

CHANGE OF ACCOUNTING PERIOD **Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

2949220803923 9
OMB No 1545-1150

2018

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 12/31, 2018

B Check if applicable	C ARKANSAS NURSES ASSOCIATION 3340 AMERICAN AVE F JEFFERSON CITY, MO 65109	D Employer identification number 71-0200788
		E Telephone number (573) 636-4623
		F Group Exemption Number 06

G Accounting Method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► MODIFIED CASH	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► WWW.ARNA.ORG	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 67,689.

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 15,007.
	3 Membership dues and assessments	3 47,311.
	4 Investment income	4 910.
	5a Gross amount from sale of assets other than inventory	a 300.
	b Less cost or other basis and sales expenses	5b 137.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 163.
	6 Gaming and fundraising events	SEE SCHEDULE O
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a of contributions
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	SEE SCHEDULE O	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 4,161. 9 67,552.	
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13 60,144.	
14 Occupancy, rent, utilities, and maintenance	14 5,763.	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16 11,496.	
17 Total expenses. Add lines 10 through 16	17 77,403.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -9,851.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 121,533.	
20 Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHEDULE O	
21 Net assets or fund balances at end of year Combine lines 18 through 20	20 -2,611. 21 109,071.	

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

Form 990-EZ (2018)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O **33** X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions **34** X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** X

b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O **35b**

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III **35c** X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N **36** X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file Form 1120-POL for this year? **37b** X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a** X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** N/A

39 Section 501(c)(7) organizations Enter **39a** N/A

a Initiation fees and capital contributions included on line 9 **39b** N/A

b Gross receipts, included on line 9, for public use of club facilities **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. **40a** N/A

section 4911 ► **40a** N/A, section 4912 ► **40a** N/A, section 4955 ► **40a** N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **40b** 0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **40b** 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40c** X

41 List the states with which a copy of this return is filed ► **41** NONE

42a The organization's books are in care of ► **42a** KAREN HARRIS Telephone no ► **42a** (573) 636-4623

Located at ► **42a** 3340 AMERICAN AVE. SUITE F JEFFERSON CITY MO ZIP + 4 ► **42a** 65109

b 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)? If 'Yes,' enter the name of the foreign country ► **42b** X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ► **42c** X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A **43** N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a** X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b** X

c Did the organization receive any payments for indoor tanning services during the year? **44c** X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** X

b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions **45b** X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI ■ Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

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	► <u>A. Michelle Harp</u>	Date <u>7/14/2019</u>			
	Signature of officer				
	► <u>MICHELLE HARP</u>	President			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>BOBBIE J. REDMON, CPA</u>	Preparer's signature <u>Bobbie J. Redmon</u>	Date <u>7/9/19</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00640879</u>
	Firm's name ► <u>EVERS & COMPANY, CPA'S, LLC</u>			Firm's EIN ► <u>43-1121359</u>	
	Firm's address ► <u>520 DIX ROAD</u>				Phone no <u>573-635-0227</u>
	<u>JEFFERSON CITY, MO 65109</u>				

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No. 1545 0047

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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 organization

ARKANSAS NURSES ASSOCIATION

Employer identification number

71-0200788

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 (see instructions for definition of 'political campaign activities')
- 2 Political campaign activity expenditures (see instructions) ► \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

4 a Was a correction made?

b If 'Yes,' describe in Part IV

 Yes No**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.
(1)	-----			
(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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures. e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is</th> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		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		
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														

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity			
		(a)	(b)
	Yes	No	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		
2	a 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	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X

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	47,311.
2a	7,500.
2b	21,374.
2c	28,874.
3	17,808.
4	11,066.
5	0.

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.

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Name of the organization

ARKANSAS NURSES ASSOCIATION

Employer identification number

71-0200788**FORM 990-EZ, PART I, LINE 5C**
NET GAIN (LOSS) FROM NONINVENTORY SALES**OTHER ASSETS**

DESCRIPTION:	SALE OF FIXED ASSETS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	300.		
COST OR OTHER BASIS:	59,809.		
BASIS METHOD:	COST		
DEPRECIATION:	59,672.		
		GAIN (LOSS)	163.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 163.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 163.**FORM 990-EZ, PART I, LINE 8**
OTHER REVENUE

MISCELLANEOUS	\$ 4,161.
TOTAL	\$ <u>4,161.</u>

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 928.
AMORTIZATION	536.
BANK AND CREDIT CARD FEES	1,989.
DEPRECIATION	134.
INFORMATION TECHNOLOGY	2,846.
INSURANCE	384.
OFFICE EXPENSES	3,573.
TRAVEL	1,106.
TOTAL	\$ <u>11,496.</u>

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ -2,611.
TOTAL	\$ <u>-2,611.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
INTANGIBLE ASSETS	\$ 4,329.	\$ 3,793.
MACHINERY AND EQUIPMENT	475.	342.
MISCELLANEOUS	0.	-137.
TOTAL	\$ <u>4,804.</u>	\$ <u>3,998.</u>

Name of the organization

ARKANSAS NURSES ASSOCIATION

Employer identification number

71-0200788

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ARKANSAS NURSES ASSOCIATION (ARNA) IS THE STATE NURSES' ORGANIZATION THAT SPEAKS FOR PROFESSIONAL NURSING IN THE STATE. ARNA FOSTERS HIGH STANDARDS OF NURSING PRACTICE, PROMOTES PROFESSIONAL DEVELOPMENT, AND ADVOCATES FOR THE PROFESSION OF NURSING. ARNA COLLABORATES WITH OTHER HEALTHCARE PROVIDERS TO FACILITATE ACCESS TO QUALITY HEALTH CARE FOR THE PEOPLE OF ARKANSAS.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

KEY PROGRAM AREAS OF THE ASSOCIATION INCLUDE LEGISLATION AND GOVERNMENTAL AFFAIRS, ACCREDITATION AND PROVISION OF CONTINUING NURSING EDUCATION, PROFESSIONAL DEVELOPMENT AND SUPPORTING NURSING PRACTICE AND RESEARCH.

**FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
BRENDA MAY PRESIDENT	1	\$ 0.	\$ 0.	0.
MICHELLE HARP PRESIDENT	1	0.	0.	0.
DEBBIE SHELTON TREASURER	1	0.	0.	0.
MARGO BUSHMIAER SECRETARY	1	0.	0.	0.
ANGELA JONES BOARD MEMBER	1	0.	0.	0.
SHARON PARRETT BOARD MEMBER	1	0.	0.	0.
BRENDA JACOBS BOARD MEMBER	1	0.	0.	0.
TARYN BAILEY BOARD MEMBER	1	0.	0.	0.

Name of the organization

ARKANSAS NURSES ASSOCIATION

Employer identification number

71-0200788

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND TITLE	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- BUTION TO EBP & DC	ESTIMATED AMOUNT OF OTHER COMPEN.
ADAM STEELE TREASURER ELECT	1	\$ 0.	\$ 0.	\$ 0.
GLENDA MYERS BOARD MEMBER	1	0.	0.	0.
BRENDA TRIGG BOARD MEMBER	1	0.	0.	0.
MICHELLE BREWER VP ELECT	1	0.	0.	0.
STEPHEN PENNINGTON SECRETARY	1	0.	0.	0.
BRENDA JACOBS BOARD MEMBER	1	0.	0.	0.
BECKY PARNELL BOARD MEMBER	1	0.	0.	0.
SANDRA SMALLWOOD BOARD MEMBER	1	0.	0.	0.
KARLA ROBINSON GRAD-ELECT	1	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.