

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

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

C Name of organization: AMERICAN NURSES ASSOCIATION INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 8403 COLESVILLE RD 500 Room/suite: City or town, state or province, country, and ZIP or foreign postal code: SILVER SPRING, MD 20910

D Employer identification number: 13-1893923 E Telephone number: (301) 628-5167 G Gross receipts \$ 46,332,305

F Name and address of principal officer: ANGELA BEDDOE 8403 COLESVILLE RD 500 SILVER SPRING, MD 20910

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(6), 4947(a)(1), 527

J Website: WWW.W.NURSINGWORLD.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1917 M State of legal domicile: DC

Part I Summary

Table with 3 main sections: 1. Summary (mission statement), 2. Revenue (lines 8-12), 3. Expenses (lines 13-19), 4. Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year, Current Year, Beginning of Current Year, and End of Year.

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 DANIEL WARCO CHIEF FINANCIAL OFFICER, Date 2025-11-04. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2025-11-04, Firm's name CBIZ ADVISORS LLC, Firm's address 1899 L STREET NW 850 WASHINGTON, DC 20036.

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

**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:

TO ADVANCE AND PROMOTE THE IMPROVEMENT OF HEALTH STANDARDS AND THE STANDARDS OF NURSING AND TO STIMULATE AND PROMOTE THE PROFESSIONAL DEVELOPMENT OF NURSES.

**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 \$ )

REVISE AND EXPAND THE FOUNDATIONAL DOCUMENTS FOR NURSES AND NURSING PRACTICE:AMERICAN NURSES ASSOCIATION, INC. (ANA) MAINTAINS AND DISSEMINATES THE CODE OF ETHICS, THE NURSING SOCIAL POLICY STATEMENT, THE SCOPE AND STANDARDS OF CARE FOR NURSING (AND 28 SPECIALTY PRACTICES), POSITION STATEMENTS AND ISSUE BRIEFS. ACTIVITIES INCLUDE CONDUCTING AND SUPPORTING RESEARCH, EVALUATION AND DISSEMINATION OF INFORMATION RELATED TO HEALTH POLICY, NURSES AND NURSING CARE.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CLARIFY AND STRENGTHEN THE EDUCATIONAL SYSTEM FOR NURSING:ANA SUPPORTS ACTIVITIES RELATED TO MINIMUM EDUCATIONAL REQUIREMENTS FOR DIFFERING LEVELS OF NURSING PRACTICE, ENSURING FEDERAL SUPPORT FOR NURSING EDUCATION, AND SUPPORT FOR LEADERSHIP DEVELOPMENT AND EDUCATIONAL SCHOLARSHIPS FOR MINORITY STUDENTS.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

RESTRUCTURE THE ORGANIZATIONAL ARRANGEMENTS FOR DELIVERY OF NURSING SERVICES:ACTIVITIES INCLUDED IN THIS PROGRAM ARE RELATED TO DEVELOPMENT OF COST-EFFECTIVE MODELS FOR DELIVERY OF NURSING CARE AND PROMOTION OF NURSES AS PROVIDERS OF CARE TO THE PUBLIC.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like organizational type, lobbying, donor funds, and fundraising activities.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 10 columns: Question ID, Question Text, Sub-question ID, and Answer columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed C A , MD 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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: JON LOZARITA 8403 COLESVILLE RD 500 SILVER SPRING, MD 20910 (301) 628-5167

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) JENNIFER MENSİK KENNEDY PRESIDENT	36.25 0.00	X		X			244,243	0	0
(2) ANITA GIRARD VICE PRESIDENT	1.00 0.00	X		X			0	0	0
(3) AMANDA OLIVER SECRETARY	1.00 0.00	X		X			0	0	0
(4) JOAN CATHERINE WIDMER TREASURER	1.00 0.00	X		X			0	0	0
(5) EDWARD BRIGGS DIRECTOR	1.00 0.00	X					0	0	0
(6) JACOB GARCIA DIRECTOR	1.00 0.00	X					0	0	0
(7) JENNIFER GIL DIRECTOR	1.00 0.00	X					0	0	0
(8) NIKULE ABEL DIRECTOR	1.00 0.00	X					0	0	0
(9) KHALIAH FISHER-GRACE DIRECTOR	1.00 0.00	X					0	0	0
(10) DEBRA D HATMAKER CHIEF NURSING OFFICER	18.13 18.12			X			413,491	0	35,110
(11) DANIEL WARCO CHIEF FINANCIAL OFFICER, EVP	12.25 24.00			X			345,800	0	39,156
(12) KAREN C SOMERVILLE CHIEF GROWTH AND OPS OFFICER, EVP	16.25 20.00			X			328,096	0	36,830
(13) ANGELA BEDDOE CHIEF EXECUTIVE OFFICER	15.25 21.00			X			290,192	0	20,599
(14) ADRIANE KATHRYN GRIFFEN INTERIM EXECUTIVE DIRECTOR, ANF	4.00 32.25			X			0	187,597	13,069
(15) JACQUELINE F HILTON CHIEF PEOPLE AND CULTURE OFFICER, EVP	36.25 0.00				X		282,442	0	57,557
(16) MICHAEL FEIGENBAUM CHIEF COMS & STRAT ENGMT OFFICER, EVP	36.25 0.00				X		270,264	0	44,327
(17) KATIE BOSTON-LEARY SVP, EQUITY AND ENGAGEMENT	36.25 0.00				X		259,438	0	22,351

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) STEPHEN FOX VP, MEMBERSHIP	36.25 0.00				X		258,944	0	68,703
(19) CHERYL PETERSON VP, NURSING PROGRAMS	36.25 0.00				X		247,322	0	46,939
(20) TIMOTHY PHILIP NANOF VP, POLICY & GOVT AFFAIRS	36.25 0.00				X		235,581	0	75,551
(21) ORIANA BEAUDET VP, INNOVATION	36.25 0.00				X		235,058	0	66,385
(22) JAMES MORRISON VP, DATA STRATEGY & GOVERNANCE	36.25 0.00				X		229,894	0	48,132
(23) NANCY GRISWOLD GEN COUNSEL AND CORP SECRETARY, EVP	36.25 0.00				X		209,108	0	48,540
(24) KATRINA NORBURY CARLIN VP, BUSINESS DEVELOPMENT	36.25 0.00				X		207,006	0	59,816
(25) WENDY ELLMAN DIR, BRAND & STRATEGIC OPERATIONS	36.25 0.00					X	207,581	0	18,950
(26) ANGELA MARTIN DIR, HUMAN RESOURCES	36.25 0.00					X	206,895	0	47,791
(27) JOHN FRANCIS SCHECK DIR, IT OPERATIONS & SECURITY INFRASTRUCTURE	36.25 0.00					X	202,095	0	14,987
(28) PATRICIA TAYLOR DIR, TALENT MGMT & CULTURE	36.25 0.00					X	198,529	0	33,369
(29) WILLIAM TODD BISCHOFF DIR, ENTERPRISE PROJECT MGMT	36.25 0.00					X	198,268	0	13,951
<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>						5,070,247	187,597	812,113	

**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 **109**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETING GENERAL INC 625 N WASHINGTON ST ALEXANDRIA, VA 22314	ADVERTISING	3,799,668
COMMERCEHOUSE LP 110 LESLIE ST 200 DALLAS, TX 75207	DIGITAL MARKETING	2,114,617
HEALTHCOM MEDIA 259 VETERANS LANE SUITE 201 DOYLESTOWN, MD 18901	PERIODICAL PUBLISHING	1,866,688
ADDISON GROUP DBA HIRE STRATEGY 1133 15TH STREET NW STE 1200 WASHINGTON, DC 20005	PROFESSIONAL STAFFING	1,273,376
OPTIMIZELY NORTH AMERICA 119 5TH AVE 7TH FL NEW YORK, NY 10003	DIGITAL MARKETING	1,005,684

**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 **32**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations		<b>1d</b>	688,824	
<b>e</b> Government grants (contributions)		<b>1e</b>	1,728,499	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above		<b>1f</b>	36,256	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$		<b>1g</b>		
<b>h Total.</b> Add lines 1a-1f . . . . .				2,453,579

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
<b>2a</b> MEMBERSHIP DUES		900099	18,858,218	18,858,218		
<b>b</b> STRATEGIC PARTNERSHIP		900099	12,700,486	12,700,486		
<b>c</b> CONFERENCE FEES		900099	2,353,314	2,353,314		
<b>d</b> PRODUCTS & SERVICES		900099	1,932,361	1,791,129	141,232	
<b>e</b> PUBLICATIONS		900099	1,710,047	1,710,047		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			37,554,426			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		809,947			809,947	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	5,510,669				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	4,349,385	63,081			
	<b>c</b> Gain or (loss)	1,161,284	-63,081				
	<b>d</b> Net gain or (loss) . . . . .		1,098,203			1,098,203	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							

Other Revenue Misc Amt	<b>11a</b> OTHER INCOME	Business Code				
		900099	3,684			3,684
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			3,684			
<b>12 Total revenue.</b> See instructions . . . . .			41,919,839	37,413,194	141,232	1,911,834

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	137,157			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	842,650			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,726,871			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	16,397,388			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,182,425			
<b>9</b> Other employee benefits	4,885,583			
<b>10</b> Payroll taxes	2,852,052			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	376,469			
<b>c</b> Accounting	189,252			
<b>d</b> Lobbying	541,699			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	93,604			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,785,815			
<b>12</b> Advertising and promotion	2,493,661			
<b>13</b> Office expenses	3,779,469			
<b>14</b> Information technology	5,756,010			
<b>15</b> Royalties	110,224			
<b>16</b> Occupancy	2,285,139			
<b>17</b> Travel	1,874,965			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	993,817			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	769,702			
<b>23</b> Insurance	502,605			
<b>24</b> 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.)				
<b>a</b> UBI TAXES	31,000			
<b>b</b> DUES & SUBSCRIPTION	1,722,342			
<b>c</b> HONORARIUM	252,298			
<b>d</b> PUBLICATIONS	162,838			
<b>e</b> All other expenses	-25,677,465			
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,067,570			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	2,932,962	<b>1</b>	4,387,235
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	924,765	<b>3</b>	516,112
	<b>4</b> Accounts receivable, net . . . . .	1,320,440	<b>4</b>	1,198,775
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	502,032	<b>8</b>	671,724
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,396,419	<b>9</b>	1,447,263
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 12,491,284		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 502,983	4,449,376	<b>10c</b> 11,988,301
	<b>11</b> Investments—publicly traded securities . . . . .	19,792,532	<b>11</b>	25,114,603
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	467,500	<b>12</b>	39,167
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	49,430,380	<b>15</b>	59,857,608
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	82,216,406	<b>16</b>	105,220,788	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,773,987	<b>17</b>	9,552,936
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,666,853	<b>19</b>	1,802,587
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	12,180,114
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	43,184,936	<b>25</b>	48,906,497
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	51,625,776	<b>26</b>	72,442,134
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	30,203,094	<b>27</b>	32,359,391
	<b>28</b> Net assets with donor restrictions	387,536	<b>28</b>	419,263
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	30,590,630	<b>32</b>	32,778,654
	<b>33</b> Total liabilities and net assets/fund balances	82,216,406	<b>33</b>	105,220,788

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Columns include line number, description, and amount. Total revenue is 41,919,839 and total expenses are 40,067,570.

Part XII Financial Statements and Reporting

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

Table for financial reporting questions. Columns include question number, question text, Yes, and No. Questions cover accounting methods, compilation, and audits.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
---	--

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 AMERICAN NURSES ASSOCIATION INC

Employer identification number  
 13-1893923

**Part I**

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 AMERICAN NURSES ASSOCIATION INC

Employer identification number  
 13-1893923

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 AMERICAN NURSES ASSOCIATION INC	Employer identification number 13-1893923
---	--

**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 ..... ▶ \$ 0

**3** Volunteer hours for political campaign activities. See instructions ..... 0

**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) ANA-PAC	8403 COLESVILLE RD STE 500 SILVER SPRING, MD 20910	52-1254413	0	222,072
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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</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>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<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) 2021	(b) 2022	(c) 2023	(d) 2024	(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.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	18,858,218
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	1,309,488
<b>b</b> Carryover from last year .....	<b>2b</b>	-10,346,701
<b>c</b> Total .....	<b>2c</b>	-9,037,213
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	5,299,160
<b>4</b> 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? .....	<b>4</b>	-1,000,000
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	-13,336,373

**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
PART I-A, LINE 1:	ALL POLITICAL ACTIVITY IS UNDERTAKEN BY THE ANA POLITICAL ACTION COMMITTEE (ANA-PAC). THE ASSOCIATION PASSES PAC CONTRIBUTIONS FROM MEMBERS TO THE PAC, BUT OTHERWISE ENGAGES IN NO POLITICAL ACTIVITY OF ITS OWN.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

▶ **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.**

**Open to Public Inspection**

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

**Name of the organization**  
AMERICAN NURSES ASSOCIATION INC

**Employer identification number**

13-1893923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	387,537	356,942	413,695	369,404	343,324
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	5,725	30,595	-56,753	44,291	26,080
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	393,262	387,537	356,942	413,695	369,404

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 8.637 %
  - c** Term endowment ▶ 91.363 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> Related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		11,432,261		11,432,261
<b>d</b> Equipment . . . . .		502,574	335,637	166,937
<b>e</b> Other . . . . .		556,449	167,346	389,103
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				11,988,301

**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.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	42,509,667
(2) OTHER ASSETS	4,316,217
(3) OPERATING RIGHT-OF-USE ASSET	11,548,476
(4) PENSION ASSET	1,483,248
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	59,857,608

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	36,213,337
OPERATING LEASE LIABILITY	11,733,813
DUES COLLECTED ON BEHALF OF C/SNAS	959,347
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	48,906,497

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

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

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

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4:	ANA'S ENDOWMENT INVESTMENT POLICY IS FOCUSED ON PRESERVATION OF CAPITAL AND AMOUNTS ARE INVESTED IN EQUITIES, CORPORATE AND GOVERNMENT BONDS THROUGH EXCHANGE TRADED MUTUAL FUNDS.
PART X, LINE 2:	THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

# Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990.**

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN NURSES ASSOCIATION INC

**Employer identification number**

13-1893923

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION & INDUSTRY RELATIONS	441,972
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FOREIGN MEETINGS	2,360
(3) NORTH AMERICA	0	0	PROGRAM SERVICES	FOREIGN MEETINGS	670
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			445,002
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			445,002

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

(Rev. January 2025)

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

▶ Attach to Form 990.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN NURSES ASSOCIATION INC

Employer identification number  
13-1893923

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 506 S WRIGHT STREET 209 HAB NO MC339 URBANA, IL 61801	37-6000511	501(C)(3)	7,280	0			GENERAL SUPPORT
(2) CHI ETA PHI SORORITY 3029 13TH STREET WASHINGTON, DC 20009	54-6040360	501(C)(3)	10,000	0			GENERAL SUPPORT
(3) NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA INC 20 BARTLETT PLACE HUNTINGTON, NY 11743	16-1779159	501(C)(3)	10,000	0			GENERAL SUPPORT
(4) NATIONAL COALITION OF ETHNIC MINORITY NURSE ASSOCIATIONS INC 5228 PAINTED LAKES WAY LAS VEGAS, NV 89149	52-2147809	501(C)(3)	60,000	0			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4
- 3** Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATION ENHANCEMENT	11	27,650			
(2) STIPENDS- DOCTORAL	36	610,000			
(3) STIPENDS - MASTER	24	205,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	ANA PROVIDES FELLOWSHIP AWARDS THROUGH THE MINORITY FELLOWSHIP PROGRAM. ANA HAS AN ADVISORY COMMITTEE THAT SERVES AS A POLICY ADVISORY GROUP AND PROVIDES FOR ALL COMPONENTS ON THE PROGRAM. THE COMMITTEE MEMBERS' FUNCTIONS INCLUDE, BUT ARE NOT LIMITED TO REVIEWING EXISTING PROGRAM POLICIES AND PROCEDURES AND MAKING RECOMMENDATIONS; IMPLEMENTING THE APPOINTMENT PROCESS BY SCORING APPLICATIONS AND SELECTING FELLOWS; IMPLEMENTING THE REAPPOINTMENT PROCESS BY EVALUATING AND MAKING RECOMMENDATIONS REGARDING THE FELLOWS' TENURE IN THE PROGRAM; AWARDED POST-DOCTORAL FELLOWSHIPS; ASSISTING FELLOWS TO STRENGTHEN THEIR RESEARCH AND SCHOLARSHIP THROUGH A VARIETY OF ACTIVITIES; AND CONDUCTING PLANNED SITE VISITS AT SELECTED UNIVERSITIES WHERE FELLOWS ARE MATRICULATING IN ACADEMIC PROGRAMS WITH THE INTENT OF ASSESSING THE FELLOW'S OVERALL PERFORMANCE WITHIN THE CONTEXT OF THE ACADEMIC INSTITUTION, AND MAKING RECOMMENDATIONS ON THE FELLOW'S BEHALF.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  
AMERICAN NURSES ASSOCIATION INC

**Employer identification number**  
  
13-1893923

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

**b** If any of the boxes on 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 on 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<br><input checked="" type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><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:

- 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:

- 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:

- 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 . . . . .

**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 . . . . .

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBRA D HATMAKER CHIEF NURSING OFFICER	(i)	403,081	10,146	264	20,507	14,603	448,601	0
	(ii)	0	0	0	0	0	0	0
2 DANIEL WARCO CHIEF FINANCIAL OFFICER, EVP	(i)	334,776	9,782	1,242	24,150	15,006	384,956	0
	(ii)	0	0	0	0	0	0	0
3 KAREN C SOMERVILLE CHIEF GROWTH AND OPS OFFICER, EVP	(i)	316,806	8,968	2,322	22,916	13,914	364,926	0
	(ii)	0	0	0	0	0	0	0
4 JACQUELINE F HILTON CHIEF PEOPLE AND CULTURE OFFICER, EV	(i)	272,242	7,878	2,322	20,399	37,158	339,999	0
	(ii)	0	0	0	0	0	0	0
5 STEPHEN FOX VP, MEMBERSHIP	(i)	247,787	7,593	3,564	18,902	49,801	327,647	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL FEIGENBAUM CHIEF COMS & STRAT ENGMT OFFICER, EV	(i)	262,308	7,146	810	19,312	25,015	314,591	0
	(ii)	0	0	0	0	0	0	0
7 TIMOTHY PHILIP NANOF VP, POLICY & GOVT AFFAIRS	(i)	227,810	6,566	1,205	17,521	58,030	311,132	0
	(ii)	0	0	0	0	0	0	0
8 ANGELA BEDDOE CHIEF EXECUTIVE OFFICER	(i)	287,861	0	2,331	19,208	1,391	310,791	0
	(ii)	0	0	0	0	0	0	0
9 ORIANA BEAUDET VP, INNOVATION	(i)	227,138	7,145	775	17,361	49,024	301,443	0
	(ii)	0	0	0	0	0	0	0
10 CHERYL PETERSON VP, NURSING PROGRAMS	(i)	236,812	7,035	3,475	16,202	30,737	294,261	0
	(ii)	0	0	0	0	0	0	0
11 KATIE BOSTON-LEARY SVP, EQUITY AND ENGAGEMENT	(i)	252,466	5,829	1,143	10,416	11,935	281,789	0
	(ii)	0	0	0	0	0	0	0
12 JAMES MORRISON VP, DATA STRATEGY & GOVERNANCE	(i)	222,700	3,948	3,246	16,403	31,729	278,026	0
	(ii)	0	0	0	0	0	0	0
13 KATRINA NORBURY CARLIN VP, BUSINESS DEVELOPMENT	(i)	200,798	5,766	442	15,090	44,726	266,822	0
	(ii)	0	0	0	0	0	0	0
14 NANCY GRISWOLD GEN COUNSEL AND CORP SECRETARY, EVP	(i)	203,832	0	5,276	14,619	33,921	257,648	0
	(ii)	0	0	0	0	0	0	0
15 ANGELA MARTIN DIR, HUMAN RESOURCES	(i)	199,909	5,983	1,003	14,942	32,849	254,686	0
	(ii)	0	0	0	0	0	0	0
16 JENNIFER MENSİK KENNEDY PRESIDENT	(i)	244,243	0	0	0	0	244,243	0
	(ii)	0	0	0	0	0	0	0
17 PATRICIA TAYLOR DIR, TALENT MGMT & CULTURE	(i)	191,827	5,746	956	14,330	19,039	231,898	0
	(ii)	0	0	0	0	0	0	0
18 WENDY ELLMAN DIR, BRAND & STRATEGIC OPERATIONS	(i)	198,783	6,966	1,832	14,700	4,250	226,531	0
	(ii)	0	0	0	0	0	0	0
19 JOHN FRANCIS SCHECK DIR, IT OPERATIONS & SECURITY INFRAS	(i)	194,679	5,662	1,754	14,087	900	217,082	0
	(ii)	0	0	0	0	0	0	0
20 WILLIAM TODD BISCHOFF DIR, ENTERPRISE PROJECT MGMT	(i)	190,143	5,512	2,613	13,713	238	212,219	0
	(ii)	0	0	0	0	0	0	0
21 ADRIANE KATHRYN GRIFFEN INTERIM EXECUTIVE DIRECTOR, ANF	(i)	0	0	0	0	0	0	0
	(ii)	186,706	0	891	13,069	0	200,666	0

**Part III Supplemental Information**

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

Return Reference	Explanation
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## **Additional Data**

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**SCHEDULE O**  
**(Form 990)**(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**Name of the organization  
AMERICAN NURSES ASSOCIATION INC

Employer identification number

13-1893923

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	ANA'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS COMPOSED OF THE OFFICERS WHICH HAVE ALL POWERS OF THE BOARD OF DIRECTORS TO TRANSACT BUSINESS BETWEEN BOARD MEETINGS IN ACCORDANCE WITH THE RULES ESTABLISHED BY THE BOARD OF DIRECTORS. SUCH TRANSACTIONS ARE REPORTED AT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 6	ANA HAS THE FOLLOWING CLASSES OF MEMBERS: CONSTITUENT AND STATE NURSES ASSOCIATIONS: THESE INCLUDE STATE NURSES ASSOCIATIONS, MULTI-STATE NURSES ASSOCIATIONS, NURSES ASSOCIATIONS OF THE DISTRICT OF COLUMBIA, NURSES ASSOCIATIONS OF THE TERRITORIES OF THE UNITED STATES OF AMERICA, UNITED STATES OF AMERICA NURSES OVERSEAS ASSOCIATIONS, AND A FEDERAL NURSES ASSOCIATION COMPOSED OF REGISTERED NURSES WHOSE EMPLOYERS ARE MEMBERS OF THE FEDERAL NURSING SERVICES COUNCIL, LIMITED TO MEMBERSHIP OF THE ACTIVE COMPONENT OF THE U.S. ARMY, NAVY, AIR FORCE, AND THE UNIFORMED PUBLIC HEALTH SERVICE NURSES ARE HEREINAFTER REFERRED TO AS C/SNAS. ORGANIZATIONAL AFFILIATES: ANA HAS ORGANIZATIONAL AFFILIATES THAT COULD BE LABOR ORGANIZATIONS, WORKFORCE ADVOCACY ORGANIZATIONS, OR SPECIALTY NURSING ASSOCIATIONS. AN ORGANIZATIONAL AFFILIATE WOULD BE A NATIONAL ORGANIZATION THAT REPRESENTS THE INTERESTS OF REGISTERED NURSES THAT MEETS CRITERIA ESTABLISHED BY THE MEMBERSHIP ASSEMBLY. INDIVIDUAL MEMBERS: AN INDIVIDUAL MEMBER WOULD BE A REGISTERED NURSE WHO ELECTS TO JOIN ANA DIRECTLY. THIS MEMBERSHIP OPTION IS CONTINGENT UPON THE AGREEMENT BETWEEN THE C/SNA AND ANA. INDIVIDUAL AFFILIATES: AN INDIVIDUAL AFFILIATE (ALSO REFERRED TO AS E-MEMBER) IS A REGISTERED NURSE WHO ELECTS TO JOIN ANA IN ACCORDANCE WITH THE PROVISIONS OF THIS SECTION.
FORM 990, PART VI, SECTION A, LINE 7A	ANA MEMBERSHIP ASSEMBLY IS RESPONSIBLE FOR SELECTING THE MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	ANA MEMBERSHIP ASSEMBLY IS INVOLVED WITH MAKING ANY GOVERNANCE DECISIONS ALONG WITH THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED IN DETAIL BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER TO ENSURE THAT THE DETAILS TIE TO THE AUDITED FINANCIAL STATEMENTS AND APPROPRIATELY REPRESENT ALL FINANCIAL ACTIVITIES OF ANA. A COPY OF THE DRAFT FEDERAL FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS AND THE CHIEF EXECUTIVE OFFICER PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS OF ANA SIGN DISCLOSURE STATEMENTS UPON ELECTION OR APPOINTMENT, AND EVERY TWO YEARS. THE BOARD OF DIRECTORS FORMALLY ADOPTED THE USE OF CONFLICT OF INTEREST STATEMENTS AND DISCLOSURE FORMS. THE GENERAL COUNSEL REVIEWS THE DISCLOSURE STATEMENTS AND DISCUSSES ANY CONFLICT OR POTENTIAL CONFLICT ON THE PART OF AN ANA BOARD MEMBER WITH THE ANA CHIEF EXECUTIVE OFFICER (CEO) AND PRESIDENT, AND FOLLOW-UP ACTION WOULD BE TAKEN AS NEEDED. PERIODIC TRAINING FOR THE BOARD OF DIRECTORS INCLUDES REFERENCE TO THE MEMBERS' FIDUCIARY. OBLIGATIONS, INCLUDING THE AVOIDANCE OF A CONFLICT OF INTEREST. THE ANA BOARD OF DIRECTORS HAS AN OPERATING POLICY THAT PROHIBITS CONFLICT OF INTEREST, AND THE ANA PRESIDENT CALLS FOR DISCLOSURE OF CONFLICTS AT THE BEGINNING OF EVERY MEETING. CONFLICTED INDIVIDUALS WILL NOT VOTE ON THE MATTER ABOUT WHICH THEY ARE CONFLICTED, AND MAY OR MAY NOT PARTICIPATE IN THE DISCUSSION OF THE MATTER, DEPENDING UPON THE ISSUE AND WHETHER DISCLOSURE OF THE CONFLICT TO THE BOARD PROVIDES ENOUGH PROTECTION TO PERMIT THE BOARD MEMBER TO COMMENT ON THE MATTER OR TO HEAR THE DISCUSSION. FOR THE PAST TEN YEARS, ANA'S PRACTICE HAS BEEN FOR THE BOARD MEMBER TO LEAVE THE ROOM DURING THE DISCUSSION. THE MINUTES REFLECT REFERENCES TO AND DECISIONS ABOUT CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	JOBS AND SALARY GRADES ARE BENCHMARKED TO ENSURE THAT ANA REMAINS COMPETITIVE IN THE CURRENT LABOR MARKET. ALL UNION POSITIONS ARE COVERED BY THE COLLECTIVE BARGAINING AGREEMENT. THESE PROCESSES ARE DOCUMENTED AND HELD IN THE HUMAN RESOURCES DEPARTMENT BY THE DIRECTOR OF HUMAN RESOURCES. THE MOST RECENT COMPENSATION STUDY WAS CONDUCTED IN AUGUST 2024.
FORM 990, PART VI, SECTION C, LINE 19	ANA DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G	TEMPORARY HELP 715,373. LEADERSHIP CONSULTANTS 15,587. OTHER PROFESSIONAL FEES 7,940,286. CONSULTATION SERVICES 3,114,569.

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  
AMERICAN NURSES ASSOCIATION INC

**Employer identification number**

13-1893923

**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) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> AMERICAN NURSES FOUNDATION INC 8403 COLESVILLE RD STE 500  SILVER SPRING, MD 20910 13-1893924	SCIENTIFIC RESEARCH, EDUCATION SUPPORT, CHARITABLE AFFILIATE	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
<b>(2)</b> AMERICAN NURSES CREDENTIALING CENTER 8403 COLESVILLE RD STE 500  SILVER SPRING, MD 20910 43-1565726	PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION	DC	501(C)(6)		AMERICAN NURSES ASSOCIATION INC	Yes	
<b>(3)</b> AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE NW SUITE 910  WASHINGTON, DC 20005 52-2213870	PROVIDE VISIONARY LEADERSHIP TO THE NURSING PROFESSION AND THE PUBLIC	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
<b>(4)</b> INSTITUTE FOR NURSING RESEARCH AND EDUCATION 8403 COLESVILLE RD STE 500  SILVER SPRING, MD 20910 26-3121515	INACTIVE SUBSIDIARY	DC	501(C)(3)	LINE 7	AMERICAN NURSES ASSOCIATION INC	Yes	
<b>(5)</b> AMERICAN NURSES ASSOCIATION PAC 8403 COLESVILLE RD STE 500  SILVER SPRING, MD 20910 52-1254413	POLITICAL ACTION COMMITTEE	DC	527		AMERICAN NURSES ASSOCIATION INC	Yes	

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ANA SERVICE CORPORATION INC 8403 COLESVILLE RD STE 500 SILVER SPRING, MD 20910 54-2179203	INACTIVE SUBSIDIARY	DC	AMERICAN NURSES ASSOCIATION INC	C			100.000 %	Yes	

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

**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
<b>(1)</b> AMERICAN NURSES FOUNDATION INC	C	688,824	BOOK VALUE
<b>(2)</b> AMERICAN NURSES CREDENTIALING CENTER	L	25,609,267	BOOK VALUE
<b>(3)</b> AMERICAN NURSES FOUNDATION INC	L	1,777,932	BOOK VALUE
<b>(4)</b> AMERICAN NURSES CREDENTIALING CENTER	N	1,498,326	BOOK VALUE
<b>(5)</b> AMERICAN NURSES FOUNDATION INC	N	235,573	BOOK VALUE
<b>(6)</b> AMERICAN NURSES CREDENTIALING CENTER	O	16,987,634	BOOK VALUE
<b>(7)</b> AMERICAN NURSES FOUNDATION INC	O	1,488,183	BOOK VALUE
<b>(8)</b> AMERICAN NURSES CREDENTIALING CENTER	S	12,700,486	BOOK VALUE



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

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**Software Version:**