** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Form **990**

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2018 calendar year, or tax year beginning and endin	g				
В	Check applica	C Name of organization	D Employer	identifica	ation number		
	Add	AMERICAN NURSES FOUNDATION, INC.					
	Nam	10		13-18	93924		
	Initia retur						
	Fina			(301)	628-5000		
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	s	2,197,573.		
	rotur		H(a) Is this a	group reti	um		
	Appl		for subor	rdinates?	Yes X No		
_	pend	SAME AS C ABOVE	H(b) Are all subo	rdinates incl	uded? Yes No		
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527 If "No," a	ttach a lis	st. (see instructions)		
		ite: ▶ WWW.ANFONLINE.ORG	H(c) Group ex				
			Year of formation: 19	355 M	State of legal domicile: DC		
Р	art I		~~~~~~~~				
٥	1	Briefly describe the organization's mission or most significant activities: PROVIDE					
Activities & Governance		ORGANIZATIONS & NURSES FOR RESEARCH, EDUCATION					
r.	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its				
20	3				16		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			16		
ď	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5		
iv.	6	Total number of volunteers (estimate if necessary)		. 6	16		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		. 7b	0.		
	1	E range is to be accounted to a	Prior Year	700	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)	2,338,7		1,748,077.		
Revenue	9	Program service revenue (Part VIII, line 2g)	65,5		71,669.		
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	218,4		324,337.		
	33	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,3		53,490.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,641,0		2,197,573.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	532,6		1,312,459.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	060 0	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	969,8	0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
X	1P	Total fundraising expenses (Part IX, column (D), line 25) 174,895.	702,2	06	220 221		
1	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,204,6		229,331. 2,189,519.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
10,00	19	Revenue less expenses. Subtract line 18 from line 12	436,3		8,054.		
ts o	200	Total accets (Part V. line 16)	7,074,6		7,401,781.		
ASSE Rais	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,501,9		2,368,155.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20	5,572,6		5,033,626.		
P	art II	Signature Block	3,372,0	50.	3,033,020.		
_		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hes	et of my kr	nowledge and belief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep			lowledge and belief, it is		
	001100	A COLUMN TO STATE OF THE STATE	A /	21 14	1.2019		
Sigi	1	Signature of officer V William 11810	Date	24			
Her		LYNN WASYLINA, CHIEF FINANCIAL OFFICER					
		Type or print name and title					
		Print/Type preparer's name Rreparer's signature	Date	Check	PTIN		
Paid	(Print/Type preparer's name FRANK H. SMITH Prank H. Smith	11/14/19 5		P00639053		
	arer	Firm's name MARCUM LLP	Firm's E		11-1986323		
	Only	Firm's address 1899 L STREET, NW, SUITE 850	1,111,0,1				
	a. koreo = Vi	WASHINGTON, DC 20036	Phone n	10. (202	2) 227-4000		
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)	1		X Yes No		
10/20/3/13	1 12-3				Form 990 (2018)		

Forr	m 990 (2018) AMERICAN NURSES FOUNDATION, INC. 13-1893924	Page 2
	art III Statement of Program Service Accomplishments	
74	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	ESTABLISHED AS THE CHARITABLE AND PHILANTHROPIC ARM OF THE AMERICAN	
	NURSES ASSOCIATION (ANA). THE FOUNDATION'S PURPOSE IS TO SUPPORT	
	EDUCATIONAL PROGRAMS AND RESEARCH THAT ADVANCES THE NURSING PROFESSION	ON
	AND HEALTH OF THE PUBLIC.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	TE
		X 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?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4		554
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	id
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,130,493. including grants of \$999,806.) (Revenue \$\$	569.
	IMPROVING THE HEALTH OF THE NATION THROUGH PUBLIC POLICY, LEADERSHIP	
	PROGRAMS, SCHOLARSHIPS, DISASTER RELIEF, AND EDUCATIONAL MATERIALS.	
	THOUSEN, BUILDINGS, BIBLIST HEREIT, THE EBOCITIONS STREET	

4b	(Code:) (Expenses \$ 462,026 • including grants of \$ 312,653 •) (Revenue \$)
377	NURSING RESEARCH GRANTS PROGRAM SUPPORTS EXCELLENCE IN NURSING RESEAF	CH
	FOCUSED ON IMPROVING THE HEALTH OF THE PUBLIC.	
	FOCUSED ON IMPROVING THE REALTH OF THE PUBLIC:	
lc	(Code:) (Expenses \$	
lc	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
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łc	(Code:) (Expenses \$) (Revenue \$)	
łc	(Code:) (Expenses \$including grants of \$) (Revenue \$	
łc	(Code:) (Expenses \$	
łc		
łc d	Other program services (Describe in Schedule O.)	
łc d		

Form 990 (2018) AMERICAN NUR
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	200		
	If "Yes," complete Schedule A	_1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			CONST
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
~	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	71	E-2-103
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	ELM		Election.
а			v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	E 021		77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	5036.1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		100,000	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
75	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
18		10		X
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
Y <u>w</u>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	(95)143	٠,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	1.00
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			87.545
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			V. 1970
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			5/00
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	The state of the s	28a		X
b	, , , , , , , , , , , , , , , , , , , ,	28b		X
С		raitvesor:		**
1212	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1000		37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	192101		v
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	x	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	TENCOLOGICAL SERVICE OF THE SERVICE	38	х	
Par		Market Co	•	
	Check if Schedule O contains a response or note to any line in this Part V			
A1		g	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3 1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		17. E	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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13-1893924 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand _____ X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Form 990 (2018)

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If "Yes," complete Form 4720, Schedule O.

AMERICAN NURSES FOUNDATION, INC. 13-1893924 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 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. X Upon request Another's website Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LYNN WASYLINA - (301) 628-5000

20910-3492

Form 990 (2018)

8515 GEORGIA AVENUE, NO. 400, SILVER SPRING, MD

SEE SCHEDULE O FOR FULL LIST OF STATES

832006 12-31-18

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

X

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(de	not o	Pos heck	C) sition more rson i	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Г	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TIM PORTER-O'GRADY	1.00									
PRESIDENT		X		Х				0.	0.	0.
(2) JOYCE J. FITZPATRICK	1.00							(38	20	
VICE PRESIDENT		X		X				0.	0.	0.
(3) ZOILA D. ESCOBAR	1.00			108000				500	-25/0	
TREASURER/SECRETARY		X		X				0.	0.	0.
(4) PAUL W. ABRAMOWITZ	1.00									
DIRECTOR	V= 181-2	X	,					0.	0.	0.
(5) GREGORY A. ADAMS	1.00									
DIRECTOR		X						0.	0.	0.
(6) KAREN A. DALEY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) LAURA LEIGH FERRIO	1.00									
DIRECTOR		X						0.	0.	0.
(8) KATHLEEN GALLO	1.00									
DIRECTOR		X						0.	0.	0.
(9) BRIAN GRAVES	1.00			\neg			\neg			- Contractant
DIRECTOR		X						0.	0.	0.
(10) RICHARD A. HACHTEN II	1.00			\neg	\neg	\neg	\exists	- Turin		7,074
DIRECTOR		х						0.	0.	0.
(11) LEE ANN E. KIMAK	1.00				\neg	\neg	\neg			
DIRECTOR		x						0.	0.	0.
(12) KATHY MALLOCH	1.00				\exists	\neg				
DIRECTOR		х						0.	0.	0.
(13) WILHELMINA M. MANZANO	1.00	-		\dashv	\exists		\neg			
DIRECTOR	2.00	x						0.	0.	0.
(14) AHRIN MISHAN	1.00				\exists					
DIRECTOR		x						0.	0.	0.
(15) MARIAN SHAUGHNESSY	1.00			\neg		\neg	\dashv			
DIRECTOR		x						0.	0.	0.
(16) TOM TEFFT	1.00		\exists	\dashv	\neg	\dashv	\dashv			
DIRECTOR		х						0.	0.	0.
(17) LORESSA COLE	1.00		\dashv	\dashv	\dashv	-	\dashv		٠.	
CEO - AS OF 06/2018	35.25			х		- 1		0.	330,849.	16,526.
832007 12-31-18	00.20		-				_	5.		Form 990 (2018)

Part VII S	ection A. Officers, Directors, Tru	stees, Key Em	yolq	ees	, and	d Hi	ghes	st Co	ompensated Employee	s (continue	d)			
	(A) Name and title	(B) Average hours per week	(do	o not o	Pos check	C) sition more rson i	1 than	one h an	(D) Reportable compensation	(E Report compen	table sation		(F) Estima ımoun	t of
	18) WAREN Z. KIRGTON		Individual Irustee or director	Institutional trustee	Officer	Π	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations	or	othe mpens from t ganiza nd rela ganiza	ation he ation ated
(18) MARLA CEO - UNTIL		1.00 35.25			х				0.	136	,617.		2.3	15.
(19) CATHER	INE JUDGE	35.25												
EXECUTIVE D	IRECTOR	1.00			Х				0.	200	,903.		8,3	28.
(20) LYNN W	ASYLINA	4.00												
CHIEF FINAN	CIAL OFFICER	32.25			Х				0.	275	,400.	1	0,5	81.
								204		ş.				
					_		Щ	\dashv		0.40	7.60			
1b Sub-tota	d							>	0.	943	769.	3	7,7	50.
	m continuation sheets to Part VI							-	0.	0.42	0.			0.
	ld lines 1b and 1c)							>	0.		769.	3	7,7	50.
	nber of individuals (including but n	ot limited to the	ose	liste	d ab	ove)	who	o rec	eived more than \$100,0	000 of report	able			0
compens	ation from the organization												Yes	No
6 5:11				0 40000							1		res	INO
	rganization list any former officer,												10,000	x
	f "Yes," complete Schedule J for s ndividual listed on line 1a, is the su								the			3		Λ
	ed organizations greater than \$150										735.70	4	X	
	person listed on line 1a receive or a													
	to the organization? If "Yes," com					100			전, 1985년 12월 1일		40.50	5	2000	х
	dependent Contractors	piete Scriedule	070	JI SU	CILD	ersc								
1 Complete	this table for your five highest co	mpensated inde	eper	nden	t co	ntra	ctors	s tha	at received more than \$	00,000 of c	ompensat	ion fr	om	
· · · · · · · · · · · · · · · · · · ·	nization. Report compensation for		400											
	(A)				- F			T	(B)			((C)	
	Name and business	address	NC	NE					Description of se	rvices	C	ompe	nsatio	n
			_		_			+			_			
			_	_	_		_	+			_			
				_	_			+					_	
it			_											
2 Total num	ber of independent contractors (in	cluding but not	t lim	ited	to th	nose	liste	ed al	bove) who received mor	e than	parejy.	((536)	Tyrical)
	of compensation from the organiz				-V20 15/1775	0	enni sterile		erene usa situ. Pasa niseran atri Baraka Manda Manda S	orante (Kon Mark	1	W.		SHIP
												0	nnn.	

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
o, il	С	Fundraising events	1c					
II.	d		1d	134,679.				
S,ill		Government grants (contribut			ALL STREET			
Sign		All other contributions, gifts, gran						
ber		similar amounts not included abo	CONTROL 100 CONTRO	,613,398.				
Ē	q	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	1077	Total. Add lines 1a-1f			1,748,077.			
				Business Code				Maria Hara
ا ه	2 a	PRODUCTS & SERV	ICES	900099	71,669.	71,669.		
Ş.	b	1. Car						
Ser	c							
E N	d							
Bag				- 2				
Program Service Revenue	f	All other program service reve	enue					
8.8	ď	Total. Add lines 2a-2f		3.00	71,669.			
	3	Investment income (including			, , , , , ,			
	~	other similar amounts)		CONTROL CONTRO	255,374.			255,374.
	4	Income from investment of tax						
	5	Royalties						
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	(ii) Personal				
	6 a	Gross rents	(7)	(1)				
	177	Less: rental expenses						
		Rental income or (loss)						ENDAL STATE
		Net rental income or (loss)		—				
		Gross amount from sales of	(i) Securities	(ii) Other	No Relative		Kura Seria	NET SELECTION OF
	8.5	assets other than inventory	68,963.					
	b	Less: cost or other basis						
	_	and sales expenses	0.		Marie III			
	c	Gain or (loss)	68,963.			P1 P 1 10		
		Net gain or (loss)			68,963.			68,963.
		Gross income from fundraising			MET TO EAST OF THE	CHENERAL MERCHANIS	ENTENDEW	DESCRIPTION
e l		including \$	en anticomorphism of the state of					
, Ke		contributions reported on line						
æ		Part IV, line 18	MARKET CONTROL OF CA		E POPUL			
Other Revenu	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See				DO DOMENTAL PARA	
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gami						
18	10 a	Gross sales of inventory, less r	returns					
		and allowances	а					
	b	Less: cost of goods sold	ь					
L		Net income or (loss) from sales						
		Miscellaneous Revenue	•	Business Code		Spiratelling		The second
5	11 a	MISCELLANEOUS		900099	53,490.			53,490.
	b							
- 1	c							
		FIGURE - TVI						
	d	All other revenue						
		All other revenue Total. Add lines 11a-11d		>	53,490.	71,669.	naky protes mi	377,827.

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1,312,459.	1,312,459.		
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	1,312,433.	1,312,433.		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	432,861.	174,398.	209,998.	48,465
8	Pension plan accruals and contributions (include	(B) 8 KSK	\$ 80 AS ASSAULT	00 000000	22223000
	section 401(k) and 403(b) employer contributions)	8,023.	3,231.	3,895.	897
9	Other employee benefits	167,671.	67,514.	81,393.	18,764
10	Payroll taxes	39,174.	15,774.	19,017.	4,383.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17	10 055	LAIMERON BACKETTE	10 055	
f	Investment management fees	19,055.		19,055.	
g	Other. (If line 11g amount exceeds 10% of line 25,	67,880.	2,000.	3,124.	62,756.
112	column (A) amount, list line 11g expenses on Sch O.)	17,803.	7,177.	2,247.	8,379.
12	Advertising and promotion	34,396.	49.	26,234.	8,113.
13	Office expenses	1,505.	47.	1,467.	38.
14 15	Information technology	98.		76.	22.
15 16	Royalties	50.		700	
17	Occupancy	53,307.	9,767.	29,521.	14,019.
18	Payments of travel or entertainment expenses	33,30,1	271015	20,022	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,541.		664.	877.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,108.		1,108.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT	25,488.		19,825.	5,663.
h	DUES & SUBSCRIPTIONS	6,011.	150.	3,595.	2,266.
C	HONORARIUMS	1,139.		886.	253.
d	W				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,189,519.	1,592,519.	422,105.	174,895.
26	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 if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	450,235.	1	1,064,123
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	999,953.	4	718,542
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		104	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1884	
so l		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,890.	9	525
- 13	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,811.		5 18	
	b	Less: accumulated depreciation 10b 8,164.	1,754. 5,620,786.	10c	647
1		Investments - publicly traded securities	5,620,786.	11	5,379,004
1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	0.	15	238,940
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,074,618.	16	7,401,781
1	17	Accounts payable and accrued expenses		17	13,361
1	18	Grants payable	40,408.	18	45,412
1	19	Deferred revenue		19	50,683
2		Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2		Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
1 2		Secured mortgages and notes payable to unrelated third parties		23	
2		Unsecured notes and loans payable to unrelated third parties		24	
2	0.700	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	1 461 570		2 250 600
1000		Schedule D	1,461,572.	25	2,258,699.
2		Total liabilities. Add lines 17 through 25	1,501,960.	26	2,300,133
		Organizations that follow SFAS 117 (ASC 958), check here X and		KE I	
ß		complete lines 27 through 29, and lines 33 and 34.	91,105.	07	298,246.
2		Unrestricted net assets	2,862,575.	27	2,305,349
2		Temporarily restricted net assets	2,618,958.	28	2,430,031
2		Permanently restricted net assets	2,010,930.	29	2,430,031
2		Organizations that do not follow SFAS 117 (ASC 958), check here		100	
Net Assets of Fulld Balaitices		and complete lines 30 through 34.		20	
3		Capital stock or trust principal, or current funds		30	
3		Paid-in or capital surplus, or land, building, or equipment fund		32	
- 13	2	Retained earnings, endowment, accumulated income, or other funds	5,572,638.	33	5,033,626.
3		Total net assets or fund balances	7 7// 5 7 7		

Form 990 (2018)

	1990 (2018) AMERICAN NORBED TOURDATION, INC.		,,,,,,,,	rai	96					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,197							
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,189							
3	Revenue less expenses. Subtract line 2 from line 1	3			54.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,572 -547							
5	Net unrealized gains (losses) on investments									
6	Donated services and use of facilities 6									
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
1140	column (B))	10	5,033	,62	26.					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990:									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		24						
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:			1/5						
	Separate basis X Consolidated basis Both consolidated and separate basis		1 4 1 6							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.		SET I						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit								
	Act and OMB Circular A-133?		За		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form 9	990 (2	2018)					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization

Employer identification number

		AMEF	RICAN NURSE	S FOUNDATION	, INC	•			13-1893924				
Pa	art I	Reason for Public	Charity Status	All organizations must c	omplete th	nis part.) S	ee instructions						
The	organ	ization is not a private found	dation because it is:	For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	nurches, or association	on of churches described	in section	on 170(b)(1)(A)(i).						
2		A school described in sec											
3		A hospital or a cooperative	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	•			ii).						
4	\Box	A medical research organiz						(iii). Enter	the hospital's name,				
100		city, and state:		ar s an 1995, and an 1996, and				Michael Harmer					
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X	An organization that norma					Na Talila a mana a sa	e general	public described in				
•		section 170(b)(1)(A)(vi). (C	5	inda part of ito capport.	.om a go	orrinorma.		- J - 1 - 1 - 1	Posteriorio de la constanta de				
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11.)								
9	Ħ	An agricultural research org				ed in coni	inction with a l	and-grant	college				
9		or university or a non-land-	맛이 많아 없었다면 얼마가 하면 하다 하나 나는 아니는 아니다.										
		university:	grant college or agric	altare (see matractions).	Litter tile	marrie, orcy	, and state of t	ne conege	, 01				
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sun	port from	contributio	ne membereb	in fees ar	nd aross receipts from				
10		activities related to its exer	2,00 <u>0</u> 4.	경기에 있다. 역 전쟁에 가장하면 하게 되었다면 하다 이 사람이 되었다.									
		income and unrelated busin			1/2								
				(less section 5 i i tax) ii c	m busine.	sses acqui	red by the orga	ariizaciori e	arter durie do, 1070.				
		See section 509(a)(2). (Co An organization organized		valy to tast for public sa	faty Saa	section 5	20(2)(4)						
11	H	An organization organized						ry out the	nurnoses of one or				
12		more publicly supported or											
		lines 12a through 12d that	7						STIGGRETIC BOX III				
		Type I. A supporting orga							alvina				
а		the supported organization											
		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10			majority c	n the direc	tors or trustee	5 01 1110 50	apporting				
0		organization. You must o	managari Aragari bilangan ang ang ang ang ang ang ang ang an		ion with it	o oupporte	d organization	(a) by bay	ina				
b		Type II. A supporting org											
		control or management o			ame perso	ns that co	ntroi or manag	e me supt	oorted				
1 (95		organization(s). You mus				tion suith o	and functionally	Lintograta	ad with				
c	_	Type III functionally inte						/ integrate	ed with,				
		its supported organization	reference or a service or a ser	en 18 fermann ann ann an de market an a nn ann an an a				ad argani:	ration(s)				
d	_	Type III non-functionally	얼마 생이 아니니다 그 아니지만 그리고 그 때문에 없다.	T 100 100 100 100 100 100 100 100 100 10									
		that is not functionally int						an attentiv	reness				
		requirement (see instructi	1,3	7.				Town III					
е	_	Check this box if the orga					Type I, Type II	, Type III					
	_	functionally integrated, or											
f		the number of supported of											
g		de the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	٧٠,	organization	(1), (1)	(described on lines 1-10	in your govern	No No	support (see ins		support (see instructions)				
				above (see instructions))	res	NO							
_													
_													
_													

Schedule A (Form 990 or 990-EZ) 2018 AMERICAN NURSES FOUNDATION, INC. 13-1893924 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and	Parkumik-ryier			1, — XXXII XXXXXXX						
	membership fees received. (Do not										
	include any "unusual grants.")	1702573.	1647707.	1496380.	2338788.	1748077.	8933525.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
Ĭ	furnished by a governmental unit to										
	the organization without charge		_	_		_					
4	Total. Add lines 1 through 3	1702573.	1647707.	1496380.	2338788.	1748077.	8933525.				
5	The portion of total contributions				20007001		0300000				
J	by each person (other than a					EXOCULATION OF					
	governmental unit or publicly										
	supported organization) included			- Care 1							
	on line 1 that exceeds 2% of the										
	amount shown on line 11,				Here the same						
							2977966.				
		The second second			Version 15 Street		5955559.				
	Public support. Subtract line 5 from line 4.						3333333.				
		(-) 0014	/h) 0015	(-) 0016	(4) 0017	(-) 0010	(O Total				
	ndar year (or fiscal year beginning in)	(a) 2014 1702573.	(b) 2015 1647707.	(c) 2016 1496380.	(d) 2017 2338788.	(e) 2018 1748077.	(f) Total 8933525.				
	Amounts from line 4	1/025/5.	104//0/.	1490300.	2330700.	1/400//:	0933323.				
8	and the state of the										
	dividends, payments received on										
	securities loans, rents, royalties,	207,641.	157,905.	176,227.	198,401.	255,374.	995,548.				
	and income from similar sources	207,041.	137,303.	170,227.	190,401.	233,374.	333,340.				
9	Net income from unrelated business										
	activities, whether or not the										
10021	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	244		F13	10 200	E2 400	72 647				
02007	assets (Explain in Part VI.)	344.		513.	18,300.	53,490.	72,647. L0001720.				
	Total support. Add lines 7 through 10										
	Gross receipts from related activities,					12	192,866.				
	First five years. If the Form 990 is for	The result of the second of th			Solgica Droppe - Africa Structure Science Structure	PARTICIPATION AND A STATE OF					
	organization, check this box and stop tion C. Computation of Public										
	<u>-</u>					44	EO EE a				
	Public support percentage for 2018 (lin					14	59.55 % 59.75 %				
	Public support percentage from 2017					15					
	33 1/3% support test - 2018. If the o										
	stop here. The organization qualifies a										
	33 1/3% support test - 2017. If the o	giff (전 1928) 122 (1921) 1 등 전 1 등 모임 (1921) (1922) 1 등 [ALL AND ALL AN				
	and stop here. The organization qualit										
	10% -facts-and-circumstances test	그 그 1000년 시간 회사 시간 중 100년 100년 11일 12일 12일									
	and if the organization meets the "fact										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
		And the second of the second o					0% or				
	more, and if the organization meets the				35		. —				
	organization meets the "facts-and-circu					11. H.					
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	d see instructions	>				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 AMERICAN NURSES FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picace com	oloto i dit ilij	10-4		119	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")						
2	Gross receipts from admissions,			_			
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						*
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		(4				
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				Plant Value Value		
	tion B. Total Support						r
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
_	check this box and stop here						
	tion C. Computation of Public					TI	
	Public support percentage for 2018 (lin					15	<u>%</u>
	Public support percentage from 2017 tion D. Computation of Invest					16	%
				10lumm (6)		47	0/
	Investment income percentage for 20	[[일::[] [[] [[] [[] [] [] [] [[] [] [] [] []	마일(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			17	<u>%</u>
	Investment income percentage from 2					18	% // is not
	33 1/3% support tests - 2018. If the						N .
	more than 33 1/3%, check this box and			STATE OF THE PARTY			
	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ruid not check a b	ox on line 14, 19a	, or 190, check thi	is box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		SE (1997)
2		
115768		
За		
1000		
PARTER		
3b		
3c	Hara	
40		
4a		J. FALS
100		
4b		
10/81		
4c		
in ma		
E-West	100	
5a	I I COR	SULE.
5b		
5c		
	13.0	T WA
	2 1	
(1) (1) (A)		
6		
7		
	(SEE 1)	
8	1000	
9a	Name of Street	
	1,023	han!
9b		
avio.	9.02	
9c		
	1	
10a		
	1519	
10b 990 or 99	\Box	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

15241113 150872 ANF

instructions).

	rt V Type III Non-Functionally Integrated 509			13 10,0,21 Fage /
10000000	tion D - Distributions	(u)(o) capporang org	Continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		- Curront roun
2	Amounts paid to supported organizations to accomplish see			
Ť	organizations, in excess of income from activity	pr parposes or capported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets	co or supported organization	7	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	9	
Ŭ	(provide details in Part VI). See instructions.	no organization to respondin		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Ente o amount divided by line o amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.		90	
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Charles and Report		
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
, V	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		King pakasa atun	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	Section Street, Printers		
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		THE STREET, BY CALL	
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	TAME TO THE REAL PROPERTY.	THE SHIP ENDIN	
a	Excess from 2014			
b	Excess from 2015	DELIMITATE OF LINES OF		
С	Excess from 2016		THE REAL PROPERTY.	
d	Excess from 2017	AND WEST BOOK		A STATE OF THE STATE OF THE
е	Excess from 2018			ENGLY VIVER DONN

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization	n	Employer identification number
	AMERICAN NURSES FOUNDATION, INC.	13-1893924
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (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	
- T	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalining one contributor. Complete Parts I and II. See instructions for determining a contributor	5 8
Special Rules		
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the column (c) in the co	cational purposes, or for the
year, contribution is checked, enter purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled not be here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
out it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its for the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
114 For Denorwork Dodu	ction Act Notice see the instructions for Form 990 990-F7 or 990-PF	B (Form 990, 990-F7, or 990-PF) (2018)

Name of organization

Employer identification number

AMERICAN NURSES FOUNDATION, INC.

13-1893924

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
1		Person Payroll Complete Part II noncash contribution	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
2		Person Payroll Complete Part II noncash contribut	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	bution
3		Person Payroll Noncash (Complete Part II noncash contribu	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contril	bution
4	Traine, dadi 500, dna Eli 114		X
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib	oution
5		Person Payroll Noncash (Complete Part II in noncash contribute)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib	oution
6		Person Payroll Noncash (Complete Part III noncash contribut	

Name of organization

Employer identification number

AMERICAN NURSES FOUNDATION, INC.

13-1893924

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	X	\$37,320.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Occuplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN NURSES FOUNDATION, INC.

13-1893924

THE PROPERTY OF THE PARTY OF TH	Noncash Property (see instructions). Use duplicate copies of P	art II II additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ =			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ =		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization 13-1893924 AMERICAN NURSES FOUNDATION, INC. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (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 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

-	AMERICAN NURSES FOU			13-1893924
Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or	Accou	nts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fu	nds 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 w	vriting that the assets held in donor advised for	unds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990. Part	IV. line 7	'
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (e.g., recreation or ed		ally impo	rtant land area
	Protection of natural habitat	Preservation of a certified		
	Preservation of open space	Freservation of a certified	nistoric	structure
0	[18]			AND CONTROL STORY OF THE PARTY
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a	conserva	
100	day of the tax year.		Can ev	Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic structure		. 2c	
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register			
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	anization	during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserva	tion ease	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	asemen	ts 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			
	include, if applicable, the text of the footnote to the organization	[HT : CT : 10 TH : TO THE STORE HE		합니다 말입니다. 현대 이 가장 살아 하면 가지 않는데 하는데 하면 하는데
	conservation easements.		gamzan	on a document for
Par	t III Organizations Maintaining Collections of A	Art. Historical Treasures, or Other	Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9			
10	If the organization elected, as permitted under SFAS 116 (ASC		and balar	and about weather of out
ıa				
	historical treasures, or other similar assets held for public exhib		public s	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public se	ervice, pr	ovide 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 treas	ures, or other similar assets for financial gain	, provide	
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> :	\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2018

832051 10-29-18

(ii) r	elated organizations	***************************************			3a(ii)	X
b If "Ye	es" on line 3a(ii), are the related organization	s listed as required on S	chedule R?		3b	
4 Desc	ribe in Part XIII the intended uses of the org	anization's endowment f	funds.		70 000	
Part VI	Land, Buildings, and Equipment		astrowers),			
	Complete if the organization answered "Y	es" 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 v	alue
1a Land						

1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 AMERICAN NUF	RSES FOUNDATI	ON, INC. 13-1893924 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" o	n 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or	n 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)	Κ.,	8
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
tal (Column (h) must acual Form 990, Part V, and (P) ling 15.)	>

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AMERICAN NURSES	
(3) ASSOCIATION, INC.	1,938,685.
(4) INTERCOMPANY PAYABLES	320,014.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,)	2,258,699.

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

Schedule D (Form 990) 2018

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,631,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			334	
a	Net unrealized gains (losses) on investments	2a	-547,066.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-547,066.
3	Subtract line 2e from line 1			3	2,178,518.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			E TO	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,055.		
b	Other (Describe in Part XIII.)	4b			SUB-ASSI INSPIRATIONS
c	Add lines 4a and 4b			4c	19,055.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,197,573.

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 12	a.			
1	Total expenses and losses per audited financial statements			1	2,170,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i i			
a	Donated services and use of facilities	2a	j.	#4.YIQ	
b	Prior year adjustments	2b		7	
	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		MAX.	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1		***************************************	3	2,170,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3 3		HARRIE	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,055.		
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	19,055.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	2,189,519.
Da	t VIII Supplemental Information				

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.

PART V, LINE 4:

ALL ENDOWMENT FUNDS ARE USED TO FUND PROGRAMS CONSISTENT WITH DONOR INTENT AND THE FOUNDATION'S MISSION. ALL INVESTMENT EARNINGS ARE TO BE USED IN SIMILAR FASHION.

PART X, LINE 2:

THE FOUNDATION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN INCOME TAX POSITIONS. THE FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION.

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Schedule D (Form 990) 2018	AMERICAN NURSES FO	UNDATION,	INC.	13-1893924	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental In	formation (continued)				
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				Vicer is a revenue to the control of	NUMBER OF STREET
				Schedule D (Form 99	90) 2018

SCHEDULE I (Form 990)

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

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 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN NURSES FOUNDATION, INC. Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section (g) Descr 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of valuation (book, (if applicable) cash grant non-cash noncash a: or government FMV, appraisal, assistance other) AMERICAN NURSES ASSOCIATION, INC. 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 910,713 0. 13-1893923 501(C)(3) VIRGIN ISLANDS STATE NURSES ASSOCIATION - 19 E. ESTATE TWO WILLIAMS - FREDERIKSTED, VI 00840 66-0720475 501(C)(3) 59,000 0 UNIVERSITY OF PENNSYLVANIA 3452 WALNUT STREET 55,000. 0. PHILADELPHIA, PA 19104 23-1352685 501(C)(3) AMERICAN ACADEMY OF NURSING 1000 VERMONT AVENUE, NW, SUITE 910 0. WASHINGTON, DC 20005 52-2213870 501(C)(3) 38,500. UNIVERSITY OF IOWA, COLLEGE OF NURSING - 2 GILMORE HALL - IOWA 29,950. 0. CITY, IA 52242 42-6004813 501(C)(3) UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455 25-0965591 501(c)(3) 29,929 0 PITTSBURGH, PA 15219

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule | (Form 990) AMERICAN NURSES FOUNDATION, INC.

(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) Desc non-cash
REBUILDING TOGETHER HOUSTON P.O. BOX 15315 HOUSTON, TX 72220	76-0027902	501(C)(3)	27,059.	0.		
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	20,000.	0.		
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD STORRS, CT 06269	06-0772160	501(c)(3)	15,000.	0.		
THE BRIGHAM & WOMEN'S HOSPITAL, INC 399 REVOLUTION DRIVE - SOMERVILLE, MA 02145	04-2312909	501(C)(3)	15,000.	0.	2	
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE DETROIT, MI 48202	38-6028429	501(C)(3)	10,000.	0.		
INDIANA CENTER FOR NURSING, INC. 9302 N MERIDIAN STREET INDIANAPOLIS, IN 46260	38-3697192	501(C)(3)	8,800.	0.		
NEW YORK FOUNDATION FOR THE ARTS 20 JAY STREET, 7TH FLOOR BROOKLYN, NY 11201	23-7129564	501(c)(3)	8,750.	0.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, oth
3 ×			ş.	4
t IV Supplemental Information. Provide the information	tion required in Part I, line	2; Part III, column	(b); and any other add	ditional information.
RT I, LINE 2:			970 - 140 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

REQUIRED TO FILE IRB PAPERWORK IF WORKING WITH PEOPLE OR ANIMALS DURING RESEARCH. ONCE ALL OF THE PAPERWORK IS RECEIVED, THE AWARD LESS \$500 IS SENT TO THE INSTITUTIONAL'S GRANT OFFICE. AT THE END OF THE YEAR GRANT, A FINAL REPORT, NARRATIVE, AND ABSTRACT ARE SUBMITTED TO THE FOUNDATION. THE FOUNDATION REVIEWS THESE DOCUMENTS AND PAYS THE FINAL \$500 OF THE GRANT. WITHIN 60 DAYS OF THIS FINAL DISBURSEMENT, A FINANCIAL REPORT IS DUE TO THE

832102 11-02-18

Schedule I (Form 990) Part IV Supplemental II	AMERICAN nformation	NURSES	FOUNDATION,	INC.	13-1893924	Page 2
FOUNDATION ON HOW						
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				1	-	
i i	Ü.		(a)	<u>.</u>		
	- 3					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN NURSES FOUNDATION,

Employer identification number 13-1893924

A 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. First-class or charter travel	P	art I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	477.10	Mile	
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1986		
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use	2		
Discretionary spending account Personal services (such as 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, and 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. Compensation committee Written employment contract Independent compensation consultant Organizations urvey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 6 Por 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: 6 A Type of the Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 8 A Pay related organization? 1 Por granization? 8 A Pay related organization?		Travel for companions Payments for business use of personal residence			
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, and 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study 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? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 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: 4 The organization? 5 Any related organization? 6 Any related organization? 6 Any related organization? 6 Any related organization? 6 Any related organization?		Tax indemnification and gross-up payments Health or social club dues or initiation fees		AND	
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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. Compensation committee				277	No.
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. Compensation committee	3	Indicate which, if any of the following the filing organization used to establish the compensation of the organization's	100		
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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? lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? f"Yes" on line 5a or 5b, describe in Part III. 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? 6a X b Any related organization? 6b X	4	During the year did any person listed on Form 990. Part VII. Section A. line 1a, with respect to the filling		S 10 1	
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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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. 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? a The organization? The organization? 6a X b Any related organization?	7.				
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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? f "Yes" on line 5a or 5b, describe in Part III. 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? 6a X b Any related organization?	2		42		x
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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? Any related organization? 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: The organization? The organization? Any related organization? Any related organization? Any related organization? Any related organization?	h	- 발생님이 발생된 경기 없는 것이 되었다면 하는데			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? Any related organization? 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: The organization? Any related organization? Any related organization? Any related organization?	6				
Only section 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? a The organization? 6a X b Any related organization? 6b X	·		10	100	
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. 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? a The organization? 6a X b Any related organization?		11 100 to any or mice 42 o, not the persons and provide the applicable amounts for each term in the time			
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. 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? a The organization? 6a X b Any related organization?		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9			
contingent on the revenues of: a The organization? b Any related organization? f "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? 6a X b Any related organization?	5		200		
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? 6a X b Any related organization?	•				
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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? Any related organization? 5b X X 5b X 5c	9	그렇게 얼마면 가게 맞아 있는데 얼마면 얼마면 보면 어느 아니라 나는데 아니라	5a		X
If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? 6a X b Any related organization?	h		100		
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? 6a X b X		If "Vas" on line 5a or 5h, describe in Part III	0.5	TEN!	
contingent on the net earnings of: a The organization? b Any related organization? 6a X b X	6				
a The organization? b Any related organization? 6a X b X	Ü		5 5 5	6	
b Any related organization? 6b X	-		62		X
	D	If "Yes" on line 6a or 6b, describe in Part III.	OB		E80.11
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7			- 1	
not described on lines 5 and 6? If "Yes," describe in Part III			7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ω		920		June 1
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	0		8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		TIME	150	
Regulations section 53.4958-6(c)?	•		9		

Schedule J (Form 990) 2018

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

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 organization: Do not list any individuals that aren't 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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	
(1) LORESSA COLE	(i)	0.	0.	0.	0.	0.	
CEO - AS OF 06/2018	(ii)	323,569.	7,280.	0.	7,599.	8,927.	
(2) CATHERINE JUDGE	(i)	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	196,964.	3,939.	0.	6,027.	2,301.	
(3) LYNN WASYLINA	(i)	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER	(ii)	270,000.	5,400.	0.	7,477.	3,104.	
	(i)						
<u> </u>	(ii)						
	(i)		:				
	(ii)			4		8	
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2018 AMERICAN NURSES FOUNDATION, INC.
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 p
PART I, LINE 3:
FOR THE PURPOSES OF DETERMINING COMPENSATION, THE FILING ORGANIZATION
RELIED ON A RELATED ORGANIZATION TO ESTABLISH COMPENSATION OF THE CEO AND
OTHER OFFICERS. THE RELATED ORGANIZATION USED THE FOLLOWING PRACTICES FOR
ESTABLISHING COMPENSATION FOR SUCH INDIVIDUALS; THEY INCLUDE USE OF A
COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN
EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE
BOARD OR COMPENSATION COMMITTEE.
JOBS AND SALARY GRADES ARE BENCHMARKED TO ENSURE THAT THE ORGANIZATION
REMAINS COMPETITIVE IN THE CURRENT LABOR MARKET. ALL UNION POSITIONS ARE
COVERED BY THE UNION CONTRACT. THESE PROCESSES ARE DOCUMENTED AND HELD IN
THE HUMAN RESOURCES DEPARTMENT BY THE DIRECTOR OF HUMAN RESOURCES.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

AMERICAN NURSES FOUNDATION, INC.

Employer identification number 13-1893924

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS A STANDING COMMITTEE COMPOSED OF THE ELECTED

OFFICERS OF THE BOARD INCLUDING THE CHAIR, VICE-CHAIR, AND

SECRETARY/TREASURER. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR TRANSACTING

ROUTINE BUSINESS AND EMERGENCY BUSINESS AS NECESSARY TO FACILITATE THE

MISSION OF THE FOUNDATION. THE COMMITTEE WILL REPORT ALL BUSINESS

TRANSACTED TO THE BOARD AT THE NEXT MEETING. EXECUTIVE COMMITTEE MEETINGS

WILL BE CALLED BY THE FOUNDATION PRESIDENT OR AT THE WRITTEN REQUEST OF ANY

TWO MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF AMERICAN NURSES FOUNDATION, INC. (THE FOUNDATION) ARE THE MEMBERS OF THE BOARD OF DIRECTORS OF ANA.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS SERVE AS THE OFFICIAL VOTING BODY OF THE FOUNDATION AND APPOINT
THE BOARD OF TRUSTEES AND DESIGNATE THE OFFICERS FOR THE FOUNDATION BASED
ON A MAJORITY VOTE OF THE MEMBERS.

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 THE FOUNDATION. A COPY OF THE DRAFT FEDERAL FORM 990 IS

DISTRIBUTED TO THE TREASURER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE

DIRECTOR PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number 13-1893924

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS FOR THE FOUNDATION SIGN DISCLOSURE STATEMENTS UPON

ELECTION OR APPOINTMENT AND ARE REVIEWED BY THE FOUNDATION'S EXECUTIVE

DIRECTOR. THE FOUNDATION'S EXECUTIVE DIRECTOR IN COLLABORATION WITH OFFICE

OF GENERAL COUNSEL AND ANA'S CHIEF OPERATING OFFICER MAKE DETERMINATIONS OF

CONFLICTS OF INTEREST. ANY CONFLICTED INDIVIDUAL TAKES NO PART IN THE

DISCUSSION OF THE ISSUE OR THE VOTING ON THE ISSUE. THE MINUTES REFLECT

REFERENCES TO AND DECISIONS ABOUT CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A:

THE FOUNDATION DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES. ALL

EMPLOYEES ARE EMPLOYEES OF ANA, A RELATED ORGANIZATION EXEMPT UNDER

SECTION 501(C)(6). ANA AND THE FOUNDATION HAVE ENTERED INTO A COST

SHARING ARRANGEMENT UNDER WHICH THE FOUNDATION REIMBURSES ANA FOR THE

FOUNDATION'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAIN EMPLOYEES

FOR PERFORMING SERVICES PROVIDED TO THE FOUNDATION. COMPENSATION

REIMBURSED BY THE FOUNDATION IS NOT ADDITIVE TO THE COMPENSATION

REPORTED BY ANA.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICAN NURSES FOUNDATION. TNC

(a)	(b)	(c)	(d)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state foreign country)	or Total inco	ome End-of
1	-			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had
organizations during the tax year. (a) Name, address, and EIN	ations. Complete if the organization (b) Primary activity	answered "Yes" on Form 990 (c) Legal domicile (state or	(d) Exempt Code	(e) Public char
organizations during the tax year. (a)	(b)	(c)	(d)	(e)
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400	(b) Primary activity PROFESSIONAL ORGANIZATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER -	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400,	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH	(c) Legal domicile (state or foreign country) DISTRICT OF COLUMBIA	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MD 20910	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF, CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MD 20910 AMERICAN ACADEMY OF NURSING - 52-2213870	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION PROVIDE VISIONARY	(c) Legal domicile (state or foreign country) DISTRICT OF COLUMBIA	(d) Exempt Code section	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MD 20910 AMERICAN ACADEMY OF NURSING - 52-2213870 1000 VERMONT AVENUE, NW, SUITE 910	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION PROVIDE VISIONARY LEADERSHIP TO THE NURSING	(c) Legal domicile (state or foreign country) DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA	(d) Exempt Code section 501(c)(6)	(e) Public char status (if sec 501(c)(3))
Organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MD 20910 AMERICAN ACADEMY OF NURSING - 52-2213870 1000 VERMONT AVENUE, NW, SUITE 910 WASHINGTON, DC 20005	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION PROVIDE VISIONARY	(c) Legal domicile (state or foreign country) DISTRICT OF COLUMBIA	(d) Exempt Code section 501(c)(6)	(e) Public char status (if sec
organizations during the tax year. (a) Name, address, and EIN of related organization AMERICAN NURSES ASSOCIATION - 13-1893923 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910 AMERICAN NURSES CREDENTIALING CENTER - 43-1565726, 8515 GEORGIA AVENUE, SUITE 400, SILVER SPRING, MD 20910 AMERICAN ACADEMY OF NURSING - 52-2213870 1000 VERMONT AVENUE, NW, SUITE 910	(b) Primary activity PROFESSIONAL ORGANIZATION FOR REGISTERED NURSES PROF. CREDENTIALING FOR REGISTERED NURSES, HEALTH FACILITY ACCREDITATION PROVIDE VISIONARY LEADERSHIP TO THE NURSING	(c) Legal domicile (state or foreign country) DISTRICT OF COLUMBIA DISTRICT OF COLUMBIA	(d) Exempt Code section 501(c)(6)	(e) Public char status (if sec 501(c)(3))

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

832161 10-02-18 LHA

Schedule R (Form 990) 2018 AMERICAN NURSES FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, be organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disp a Ye
							+
10					9		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, 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
ANA SERVICE CORPORATION, INC 54-2179203 8515 GEORGIA AVENUE, SUITE 400 SILVER SPRING, MD 20910	INACTIVE SUBSIDIARY	200 500	AMERICAN NURSES ASSOCIATION,	C CORP	
					-

832162 10-02-18

SEE PART VII FOR CONTINUATIONS42

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

Not	e: 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 transaction	ctions with one or more re	elated organizations listed	in Parts I	I-IV?							
а	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)											
	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)											
1	Performance of services or membership or fundraising solicitations for related organization(s)											
m	n 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)											
0	Sharing of paid employees with related organization(s)											
s	Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)											
2	If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered r	elationsh	ips and trans							
y	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		Method -							
(1) A	MERICAN NURSES CREDENTIALING CENTER	С	127,929.	воок	VALUE							
(2) A	MERICAN NURSES ASSOCIATION	В	910,713.	воок	VALUE							
(3) A	MERICAN NURSES ASSOCIATION	М	82,325.	воок	VALUE							
(4) A	MERICAN NURSES ASSOCIATION	0	360,589.	воок	VALUE							
<u>(5)</u>												
(6)												

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (meast that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c org: Yes	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets
			1 11	1			
j.							3

Schedule	H (For	n 990) 2018 pplemental I	AME	RIC	AN NURSE	S FOUNDA	LION,	INC.		13-	T 9 9	3924	Page 5
Part VI					onses to question	ns on Schedule I	R. See instru	uctions.					
PART	IV,	IDENTIFI	CATION	OF	RELATED	ORGANIZA	TIONS	TAXABLE	AS	CORP	OR	TRUS	T:
<u> </u>													
NAME	OF F	RELATED C	RGANIZA	ATIC	ON:								
ANA S	ERV	CE CORPO	RATION	, II	NC.								
DIREC'	T CC	NTROLLIN	G ENTI	ry:	AMERICAN	NURSES	ASSOC	IATION,	INC.				-
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