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EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	or the	2016 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	ALABAMA STATE NURSES ASSOCIATION			
L	Name change	Doing business as		63-0	003817
]Initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
]Final return/	360 NORTH HULL STREET		(334) 262-8321
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	553,509.
]Ameno	MONTGOMERY, AL 36104-3658		J H(a) Is this a group re	etum
	Applic	F Name and address of principal officer OUTH ZEIGLER		for subordinates	? Yes X No
	pendir	360 NORTH HULL STREET, MONTGOMERY, AL	36104	H(b) Are all subordinates in	ncluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status 501(c)(3) _X 501(c) (6) ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
J	Nebsit	e: > WWW.ALABAMANURSES.ORG		H(c) Group exemptio	n number
		organization: X Corporation	L Year		State of legal domicile: AL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	PURPOS	SE OF THE AL	ABAMA STATE
2		NURSES ASSOCIATION (ASNA) IS TO FOSTER H			
Governance		Check this box If the organization discontinued its operations or dispose			
Ve	1	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	16
ي م	ł.	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•	5	4
iŧie	1	Total number of volunteers (estimate if necessary)	•	6	20
Activities		Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.
. ∢	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		165,908.	216,385.
	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	ای چ	184,534.	125,649.
ěve	1	() () () () () () () () () ()		10,529.	-5,846.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 16)	ြတ္သု	-7,906.	24,106.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)-line 12)-		353,065.	360,294.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		163,733.	164,718.
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	o.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		184,428.	125,375.
	L .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		348,161.	290,093.
	19	Revenue less expenses. Subtract line 18 from line 12	"	4,904.	70,201.
50			Ве	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		249,772.	319,639.
Ş.	21	Total liabilities (Part X, line 26)		60,595.	60,261.
Egg.	22	Net assets or fund balances Subtract line 21 from line 20		189,177.	259,378.
P	art II	Signature Block			
Unc	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. <u>Declaration of preparer</u> (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Jol Sag			-2017
Sig	n	Algnature of officer		Date	
He		JOHN ZEIGLER EXECUTIVE DIRECTOR			
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	đ	BOBBY L. TAUNTON, JR. CPA	lo	09/26/17 self-employ	P00285192
	parer	Firm's name MACHEN MCCHESNEY, LLP		Firm's EIN	63-0834838
	Only	Firm's address 1761 TALIAFERRO TRAIL			
	•	MONTGOMERY, AL 36117		Phone no. 3.3	4-244-8900
Ma	the II	29 discuss this return with the preparer shown above? (see instructions)		1	X Voc No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	1990 (2016) ALABAMA STATE NURSES ASSOCIATION 63-0003817	Page ∠
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Bnefly, describe the organization's mission:	
	THE PURPOSE OF THE ALABAMA STATE NURSES ASSOCIATION (ASNA) IS TO	
	FOSTER HIGH STANDARDS OF NURSING, PROMOTE THE PROFESSIONAL AND	т п
	EDUCATIONAL ADVANCEMENT OF NURSES, AND PROMOTE THE WELFARE OF NURSES THE END THAT ALL PEOPLE MAY HAVE BETTER HEALTH CARE.	10_
	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	If "Yes," describe these new services on Schedule O.	
3		X 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	s
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$)
	CONTINUING EDUCATION, PUBLIC RELATIONS AND MEMBERSHIP, LEGISLATIVE	
	ISSUES, ECONOMIC AND GENERAL WELFARE, RESEARCH.	
		
415	/- \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$,
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4-4	Other program services (Describe in Schedule O.)	
4d		
40	Expenses \$ Including grants of \$) (Revenue \$) Total program service expenses ▶	
<u>.v</u>		990 (2016)

		•	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	•	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ļ	
	during the tax year? If "Yes," complete Schedule C, Part II	4	 -	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1	ŀ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	├	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X_
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?		1	
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	x
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	'	X
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		X
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	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	┞—
f	,	ĺ	{	ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	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	{	y
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a	 	X
b		· · · · ·		 -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]]
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		J]
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ì	}
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		[
	complete Schedule G, Part III	19		<u>X</u>
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		Form	9 90 (2016)

	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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le gamıng			
	(gambling) winnings to prize winners?			1c		
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ms?		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authont	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	1)?	4a_		X
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 A	ccount	s (FBAR).			1
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
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	he orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6</u> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or	gıfts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices pr	ovided to the payor?	_7a_	 	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
	to file Form 8282?	11		7c_		ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of systems of a contribution of systems of the systems of t			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file For if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		a rolli 1090-C?	70		
Ü	sponsoring organizations maintaining donor advised funds. Sid a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	a by the		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	_	1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ļ ļ	
11	Section 501(c)(12) organizations. Enter:					l
а	Gross income from members or shareholders .	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				ł
	amounts due or received from them.)	11b			1 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O					1
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1				
	organization is licensed to issue qualified health plans	13b				[
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U	<u> </u>	14b		(0046)
					990	(ZU 16)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \Box Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 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 X 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? X 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 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 15b X Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN ZEIGLER - 334-262-8321 MONTGOMERY 36104 360 N. HULL STREET,

Form 990 (2					ASSOCIATION		Page				
Part VII	Compensation	of Officers,	Director	s, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	orga	nıza	tion	cor	nper	nsat	ated any current officer, director, or trustee.					
(A)	(B)	B)			C)			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person i officer and a directo			son is both an		compensation	compensation	amount of		
	week	-	Ceran	la a a	recio	Truus	(66)	from	from related	other		
	(list any	recto		Ì				the	organizations	compensation from the		
•	hours for related	0.0	89			뛇		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	氰	豆		99			(***2/1099***********************************		and related		
	below	la t	to a		lg (18 St				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Keye	Highest compensated employee	Form			3-		
(1) JOHN ZEIGLER	40.00											
EXECUTIVE DIRECTOR				X		<u>L</u>		48,000.	0.	0.		
(2) REBECCA HULE	5.00											
PRESIDENT		<u> </u>	_	X		_		0.	0.	0.		
(3) SARAH WILKINSON	5.00											
PRESIDENT - ELECT		_		X	_	L		0.	0.	0.		
(4) CARTHENIA JEFFERSON	5.00		•									
VICE PRESIDENT		_		X			_	0.	0.	0.		
(5) LINDSEY HARRIS	5.00		1				1					
SECRETARY		<u> </u>	<u> </u>	X	ļ	ļ	<u> </u>	0.	0.	0.		
(6) WANDA SPILLERS	5.00	4	ĺ			ĺ	ĺ		_	_		
TREASURER		<u> </u>	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.		
		ļ					l					
		<u> </u>	├ _	<u> </u>	<u> </u>	 	<u> </u>					
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									· —			

Section Section	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highe				ghe	st Compensated Employees (continued)								
	(A)	(B)				(C)			(D)	(E)			(F)	
, 1	Name and title	Average	Position (do not check more than on				one	Reportable	Reportable		Es	timate	ed	
		hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation compensati			on amount of		
•		week	offi	ceran	d a d	irecto	r/trus	tee)	from	from related	1		other	
		(list any	ecto						the	organization		com	pensa	tion
		hours for	 	92			ated		organization	(W-2/1099-MI	SC)		om th	
		related	stee	ruste			Bens		(W-2/1099-MISC)			_	anizat	
		organizations below	la t	onal		otoxe	E 8						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E E				orga	anızatı	ons
			. <u>≐</u>	=	6	- S	포동	윤						
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							П							
1b Sub-total								>	48,000.		0.			0.
c Total from	continuation sheets to Part VI	II, Section A						>	0.		0.			0.
d Total (add I	ines 1b and 1c)						ļ	<u> </u>	48,000.		0.			0.
2 Total number	er of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportab	le			
compensati	on from the organization													0
													Yes	No
3 Did the orga	ınızatıon list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on				
line 1a? <i>lf</i> ")	es," complete Schedule J for s	uch individual										3		<u> </u>
4 For any indi-	vidual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	tion	and	oth	her compensation from	the organization				
	organizations greater than \$150											4		X
• •	son listed on line 1a receive or a	-						elat	ed organization or indivi	dual for services				
•	the organization? If "Yes," compendent Contractors	plete Schedul	e J f	or su	ıch j	oers	on					5		<u> </u>
	us table for your five highest co	mnoneated in	dono	ndo	nt c	ontr	acto	re t	hat received more than	\$100,000 of com	20000	ation f	rom	
	ition. Report compensation for										ihaiis	audii I	10111	
	(A)								(B)		-	(0		
	Name and business	address	N	ONE	€				Description of s	ervices	С	ompe	nsatio	n
								_						
								\dashv						
	·	*****												
								\dashv		-				
2 Total number	er of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	sted	l above) who received m	ore than				
	compensation from the organi	_)				,			

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 216,385. **b** Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 216,385 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 125,649 125,649 f All other program service revenue 125,649 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,355 <u>5,355</u> other similar amounts) Income from investment of tax-exempt bond proceeds 4 3,921 3,921 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 182,014. assets other than inventory b Less: cost or other basis 193,215 and sales expenses 11,201. c Gain or (loss) -11,201. -11,201d Net gain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 20,185 20,185. 11 a UNREALIZED GAIN ON INV d All other revenue 20,185 Total. Add lines 11a-11d 123,724 Ó. 20,185. 360,294. Total revenue. See instructions. Form 990 (2016)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	, Check if Schedule O contains a respon		this Part IX (B)	(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .	79,709.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	53,681.			
7	Other salanes and wages				
8	Pension plan accruals and contributions (include]	
	section 401(k) and 403(b) employer contributions)	40 554			
9	Other employee benefits	19,651.		<u> </u>	
10	Payroll taxes	11,677.			
11	Fees for services (non-employees):				
а	Management			 	
b	Legal	2 540			
C	Accounting	3,540.			
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 Sch 0.)	15,000.			
40	Advertising and promotion	15,000.		 	
12 13	Office expenses	2,239.			
14	Information technology	2,255.			
15	Royalties			 	
16	Occupancy	12,430.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,924.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			<u></u>	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				<u> </u>
а	CONTINUING EDUCATION &	38,434.			
b	DUES	11,670.			
C	UTILITIES AND TELEPHONE	11,524.		ļ	·———
d	REPAIRS AND MAINTENANCE	5,614.		ļ	
е	All other expenses			 	
25	Total functional expenses. Add lines 1 through 24e	290,093.		 	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	\$		1	
	educational campaign and fundraising solicitation.			1	ı
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	L. <u>- </u>

Part X Balance She

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
1	Cash - non-interest-bearing	45,363.	1	101,974.
2	Savings and temporary cash investments	55,238.	2	14,113.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
1	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			
Î	employers and sponsoring organizations of section 501(c)(9) voluntary			
yo	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1 -	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь			10c	
11	Investments - publicly traded securities	149,171.	11	203,552.
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	249,772.	16	319,639.
17	Accounts payable and accrued expenses	1,234.	17	1,263.
18	Grants payable		18	
19	Deferred revenue		19	
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 .	59,361.	25	<u>58,998.</u>
26	Total liabilities. Add lines 17 through 25	60,595.	26	60,261.
- 1	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
ន	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32 31 32 32 31 32 32 33 32 33 32 33 32 33 32 33 32 33 33	Unrestricted net assets	189,177.	27	<u>259,378.</u>
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
₹	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ĝ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
z 33	Total net assets or fund balances	189,177.	33	<u>259,378.</u>
34	Total liabilities and net assets/fund balances	249,772.	34	319,639.

orm	990 (2016) ALABAMA STATE NURSES ASSOCIATION	<u>63-0003</u>	<u> 817</u>	Pa ₂	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	0,2	<u>94.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			93.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	0,2	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	9,1	77.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	25	9,3	<u>78.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	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.		:		.
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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	e audit,			٠
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ī

632012 11-11-16

Form **990** (2016)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STATE MIDSES ASSOCIATION

Employer identification number 63-0003817

Pa	t I Organizations Maintaining Donor Advise		ds or Accounts Complete of the	_
, a			23 Of Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts	
_		(a) Donor advised funds	(b) Fullos and other accounts	—
1	Total number at end of year		 	
2	Aggregate value of contributions to (duning year)			—
3	Aggregate value of grants from (during year)		 	
4	Aggregate value at end of year		L.,	
5	Did the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's			No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose		
Bai	impermissible private benefit?			No
Pa			, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	·		
	Preservation of land for public use (e.g., recreation or e	· -	storically important land area	
	Protection of natural habitat	L Preservation of a cei	ertified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form		_
	day of the tax year.		Held at the End of the Tax Ye	<u>ar</u>
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	—
С	Number of conservation easements on a certified historic str	• •	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	he organization during the tax	
_	year ▶			
4	Number of states where property subject to conservation ear	\ <u></u>	-	
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·		
_	violations, and enforcement of the conservation easements in		 · · · ·	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	inservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of wolstions, and enforcing consent	rotion apparents during the year	
7	S	and emorcing conserv	valion easements during the year	
8	Does each conservation easement reported on line 2(d) above	to estimate the requirements of section 17	70/b)/4//B)/i)	
0	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17		No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens		10
•	include, if applicable, the text of the footnote to the organization	•		
	conservation easements	ion o manda otalomo ma docombo	o the organization o accounting to	
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.	_
	Complete if the organization answered "Yes" on Form	-		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.	
	historical treasures, or other similar assets held for public ext	,	· ·	11.
	the text of the footnote to its financial statements that descri	·		
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historic	cal
	treasures, or other similar assets held for public exhibition, ed	•	·	
	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 tre	asures, or other similar assets for financi	ial gain, provide	
	the following amounts required to be reported under SFAS 1		<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	▶ \$	
 h	Accets included in Form 990. Bort V			_

		STATE NUR								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	<u>orical Tre</u>	easures, or O	ther :	<u>Simila</u>	ar Asse	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that are	a signi	ficant (use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d			hange programs					
b	Scholarly research	е	(Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	illections and explai	n how th	ey further th	he organization's	exemp	t purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or					nılar as	sets	_	7	
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang	•	ete if the	organizatio	n answered "Yes'	on Fo	rm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par							 -		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other assets	not inc	luded	_	٦	
	on Form 990, Part X?					•		. ∟	Yes	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ilowing to	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year	•					1d	 -		
e	Distributions during the year		•				1e			
Ţ	Ending balance	000 Dt V I	01 6				1f		7	
	Did the organization include an amount on Fo					-	1	<u> </u>	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if									
	Endownere t ands. Complete in	(a) Current year		or year_	(c) Two years bac		Three v	ears back	(a) Four v	rears back
10	Beginning of year balance	(a) Current year	(0) [ioi yeai	(C) Two years bac	× 100	THI GG Y	cais back	(e) roury	cais back
1a	Contributions								 -	
0	Net investment earnings, gains, and losses					+				
٠	Grants or scholarships					+-				
u -	Other expenditures for facilities									
C	and programs					- {			1	
f	Administrative expenses					_				
g g	End of year balance					\top				
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 10	ı. column (a	a)) held as:					
_ a	Board designated or quasi-endowment	,	%		,,					
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u></u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administered f	or the	organiz	ation		
	by:								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a S	See Form 990, Par	t X, line	9 10.			
	Description of property	(a) Cost or o) Accu			(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land .	<u> </u>	}							
b	Buildings									
	Leasehold improvements	·						_+		
	Equipment	 								
<u>е</u>	Other			- (D) (_		

ALABAMA STATE NURSES ASSOCIATION

63-0003817 Page 3

Schedule D (Form 990) 2016

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	ITAMANTS WITH HAVANI		
. u	Complete if the organization answered "Yes" on Form 990, Part IV, II		ie per netam.	
1	Total revenue, gains, and other support per audited financial statements	10 12a.	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
a	****	2a		
ь		2b		
c		2c		
ď	0.0 (5.0) 5.0 (1.0)	2d		
e			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		
а		4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	•	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	atements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a.		
1	Total expenses and losses per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а		. 2a		
þ	•	2b		
С		2c		
d	,	_2d		
е	• •		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 4. 1		
a		4a		
b		4b	4c	
C				
5	•	81		
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.		5	XI.
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
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Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; P	5	XI,

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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.

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

Attach to Form 990 or 990-EZ.

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

2016
Open to Public

Open to Public Inspection

Name of the organization

ALABAMA STATE NURSES ASSOCIATION

Employer identification number 63-0003817

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

Name of the organization		 				Employer identification number
		STATE	NURSES	ASSOCIATION		Employer identification number 63-0003817
•						
						
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			_			
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Ves" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 63-0003817▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. ALABAMA STATE NURSES ASSOCIATION Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

	(a)	(q)	(၁)	(p)	(e)	(J)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization ans	swered "Yes" on Form 990, Par	rt IV, line 34 because	e it had one or more i	elated tax-exempt

organizations during the tax year.						
(a)	(q)	(0)	(p)	(e)	(a)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 512(b)(13)
of related organization		foreign country)	section	status (if section		entity?
				501(c)(3))		Yes No
ALABAMA STATE NURSES ASSOCIATION PAC -						
62-0003817, 360 N, HULL STREET, MONTGOMERY,						
AL 36104	POLITICAL	ALABAMA				×
ALABAMA NURSES FOUNDATION - 63-0821292						
360 N, HULL STREET						
MONTGOMERY AL 36104	CHARITABLE	ALABAMA				×

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

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Schedule R (Form 990) 2016

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63-0003817

ALABAMA STATE NURSES ASSOCIATION

Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016 General or Percentage managing ownership Yes No Section Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Ē Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 09-06-16 Part (V

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	_			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)			,	te X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s) .				tg X
h Purchase of assets from related organization(s)				ŧ
i Exchange of assets with related organization(s)				;=
j Lease of facilities, equipment, or other assets to related organization(s)				1i X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			+ X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			t X
 Shanng of paid employees with related organization(s) 				to X
p Reimbursement paid to related organization(s) for expenses				ф Ж
q Reimbursement paid by related organization(s) for expenses				1q X
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 				Tr A X
ıı	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
ŝ				
				1
(b)				
(5)				
(9)				
632163 06-06-16	21		Schedul	Schedule R (Form 990) 2016

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

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

Legal domicile Predominant income Predominant income Predominant income Share of	Primary activity Legal of connection Predominal P	(a) (b) (c) (d)	(q)	(2)	(p)	(e) (e)		(6)	ε	(3)	s	(k)
Sections 512-514) Yes No Income assets	Sections 512-514) Yes No Income assets	address, and EIN of entity	Pnmary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated, excluded from tax under	arthers sec 501(c)(3) orgs ?		Share of end-of-year	Dispropor- tonate allocations?	amount in box 20	General o managing partner?	Percentage ownership
	Schedule R Form 900 200			country)	sections 512-514)	No Se	ĺ	assets	Yes No	(Form 1065)	Yes No	,
	Solvedue R Form 9900 20:											
	Schedule R Form 9900 20:											
	Septedule R Form 900 20:											
	Schedule If Form 9801/201										_	
	Schedlis R Form 860) 20:											
	Schedule R Form 980) 201											
	Schedule R Form 980) 201											
	Schedule R Form 950) 201											
	Schedule R Form S60) 201										_	
	Schedule R (Form 980) 201											
	Schedule R Form 980) 201											
	Schedule R (Form 990) 201										_	
	Schedule R Form 990) 201											
	Schedule R (Form 990) 201											
	Schedule R (Form 950) 201											
	Schedule R (Form 990) 201					+				}	-	
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	Schedule R (Form 990) 201										_	
	Schedule 8 (Form 990) 201											
	Schedule 8 (Form 990) 201								_	[]		
	Schedule 8 (Form 990) 201				_							
	Schedule 8 (Form 990) 201				_							
	Schedule R (Form 990) 201											
	Schedule 8 (Form 990) 201								_			
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632164 09-06-16

Schedule R	(Form 990) 2016 ALABAMA STATE NURSES ASSOCIATION	63-0003817 Page 5
Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions.	
	Towns additional mismatch to respond to question of contacts in the management	
	•	
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		1.00