

Form 990

## Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B Check if applicable
- Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization  
MASSACHUSETTS NURSES ASSOCIATIOND Employer identification number  
04-1591164

Doing business as

E Telephone number

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

(781) 821-4625

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

G Gross receipts \$ 23,841,554

F Name and address of principal officer  
DONNA KELLY-WILLIAMS  
340 TURNPIKE STREET  
CANTON, MA 02021H(a) Is this a group return for  
subordinates?  Yes  NoH(b) Are all subordinates  
included?  Yes  No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c)(6) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW MASSNURSES.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1903

M State of legal domicile  
MA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
THE MISSION OF THE MNA, THE ASSOCIATION FOR REGISTERED NURSES, IS TO PRESERVE THE IDENTITY, INTEGRITY, AND CONTINUITY OF PROFESSIONAL NURSING IN THE COMMONWEALTH OF MASS

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	25
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	4	25
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	5	159
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . .	6	85
6 Total number of volunteers (estimate if necessary) . . . . .	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7b	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .		

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	21,308,283	21,408,456
9 Program service revenue (Part VIII, line 2g) . . . . .	14,374	18,833
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	229,999	333,391
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	78,609	20,685
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,631,265	21,781,365

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	11,541,030	12,065,067
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	8,839,992	14,388,712
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,381,022	26,453,779
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	1,250,243	-4,672,414

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	14,898,361	10,194,631
21 Total liabilities (Part X, line 26) . . . . .	1,977,936	2,056,174
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	12,920,425	8,138,457

## Part II Signature Block

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

Sign Here	***** Signature of officer	2020-05-04 Date
	DONNA KELLY-WILLIAMS PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00464296
	Firm's name ► WOLF & COMPANY PC			Firm's EIN ► 04-2689883	
	Firm's address ► 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110			Phone no (617) 439-9700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

## Part III

## Statement of Program Service Accomplishments

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

## 1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No
- If "Yes," describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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

4e Total program service expenses ►

## Part IV Checklist of Required Schedules

	<b>Yes</b>	<b>No</b>
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	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
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	Yes
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11a	Yes
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11b	No
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	11c	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11f	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	12a	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12b	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14b	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	15	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	16	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	17	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	18	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20a	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

## Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	<b>Section 501(c)(3) organizations.</b> 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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	99
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	159		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>	No		
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b> Gross income from members or shareholders	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>			
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	No		

## Part VI

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

**Section A. Governing Body and Management**

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

1a

25

Yes	No
-----	----

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

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

1b

25

2	No
---	----

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3	No
---	----

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4	No
---	----

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

5	No
---	----

**5** Did the organization become aware during the year of a significant diversion of the organization's assets?

6	Yes
---	-----

**6** Did the organization have members or stockholders?

7a	Yes
----	-----

**7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b	Yes
----	-----

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8a	Yes
----	-----

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8b	Yes
----	-----

**a** The governing body?

9	No
---	----

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

**9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

**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	Yes
-----	-----

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

10b	Yes
-----	-----

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11a	No
-----	----

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

12a	Yes
-----	-----

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13

12b	Yes
-----	-----

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c	Yes
-----	-----

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

13	Yes
----	-----

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

14	Yes
----	-----

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

15a	Yes
-----	-----

**15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15b	Yes
-----	-----

**a** The organization's CEO, Executive Director, or top management official

16a	No
-----	----

**b** Other officers or key employees of the organization

16b	
-----	--

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16b	
-----	--

**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**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request  Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
►ANDREW FERRIS 340 TURNPIKE STREET CANTON, MA 02021 (781) 821-4625

## Part VII

## **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

## Part VII

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

<b>1b Sub-Total . . . . .</b>	►			
<b>c Total from continuation sheets to Part VII, Section A . . . .</b>	►			
<b>d Total (add lines 1b and 1c) . . . . .</b>	►	1,368,334	0	238,600

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 43

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

## **Section B. Independent Contractors**

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

From the organization, Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
MCDONALD LAMOND & CANZONERI  352 TURNPIKE RD SUITE 310 SOUTHBOROUGH, MA 01772	LEGAL SERVICES	741,072

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

## Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b	21,408,456			
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f . . . . .		21,408,456			
Program Service Revenue		Business Code			
2a NURSING PROGRAM		900099	18,833	18,833	
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f . . . . .		18,833			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . .			152,632		152,632
4 Income from investment of tax-exempt bond proceeds					
5 Royalties . . . . .					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . .					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	2,240,948				
c Gain or (loss)	2,060,189				
d Net gain or (loss) . . . . .	180,759		180,759		180,759
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from fundraising events . . . . .					
9a Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .					
10a Gross sales of inventory, less returns and allowances . . . . .	a				
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code				
11a WEBSITE INCOME/ MISC INCOME	900099		20,670	20,670	
b VENDOR CONTRACTS/ROYALTIES	900099		15	15	
c _____					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .		20,685			
12 Total revenue. See Instructions . . . . .		21,781,365	39,518	0	333,391

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	617,156			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,266,720			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	80,996			
9 Other employee benefits	2,411,317			
10 Payroll taxes	688,878			
11 Fees for services (non-employees)				
a Management				
b Legal	843,259			
c Accounting	82,600			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	20,458			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	388,690			
12 Advertising and promotion	189,473			
13 Office expenses	511,692			
14 Information technology	323,305			
15 Royalties				
16 Occupancy	459,040			
17 Travel	458,317			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	426,171			
20 Interest	14,188			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	327,753			
23 Insurance	108,759			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a BALLOT & JOB ACTION	8,753,169			
b REGIONAL ORG OFFICE	720,000			
c OTHER EXPENSES	179,598			
d ARBITRATION FEES	148,738			
e All other expenses	433,502			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	26,453,779			
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,648,134	1	5,689,422
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	113,912	4	5,896
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	386,836	9	321,304
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,967,532	
	b Less accumulated depreciation	10b	5,347,801	1,606,576
	11 Investments—publicly traded securities		10c	1,619,731
	12 Investments—other securities See Part IV, line 11		11	2,532,926
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	26,152	14	25,352
	16 Total assets. Add lines 1 through 15 (must equal line 34)	14,898,361	15	10,194,631
Liabilities	17 Accounts payable and accrued expenses	1,209,826	16	1,114,444
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties	220,790	22	349,067
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	547,320	24	592,663
	26 Total liabilities. Add lines 17 through 25	1,977,936	25	2,056,174
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	10,561,985	27	5,605,238
	28 Temporarily restricted net assets	2,358,440	28	2,533,219
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,920,425	33	8,138,457
	34 Total liabilities and net assets/fund balances	14,898,361	34	10,194,631

## Part 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	21,781,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,453,779
3	Revenue less expenses Subtract line 2 from line 1	3	-4,672,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,920,425
5	Net unrealized gains (losses) on investments	5	-109,554
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,138,457

## Part XII Financial Statements and Reporting

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-1591164

**Name:** MASSACHUSETTS NURSES ASSOCIATION

Form 990 (2018)

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## Form 990, Part III, Line 4a:

SEE SCHEDULE O THE ANCC PROVIDER UNIT MAINTAINED ITS ACCREDITATION DURING THE 2018-2019 FISCAL YEAR THERE WAS A TOTAL OF 58 EDUCATIONAL PROGRAMS PRESENTED IN A LIVE FORMAT BY THE DIVISION STAFF WITH A TOTAL OF 5022 PARTICIPANTS IN ADDITION TO THE IN PERSON TO PERSON OFFERINGS, THE DIVISION STAFF ALSO SUPPORTED TO ANCC APPROVED ONLINE PROGRAMS ON-LINE REGISTRATION CONTINUES TO ACCOUNT FOR GREATER THAN 90% OF ALL PARTICIPANT REGISTRATIONS INCLUDING REGIONAL PROGRAMS MEMBERS CONTINUE TO HAVE THE OPTION TO REGISTER FOR THESE PROGRAMS VIA MAIL-IN REGISTRATION DURING THIS PAST YEAR, TOPICS OF CONTINUING EDUCATION PROGRAMS FOCUSED ON ISSUES THAT INCLUDE WORKPLACE VIOLENCE, IMPAIRED PRACTICE, UPDATES ON CARE OF THE PATIENT POST-STROKE, THE HEALTH CONCERN OF VAPING AND NANOTECHNOLOGY. THE DIVISION HAS CONTINUED TO EXPAND ITS COLLABORATION WITH THE WORLD CONTINUING EDUCATION ALLIANCE (WCEA) DURING THE 2018-2019 FISCAL YEAR. THE WCEA PROVIDES MNA MEMBERS ACCESS TO MORE THAN 200 ANCC APPROVED CE PROGRAMS FREE OF CHARGE AND MORE THAN 500 ANCC SPECIALTY PROGRAMS WHICH OUR MEMBERS CAN PURCHASE FOR A FEE DURING THE 2018-2019 FISCAL YEAR, 115 MNA MEMBERS LOGGED ONTO THE WCEA PORTAL AND SUCCESSFULLY COMPLETED CE PROGRAMS. THE NUMBER OF PARTICIPANTS WHO RECEIVED CONTINUING EDUCATION CREDITS FOR PROGRAMS ON THE ON OUR SECONDARY LEARNING PORTAL (GNARITIS) THESE PROGRAMS TOTLED 58 PARTICIPANTS THE CONGRESS ON NURSING PRACTICE MET THROUGHOUT THE YEAR IN SEPTEMBER OF 2018, THE MEMBERS WORKED ON LEGISLATIVE TESTIMONY ON A VARIETY OF ISSUES INCLUDING, SAFE STAFFING FOR NURSES IN ACUTE CARE SETTINGS, THE LEGALIZATION OF MARIJUANA IN MASSACHUSETTS AND THE IMPLICATIONS FOR NURSING PRACTICE AND THE CHALLENGES AND OPPORTUNITIES THAT EXIST SURROUNDING AN EXPANDED ROLE FOR PERSONAL CARE ASSISTANCE WORKING IN ASSISTED LIVING SETTINGS. THE DIVISION OF HEALTH AND SAFETY STAFF CONTINUES TO ACT AS A RESOURCE, CONSULTANT, MENTOR AND EDUCATOR FOR MNA MEMBERS, MEMBERS OF THE NURSING COMMUNITY, HEALTHCARE ORGANIZATIONS AND OTHER STAFF ON A VARIETY OF HEALTH AND SAFETY RELATED TOPICS/ISSUES. THE CONGRESS ON HEALTH AND SAFETY, IN COLLABORATION WITH A CONTENT EXPERT, ARE IN THE PROCESS OF DEVELOPING A POSITION STATEMENT ON "HOW NURSES PLAY A KEY ROLE IN RESPONDING TO THE OPIOID EPIDEMIC". THE HEALTH AND SAFETY CONGRESS CONTINUES TO SUPPORT TWO TASK FORCES FORMED TO CONCENTRATE ADVOCACY EFFORTS ON ISSUES EFFECTING NURSES AMONG OTHER INITIATES THE WORKPLACE VIOLENCE TASK FORCE HAS BEEN WORKING ON UPDATING THE TEN ACTIONS A NURSE SHOULD TAKE IF ASSAULTED AT WORK DOCUMENT TO DISTRIBUTE TO MEMBERS, ADVOCATING FOR WORKPLACE VIOLENCE LEGISLATION AT THE STATE HOUSE AND SUPPORT VICTIMS OF ASSAULT AT WORK. THE SAFE PATIENT HANDLING AND MOBILITY TASK FORCE HAS BEEN ADVOCATING FOR LEGISLATION AT THE STATE HOUSE, RE-SURVEYED MEMBERS THIS YEAR REGARDING SAFE PATIENT HANDLING AND MOBILITY PRACTICES IN THEIR FACILITY AND SUBMITTING AN ABSTRACT TO PRESENT AT THE ANNUAL NATIONAL SAFE PATIENT HANDLING AND MOBILITY CONFERENCE IN 2020. THE ASSOCIATE DIRECTORS FOR THE DIVISION OF HEALTH AND SAFETY REPRESENTED THE MNA AND MEMBERSHIP BY ATTENDING VARIOUS EDUCATIONAL AND PUBLIC HEALTH FORUMS THROUGHOUT THE YEAR. SOME OF THE ORGANIZATIONS, COALITIONS AND MEETINGS THAT HEALTH AND SAFETY ASSOCIATE DIRECTORS PARTICIPATE IN INCLUDED MASSACHUSETTS COALITION OF OCCUPATIONAL SAFETY AND HEALTH (MASSCOSH), MASSACHUSETTS ASTHMA ACTION PARTNERSHIP (MAAP), MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (MDPH) HEPATITIS-C COALITION, MDPH OCCUPATIONAL HEALTH SURVEILLANCE PROGRAM (ADVISORY BOARD MEMBER), MASSACHUSETTS ASSOCIATION OF OCCUPATIONAL HEALTH NURSES AND NATIONAL NEEDLE STICK ADVISORY COMMITTEE

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## **Form 990, Part III, Line 4b:**

SEE SCHEDULE O DURING THE LAST FISCAL YEAR MNA SETTLED CONTRACTS FOR THE FOLLOWING FACILITIES, BOSTON MEDICAL CENTER, FRANKLIN MEDICAL CENTER, NOBLE HOSPITAL, FAULKNER HOSPITAL, NEWTON WELLESLEY HOSPITAL, BRIGHAM AND WOMEN'S HOSPITAL,UMASS MEDICAL CENTER (UNIVERSITY HOSPITAL AND MEMORIAL HOSPITAL) CAMBRIDGE HEALTH ALLIANCE (CAMBRIDGE, SOMERVILLE AND WHIDDEN HOSPITALS COLLECTIVELY), LEOMINSTER HOSPITAL, ST VINCENT'S HOSPITAL, METRO WEST MEDICAL CENTER, CAPE COD HOSPITAL, FALMOUTH HOSPITAL, CAPE COD VNA, HOLY FAMILY HOSPITAL, MERRIMACK VALLEY HOSPITAL, MORTONHOSPITAL, NASHOBA HOSPITAL, NORTHEAST HEALTH SYSTEM (BEVERLY AND ADDISON GILBERT HOSPITALS COLLECTIVELY), ANNA JACQUES HOSPITAL, JORDAN HOSPITAL, COOLEY DICKENSON HOSPITAL, MERCY HOSPITAL AND PROVIDENCE HOSPITAL ADDITIONALLY, A NUMBER OF SCHOOL NURSE, PUBLIC HEALTH AND VNA CONTRACTS HAVE BEEN SETTLED IN VARIOUS TOWNS AND AREAS OF THE STATE THERE ARE NEGOTIATIONS ONGOING FOR TUFTS MEDICAL CENTER, FRANKLIN MEDICAL CENTER, NOBLE HOSPITAL, BERKSHIRE MEDICAL CENTER, CARNEY HOSPITAL, NORWOOD HOSPITAL, ST ELIZABETH'S MEDICAL CENTER, GOOD SAMARITAN HOSPITAL AND NORTH SHORE MEDICAL CENTER AND FALMOUTH VNAAS WELL AS A NUMBER OF PUBLIC HEALTH AND SCHOOL NURSE UNITS THE CONTRACT NEGOTIATIONS ARE DIFFICULT AS THE MAJORITY OF EMPLOYERS ARE ACTIVELY ENGAGED IN EFFORTS TO REDUCE BENEFITS AS WELL AS SPEED UP AND INCREASE THE WORKLOAD GOVERNOR BAKER'S LINE ITEM CUTS HAVE AFFECTED SOME OF OUR UNIT 7 FACILITIES WITH REDUCTIONS AND WE ARE ACTIVELY ENGAGED IN EFFORTS TO COUNTERMAND THOSE CUTS WITH THE LEGISLATURE AS WELL AS ANY OTHER NEGATIVE EFFECTS ON THE ABILITY OF OUR MEMBERS TO DELIVER SAFE CARE IN ALL SETTINGS IN WHICH THEY PRACTICE WE ARE ACTIVELY ENGAGED IN A NUMBER OF ORGANIZING DRIVES AS THE ENVIRONMENT IN TERMS OF SPEED UP AND VIOLENCE REMAINS PROBLEMATIC AND EVEN MORE SO WHERE NURSES AND HEALTH PROFESSIONALS ARE WITHOUT A LEGALLY PROTECTED VOICE WE ARE ACTIVELY ENGAGED WITH MEMBERS ALLIES AND THE PUBLIC TO INTRODUCE A BALLOT REFERENDUM THAT WOULD PROVIDE LIMITS ON THE NUMBER OF PATIENTS THAT CAN BE SAFELY CARE FOR BY THE NURSE AT ONE TIME IN MASSACHUSETTS HOSPITALS THIS WOULD ENHANCE THE CURRENT LAW IN WHICH THERE ARE LIMITS WHEN A PATIENT IS IN AN INTENSIVE CARE UNIT BUT NO LIMITS EXIST ONCE DISCHARGE FROM SUCH A UNIT OR WHILE WAITING TO BE ADMITTED TO SUCH A UNIT IN AN INTENSIVE CARE UNIT BUT NO LIMITS EXIST ONCE DISCHARGE FROM SUCH A UNIT OR WHILE WAITING TO BE ADMITTED TO SUCH A UNIT

## **Form 990, Part III, Line 4c:**

SEE SCHEDULE O THE DIVISION OF PUBLIC COMMUNICATIONS CONTINUED ITS EFFORTS TO AMPLIFY THE VOICE OF THE MNA AND THE PUBLIC (WHEN APPROPRIATE) ABOUT GOALS AND ACTIVITIES OF THE ORGANIZATION TO MAXIMIZE MEMBER AND PUBLIC INVOLVEMENT IN AND SUPPORT FOR THE MNA AGENDA, AND ISSUES IMPACTING THE HEALTH AND SAFETY OF NURSES, THE PUBLIC, AND COMMUNITIES OF THE COMMONWEALTH. THIS WAS ACCOMPLISHED THROUGH PRODUCTION AND DISTRIBUTION OF MNA NEWSLETTERS, BULLETINS, CONTRACT UPDATES, BROCHURES, BUTTONS AND OTHER MATERIALS PRODUCED BY OUR COMMUNICATIONS STAFF AND MNA PRINT SHOP, THROUGH THE USE OF A VARIETY OF SOCIAL MEDIA COMMUNICATIONS VEHICLES (I E, FACEBOOK, TWITTER, INSTAGRAM, EMAIL, MNA AND CAMPAIGN SPECIFIC WEB PAGES, ETC ) THIS WORK WAS EXTENDED TO THE GENERAL PUBLIC THROUGH EARNED AND PAID MEDIA CAMPAIGNS TO EDUCATE THE PUBLIC AND OTHER AUDIENCES ABOUT MNA INITIATIVES INCLUDING THE NEED FOR SAFE PATIENT LIMITS FOR NURSES, ABOUT ONGOING CONTRACT CAMPAIGNS, THE MNA LEGISLATIVE AGENDA INCLUDES ISSUES OF WORKPLACE VIOLENCE, SAFE PATIENT HANDLING, AND THE PROTECTION OF ESSENTIAL SERVICES. WE CONTINUE OUR FIGHT FOR SAFE STAFFING AFTER THE BALLOT QUESTION WAS REJECTED. LEGISLATION HAS BEEN FILED THAT LOOKS TO ANSWER THE REMAINING ISSUES AND HELP SOLVE THE STAFFING CRISIS AND PROTECT PATIENTS IN THE COMMONWEALTH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Independent trustee	Instructional Trustee	Other	Key employee	Highest compensated			
BETH AMSLER DIRECTOR	2 50		X					0	0	0
BETH PIKNICK DIRECTOR	2 50		X					0	0	0
BETTY SPARKS DIRECTOR	2 50		X					0	0	0
COLLEEN WOLFE DIRECTOR	2 50		X					0	0	0
DANIEL REC DIRECTOR	2 50		X					1,000	0	0
DONNA KELLY-WILLIAMS PRESIDENT	8 00		X	X				75,000	0	0
DONNA STERN DIRECTOR	2 50		X					3,657	0	0
ELLEN FARLEY SECRETARY	4 00		X	X				0	0	0
ELLEN SMITH DIRECTOR	2 50		X					1,000	0	0
GLORIA BARDSEY DIRECTOR	2 50		X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Dir. / Individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Former			
JOAN BALLANTYNE DIRECTOR	2 50 .....	X						1,000	0	0
KAREN COUGHLIN VICE PRESIDENT	4 00 .....	X	X					25,000	0	0
KATHERINE MARSHALL DIRECTOR	2 50 .....	X						0	0	0
KATHY REARDON DIRECTOR	2 50 .....	X						1,000	0	0
KATIE MURPHY DIRECTOR	2 50 .....	X						0	0	0
KRISTEN MAXFIELD DIRECTOR	2 50 .....	X						0	0	0
LINDA BARTON DIRECTOR	2 50 .....	X						600	0	0
LYNNE STARBARD DIRECTOR	2 50 .....	X						1,000	0	0
MARY HAVLICEK CORNACCHIA DIRECTOR	2 50 .....	X						0	0	0
MICHAEL D'INTINOSANTO DIRECTOR	2 50 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Dir. Director	Individual trustee	Officer	Key Employee	Employee compensated by organization	Former			
NORA WATTS	4 00							0	0	0
..... TREASURER	.....	X		X						
PATRICIA DUFFY	2 50							1,000	0	0
..... DIRECTOR	.....	X								
ROBIN LUCIA	2 50							0	0	0
..... DIRECTOR	.....	X								
SEAMUS WHELAN	2 50							0	0	0
..... DIRECTOR	.....	X								
SUSAN WRIGHT-THOMAS	2 50							0	0	0
..... DIRECTOR	.....	X								
ANDREW FERRIS	35 00				X			152,800	0	31,506
..... DIRECTOR OF FINANCE	.....				X					
DAVID SCHILDMEIER	35 00				X			154,789	0	35,918
..... DIR PUBLIC COMM	.....				X					
JULIE PINKHAM	35 00				X			199,310	0	36,953
..... EXECUTIVE DIRECTOR	.....				X					
DANA SIMON	35 00					X		146,573	0	35,510
..... DIRECTOR STRATEGIC CAMP	.....					X				
EAMON HOGAN	35 00					X		148,981	0	35,012
..... ASSOCIATE DIRECTOR	.....					X				

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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W- 2/1099- MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOHN GORDON ..... ASSOCIATE DIRECTOR	35 00 .....					X			151,570	0	18,164
ROLAND GOFF ..... DIRECTOR OF STRATEFIC CAMP	35 00 .....					X			148,897	0	7,127
THEODORE BURKE ..... ASSOCIATE DIRECTOR	35 00 .....					X			155,157	0	38,410

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2018****For Organizations Exempt From Income Tax Under section 501(c) and section 527****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization MASSACHUSETTS NURSES ASSOCIATION	Employer identification number 04-1591164
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$ 14,999
- 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
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ 14,999
- 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 ► \$ 14,999
- 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) FRIENDS OF DENISE GARLICK	PO BOX 920792 NEEDHAM, MA 02492	01-7463563	14,999	0
2				
3				
4				
5				
6				

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

- A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ►  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b>	Other exempt purpose expenditures		
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>			
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	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b>	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	

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

- 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
- a Volunteers?
- b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
- c Media advertisements?
- d Mailings to members, legislators, or the public?
- e Publications, or published or broadcast statements?
- f Grants to other organizations for lobbying purposes?
- g Direct contact with legislators, their staffs, government officials, or a legislative body?
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
- i Other activities?
- j Total Add lines 1c through 1i
- 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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).**

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

	Yes	No
1	Yes	
2	Yes	
3		No

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

- 1 Dues, assessments and similar amounts from members
- 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- a Current year
- b Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

**Part IV Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection****Name of the organization**  
MASSACHUSETTS NURSES ASSOCIATION**Employer identification number**  
04-1591164**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

Held at the End of the Year	
2a	
2b	
2c	
2d	

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		321,000		321,000
b Buildings . . . . .		3,088,059	2,257,410	830,649
c Leasehold improvements				
d Equipment . . . . .		2,725,090	2,302,110	422,980
e Other . . . . .		833,383	788,281	45,102
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ►				1,619,731

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B), line 12.)		

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

**Part VIII Investments—Program Related**

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

<b>(a) Description of investment</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b> Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	►	

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

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

	<b>(a) Description</b>	<b>(b) Book value</b>
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

<b>1.</b>	<b>(a) Description of liability</b>	<b>(b) Book value</b>
(1) Federal income taxes		
OTHER LIABILITIES		592,663
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

**Total.** (Column (B) must equal Form 990, Part X, col (B) line 25.)

592,663

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XII.

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-1591164

**Name:** MASSACHUSETTS NURSES ASSOCIATION

### Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL AND STATE INCOME TAX. THE ASSOCIATION IS, HOWEVER, SUBJECT TO FEDERAL AND STATE TAXES ON ITS UNRELATED BUSINESS TAXABLE INCOME, IF ANY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE ASSOCIATION TO EVALUATE TAX POSITIONS TAKEN, INCLUDING THE POSITION THAT THE ASSOCIATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION, AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ASSOCIATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ASSOCIATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, THERE ARE NO UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ASSOCIATION BELIEVES IT IS NO LONGER SUBJECT TO EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2016. THE ASSOCIATION'S POLICY IS TO RECOGNIZE ANY INTEREST AND PENALTIES RELATED TO TAX MATTERS AS AN EXPENSE WHEN PAID.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
MASSACHUSETTS NURSES ASSOCIATION

Employer identification number

04-1591164

**Part I Questions Regarding Compensation**

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

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

**Yes****No****1b****2**

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**4a**

No

**4b**

No

**4c**

No

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**5a****5b**

- a** The organization?

- b** Any related organization?

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

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

**6a****6b**

- a** The organization?

- b** Any related organization?

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

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

**7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

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

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

**Part III**

**Supplemental Information**

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**Name of the organization  
MASSACHUSETTS NURSES ASSOCIATION

Employer identification number

04-1591164

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	THE MISSION OF THE MNA, THE ASSOCIATION FOR REGISTERED NURSES, IS TO PRESERVE THE IDENTITY, INTEGRITY, AND CONTINUITY OF PROFESSIONAL NURSING IN THE COMMONWEALTH OF MASSACHUSETTS. THE PURPOSE OF THE MNA, UNRESTRICTED BY CONSIDERATION OF NATIONALITY, RACE, CREED, RELIGION, LIFESTYLE, COLOR, SEX, HANDICAP, OR AGE, SHALL BE TO - WORK FOR THE IMPROVEMENT AND AVAILABILITY OF HEALTH CARE SERVICES FOR ALL PEOPLE - FOSTER HIGH STANDARDS OF NURSING PRACTICE, EDUCATION, RESEARCH, AND NURSING ADMINISTRATION - PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES - ADVANCE THE ECONOMIC AND GENERAL WELFARE OF NURSES - ACT AND SPEAK FOR NURSES IN MASSACHUSETTS. THE FUNCTIONS OF THE MNA SHALL BE TO IMPROVE THE PROFESSION BY - PROVIDING FOR QUALITY IN NURSING PRACTICE BY PROMOTING THE IMPLEMENTATION OF STANDARDS FOR NURSING PRACTICE AND STANDARDS FOR NURSING SERVICES - PROVIDING FOR QUALITY IN NURSING EDUCATION BY PROMOTING STANDARDS FOR NURSING EDUCATION (UNDERGRADUATE, GRADUATE, AND CONTINUING EDUCATION) - PROMOTING AND PROVIDING FOR THE PROFESSIONAL, ECONOMIC, AND GENERAL WELFARE OF NURSES THROUGH THE DEVELOPMENT AND IMPLEMENTATION OF STANDARDS - PROMOTING AND PROVIDING FOR THE CONTINUING EDUCATION OF NURSES THROUGH THE IMPLEMENTATION OF STANDARDS FOR CONTINUING EDUCATION IN NURSING - INFORMING BOTH THE NURSE AND SOCIETY OF THE PROFESSION'S EXPECTATIONS AND REQUIREMENTS IN ETHICAL MATTERS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MNA IS DIRECTED AND RUN BY THE MEMBERSHIP WITH AN ELECTED BOARD OF DIRECTORS AND A GRASSROOTS ORGANIZATIONAL STRUCTURE WITH REGIONAL COUNCILS IN FIVE DIFFERENT REGIONS OF THE STATE. MEMBERS HAVE AN OPPORTUNITY TO BECOME INVOLVED IN THE MNA ON LOCAL ISSUES AND CONCERN. THE MNA ALSO PROVIDES MEMBERS WITH AN OPPORTUNITY TO INFLUENCE NURSING AND OTHER HEALTHCARE ISSUES ON A NATIONAL LEVEL

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS VOTE FOR THEIR BOARD OF DIRECTORS AND MAKE GOVERNING DECISIONS AT THEIR ANNUAL CONVENTION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS VOTE FOR THEIR BOARD OF DIRECTORS AND MAKE GOVERNING DECISIONS AT THEIR ANNUAL CONVENTION

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING, APPROVING AND SIGNING THE FORM 990 TO THE PRESIDENT. THE FORM 990 IS MADE AVAILABLE TO ANY DIRECTOR UPON REQUEST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE MASSACHUSETTS NURSES ASSOCIATION HAS A CONFLICT OF INTEREST POLICY IN PLACE ANNUALLY. EACH BOARD MEMBER IS REQUIRED TO DISCLOSE IF THERE ARE ANY CONFLICTS. THE BOARD REVIEWS THESE DISCLOSURES AND TAKES WHATEVER ACTION IS NEEDED TO RESOLVE THE CONFLICT.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THEIR ORGANIZATION'S PRESIDENT, DIRECTORS AND MANAGEMENT. THIS PROCESS INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONAL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST TO THE GENERAL PUBLIC

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART XII, LINE 1 - ACCOUNTING METHOD	THE 990 IS PREPARED ON THE SAME BASIS AS THE FINANCIAL STATEMENTS WHICH ARE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING. THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ASSOCIATION ARE PRESENTED ON A MODIFIED CASH BASIS, WHEREBY THE ASSOCIATION'S DUES INCOME IS RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED. ALL OTHER INCOME IS RECORDED WHEN EARNED AND EXPENSES ARE RECORDED AS INCURRED.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE WAS NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR 2019

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MASSACHUSETTS NURSES ASSOCIATION

**Employer identification number**

04-159116

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f)

**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.

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MASSACHUSETTS NURSES FOUNDATION	Q	21,144	FMV

**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.

**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation