii)	0	0	0	0	0	0	0
5 JOAN STANLEY SR DIR , EDUCATION POLICY	(i)	173,321	0	9,800	18,548	13,626	215,295	0
	(ii)	0	0	0	0	0	0	0
6 SUZANNE MIYAMOTO SR DIR , GOV'T AFFAIRS & HEALTH POL	(i)	144,176	0	350	15,240	18,932	178,698	0
	(ii)	0	0	0	0	0	0	0
7 KATHLEEN MCGUINN DIRECTOR, SPECIAL PROJECTS	(i)	139,821	0	350	14,210	12,960	167,341	0
	(ii)	0	0	0	0	0	0	0
8 VERNELL DEWITTY RWJF NCIN PROGRAM DEPUTY DIR	(i)	138,437	0	350	14,021	12,315	165,123	0
	(ii)	0	0	0	0	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
PART I, LINE 1A	UNIVERSITY CLUB DUES REQUESTED AND PAID FOR PRESIDENT & CEO IN THE AMOUNT OF $5,021 AND THIS AMOUNT WAS NON-TAXABLE
PART I, LINE 7	SMALL HOLIDAY BONUSES ARE PROVIDED FOR STAFF MEMBERS A MERIT BONUS IS OCCASIONALLY AWARDED AT THE DISCRETION OF THE PRESIDENT AND CEO

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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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN ASSOCIATION OF COLLEGES OF NURSING	52-0971333

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, VI, AND PART VII - BOARD COUNT	A TOTAL OF 13 PERSONS SERVED ON THE BOARD OF DIRECTORS DURING THE FISCAL YEAR. THOSE 13 ARE SHOWN IN PART VII OF FORM 990. AS OF JUNE 30, 2016 THERE WERE A TOTAL OF 11 VOTING BOARD MEMBERS SERVING THE ORGANIZATION AS DISCLOSED IN PART VI, LINES 1A & 1B, AND PART I, LINES 3 & 4
FORM 990, PART VI, SECTION A, LINE 6	THERE ARE FOUR CLASSES OF MEMBERSHIP: INSTITUTIONAL (VOTING), PROVISIONAL INSTITUTIONAL (NON-VOTING), EMERITUS (NON-VOTING), AND HONORARY/HONORARY ASSOCIATE (NON-VOTING)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP VOTES ON THE ELECTION OF OFFICERS AND NOMINATING COMMITTEE, BY LAWS REVISIONS, POSITION STATEMENTS AND ANY OTHER MATTERS BROUGHT FORWARD AT THE BUSINESS MEETING
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERSHIP VOTES ON THE ELECTION OF OFFICERS AND NOMINATING COMMITTEE, BY LAWS REVISION S, POSITION STATEMENTS AND ANY OTHER MATTERS BROUGHT FORWARD AT THE BUSINESS MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION, CHIEF OPERATING OFFICER, PRESIDENT & CEO UPON COMPLETION, THE FORM 990 IS POSTED TO A RESTRICTED ACCESS WEBSITE, AND THE BOARD IS NOTIFIED THAT THE 990 IS AVAILABLE FOR REVIEW THEY ARE GIVEN A DEADLINE FOR QUESTIONS AND CONCERNS, AND THE CONTACT INFORMATION OF THE INDIVIDUAL RESPONSIBLE FOR RESPONDING TO QUESTIONS
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS, NOMINATING COMMITTEE MEMBERS, CEO AND ALL DIRECTORS SIGN CONFLICT OF IN TEREST STATEMENTS ANNUALLY THE PRESIDENT OF THE BOARD REVIEWS THE BOARD OF DIRECTORS' STA TEMENTS IN ADDITION, BOARD MEMBERS ARE ASKED TO ORALLY CONFIRM THAT THERE ARE NO CONFLICT S AT EACH QUARTERLY BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD EXECUTIVE COMMITTEE IN CONSULTATION WITH THE BOARD OF DIRECTORS AN INDEPENDENT COMPENSATION REPORT IS DEVELOPED BASED ON MARKET BENCHMARKS THE SALARY FOR OTHER POSITIONS IS DETERMINED BY THE PRESIDENT & CEO BASED ON SIMILAR DATA REPORTS
FORM 990, PART VI, SECTION C, LINE 19	VARIOUS GOVERNING DOCUMENTS ARE ON THE AACN WEBSITE IN ADDITION, FINANCIAL STATEMENTS ARE DISTRIBUTED IN THE ANNUAL REPORT