

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

2020

Open to  
Public  
Inspection

## A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:

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

C Name of organization ARKANSAS NURSES ASSOCIATION		D Employer identification number 71-0200788
Number and street (or P. O. box, if mail is not delivered to street address) 3340 AMERICAN AVE		E Telephone number (573) 636-4623
City or town, state or province, country, and ZIP or foreign postal code JEFFERSON CITY, MO 65109		F Group Exemption Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►MODIFIED CASHH Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ► [www.arna.org](http://www.arna.org)J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 6) ◀ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 168,723

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	29,535
	3 Membership dues and assessments . . . . .	3	133,485
	4 Investment income . . . . .	4	2,109
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
Expenses	b Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less: cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe in Schedule O) . . . . .	8	3,594
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	168,723

Net Assets	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	40,700
	13 Professional fees and other payments to independent contractors . . . . .	13	19,820
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	9,279
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	107,512
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	177,311
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-8,588
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	148,135
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-658
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	138,889

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	144,539	131,029
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	3,596	7,860
25 Total assets	148,135	138,889
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	148,135	138,889

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here ▶ 

28a

29

(Grants \$ )

If this amount includes foreign grants, check here ▶ 

29a

30

(Grants \$ )

If this amount includes foreign grants, check here ▶ 

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here ▶ 

31a

32 Total program service expenses (add lines 28a through 31a)

▶ 32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEPHEN PENNINGTON President	1.00	0		
SUSIE MARKS Executive Dir.	25.00	31,227		
MICHELLE BREWER Vice President	1.00	0		
BRENDA TRIGG Treasurer	1.00	0		
MARGARET LOVE Secretary	1.00	0		
SARAH BERRYMAN BOARD MEMBER	1.00	0		
JULIE HOPKINS BOARD MEMBER	1.00	0		
SHELLEY AUSTIN BOARD MEMBER	1.00	0		
REBECCA PARRELL BOARD MEMBER	1.00	0		
FAIRAH SOLOMON BOARD MEMBER	1.00	0		
KARLA ROBINSON BOARD MEMBER	1.00	0		

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	Yes
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <span style="border: 1px solid black; padding: 2px;">37a</span>	37b	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	40a	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	40b	
section 4911 ► <span style="border: 1px solid black; padding: 2px;">0</span> ; section 4912 ► <span style="border: 1px solid black; padding: 2px;">0</span> ; section 4955 ► <span style="border: 1px solid black; padding: 2px;">0</span>	40c	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► <span style="border: 1px solid black; padding: 2px;">0</span>	40e	No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► <span style="border: 1px solid black; padding: 2px;">0</span>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40f	
41 List the states with which a copy of this return is filed. ► <span style="border: 1px solid black; padding: 2px;">KAREN HARRIS</span>	41	Telephone no. ► (573) 636-4623
42a The organization's books are in care of ► <span style="border: 1px solid black; padding: 2px;">KAREN HARRIS</span>	42b	Yes
Located at ► <span style="border: 1px solid black; padding: 2px;">3340 American Ave Suite F JEFFERSON CITY, MO</span>	42c	No
	ZIP + 4 ► <span style="border: 1px solid black; padding: 2px;">65109</span>	
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)?	42d	Yes
If "Yes," enter the name of the foreign country: ► <span style="border: 1px solid black; padding: 2px;"> </span>	42e	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42f	Yes
If "Yes," enter the name of the foreign country: ► <span style="border: 1px solid black; padding: 2px;"> </span>	42g	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <span style="border: 1px solid black; padding: 2px;">43</span>	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Yes
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

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

48	
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	
-----	--

**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b	
-----	--

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A. . . . . ►  Yes  No

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

**Sign Here**

***** Signature of officer STEPHEN PENNINGTON President Type or print name and title	2021-06-02 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name BOBBIE J REDMON CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00640879
	Firm's name ► Evers & Company CPAs LLC	Firm's EIN ► 43-1121359			
	Firm's address ► 520 Dix Road Jefferson City, MO 65109	Phone no. (573) 635-0227			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## Additional Data

**Software ID:** 20011551  
**Software Version:** 2020v4.0  
**EIN:** 71-0200788  
**Name:** ARKANSAS NURSES ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> KEY PROGRAM AREAS OF THE ASSOCIATION INCLUDE LEGISLATION AND GOVERNMENTAL AFFAIRS, ACCREDITATION AND PROVISION OF CONTINUING NURSING EDUCATION, PROFESSIONAL DEVELOPMENT AND SUPPORTING NURSING PRACTICE AND RESEARCH.</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2020**

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 ARKANSAS NURSES ASSOCIATION	Employer identification number 71-0200788
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. .... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<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.														
<table border="1"> <thead> <tr> <th><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th><b>The lobbying nontaxable amount is:</b></th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		<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>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)	<b>(a) 2017</b>	<b>(b) 2018</b>	<b>(c) 2019</b>	<b>(d) 2020</b>	<b>(e) Total</b>
<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? .....

	(a)	(b)
	Yes   No	Amount
1		
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		
2a		
b		
c		
d		

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	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 .....	1	133,485
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .....	2a	5,300
b Carryover from last year .....	2b	10,511
c Total .....	2c	15,811
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	21,224
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5 Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

Return Reference	Explanation	

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

Department of the Treasury

Name of the organization

ARKANSAS NURSES ASSOCIATION

**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.

**2020****Open to Public  
Inspection****Employer identification number**

71-0200788

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue.1	MISCELLANEOUS \$1839

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.2	ROYALTIES \$1508

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.3	TRANSFER IN FROM REGIONS \$247

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1001	Advertising and Promotion \$1512

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$3684

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1003	Information Technology \$2944

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1005	Travel \$2216

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1007	Conferences, Conventions, and Meetings \$11961

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1009	Depreciation \$230

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1010	Amortization \$1469

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$63

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	DIVISION DUES \$82281

# 990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses.2	BANK AND CREDIT CARD FEES \$1152	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1003	Machinery and Equipment - Beginning \$874 Machinery and Equipment - Ending \$644

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1012	Intangible Assets - Beginning \$2722 Intangible Assets - Ending \$7216

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Changes to Organizing or Governing Documents	The Association added the category of Premier Membership to their Bylaws. Premier Membership is defined as individual members of CSNA who have ANA rights, privileges and benefits of membership as a result of their joint ANA-CSNA membership. Full Membership was changed to Standard Membership. The Association eliminated chapters and amended bylaws to reflect changes. An ARNA Chapter is a subsection of an ARNA Region that has a core group of ARNA members that desire to meet in their local area on a regular basis. The Association also amended the bylaws to add the option of virtual meeting for the Annual Membership Assembly.