Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

ΑI	or	the	2010 calenda	r year, or tax year beginning 02/26 , 2010 , and ending			12/31/2019 20	
В	heck	if ap	plicable:	C Name of organization	\neg	D	Employer identification number	
	Ad	dres	s change	AONE FOUNDATION FOR NURSING LEADERSHIP				
	Na	me d	change	RESEARCH AND EDUCATION		27	7-2399044	
Х	Ini	ial re	eturn	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number			
	Te	mina	ation	325 7TH STREET NW	(202) 626-2240			
	Am	end	ed return	City or town, state or country, and ZIP +4		F	Group Exemption	
	Ap	olica	tion pending	WASHINGTON, DC 20004	┙		Number >	
G	Acco	unt	ting method:	Cash X Accrual Other (specify) ► H Che	eck	▶	X if the organization is not	
1 1	Veb	site	e: ►WWW.AC				attach Schedule B	
<u>J</u>	ax-ex	emp	ot status	\[\text{ \ 501(c)(3) } \] \[\text{ \ 501(c) () } \] \[\delta \text{ \ (insert no.) } \] \[\delta 4947(a)(1) \text{ or } \] \[\text{ \ 527 } \] \[\text{ \ (Fo)} \]	rm 9	90,	990-EZ, or 990-PF).	
K	Chec	k 🕨	if the orga	anization is not a section 509(a)(3) supporting organization and its gross receipts are norr	nally	/ no	t more than \$50,000. A	
F	orm	99	0-EZ or Form 99	0 return is not required through Form 990-N (e-postcard) may be required (see instructions)	. Bu	t if t	he organization chooses	
				file a complete return.				
L	\dd li	nes	5b, 6c, and 7b, to I	ine 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,				
line .	25, c			500,000 or more, file Form 990 instead of Form 990-EZ			0.	
Pa	rt I		Revenue, E	xpenses, and Changes in Net Assets or Fund Balances see the	ins	stru	ctions for Part I.)	
			Check if the	organization used Schedule O to respond to any question in this Part I .				
	1			gifts, grants, and similar amounts received	\vdash	1	0.	
	2			e revenue including government fees and contracts		2	0.	
	3		Membership du	les and assessments	-	3	0.	
	4			ome	1	4	0.	
	5			from sale of assets other than inventory	4			
			Less: cost or ot	4				
		С	Gain or (loss) fr	om sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic	0.	
	6		Gaming and fur					
41		а	Gross income f	rom gaming (attach Schedule G if greater than				
Revenue			\$15,000)	6a 0.	4			
š		b	Gross income f	rom fundraising events (not including \$ 0 . of contributions				
ď				g events reported on line 1) (attach Schedule G if the				
			-	oss income and contributions exceed \$15,000) 6b	4			
				penses gaming and fundraising events 6c	-			
		d		loss) from gaming and fundraising events (add lines 6a and 6b and subtract	_	.	0	
	_				6	id	0.	
	7			inventory, less returns and allowances	-			
				oods sold	┨,	,_		
	_	С		(loss) from sales of inventory (Subtract line 7b from line 7a)	_	C .	0.	
	8			(describe in Schedule O)	-	8 9	0.	
	9				0	0.		
	10			ilar amounts paid (list in Schedule O)	<u> </u>	1	0.	
	11		•	or for members	-	2	0.	
ses	12			compensation, and employee benefits	-	3	0.	
Expenses	13			es and other payments to independent contractors	—	4	0.	
X	14			nt, utilities, and maintenance	-	5	0.	
	15			ations, postage, and shipping	-	6	0.	
	16			s (describe in Schedule O)	_	7	0.	
	17			es. Add lines 10 through 16	_	8	0.	
şţs	18			cit) for the year (Subtract line 17 from line 9)	<u> </u>	-		
SSE	19				4	9	0.	
Net Assets	20			ure reported on prior year's return)		0	0.	
Rei	20			In net assets or fund balances (explain in Schedule 0) und balances at end of year. Combine lines 18 through 20	- 1	1	0.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part '	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in th is Part V		,	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	91076464	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			١
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		ļ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	515255555	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37b		ECHICALDINAM
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e	l	Х
41	List the states with which a copy of this return is filed. 212-42	2_20	60	
42 a	The organization's books are in care of ►MR. R. JOHN EVANS Located at ►155 NORTH WACKER, SUITE 400 CHICAGO, IL ZIP + 4 ► 60606-	1705		
	Located at ▶ 155 NORTH WACKER, SUITE 400 CHICAGO, IL ZIP + 4 ► 60606-			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No X
	account)?	42b		ļ^
	If "Yes," enter the name of the foreign county:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	40-		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	Τ.ν.
	If "Yes," enter the name of the foreign country:		b -	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	• • •	•	• [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Vaa	NI.
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	144		X
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	441		v
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1 ^
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	444		
	explanation in Schedule O	44d	n.F7	(2010)

orm 990							
						Yes	
1 5	Is any related organization a controlled entity of the or	rganization within the mea	ining of section 5	12(b)(13)?	45		X
а	Did the organization receive any payment from or e	ngage in any transaction	with a controlled	d entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 99				45.		١.,
	990-EZ				45a		X
16	Did the organization engage, directly or indirectly,	in political campaign acti	vities on behalf	or or in opposition	46		١,,
	to candidates for public office? If "Yes," complete So	chedule C, Parti		able tructe only		ction	<u> x</u>
Part\	501(c)(3) organizations and section 4947 and 52, and complete the tables for lines	(a)(1) nonexempt char 50 and 51.	itable trusts mu	ust answer question	ons 47	′-49t	O
	Check if the organization used Schedule (O to respond to any qu	estion in this pa	art VI			<u>, [</u>
						Yes	N
47	Did the organization engage in lobbying activities? If	'Yes," complete Schedule	C, Part II		47		X
48	Is the organization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," co	omplete Schedule	∍E ,,,,,,,	48		X
19 a	Did the organization make any transfers to an exemp	t non-charitable related or	ganization?		49a		X
ь	If "Yes," was the related organization a section 527 or	rganization?			49b	L	X
50	Complete this table for the organization's five high	est compensated emplo	yees (other than	officers, directors,	truste	es ar	nd k
	employees) who each received more than \$100,000	of compensation from	the organization.	If there is none, en	ter "No	ne."	
		(b) Title and average hours per week	(c) Compensation	(d) Contributions to amployee banefit plans &	(0)	Experiount a	
	(a) Name and address of each employee paid more than \$100,000	devoted to position		deferred compensation		allowa	
					ŧ		
	Total number of other employees paid over \$100,000	hest compensated inde	VE	tors who each rec	eived	more	• th
	Complete this table for the organization's five high	jhest compensated inde	pendent contrac	tors who each rec	ceived	more	∍ th
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."	etors who each rec	ceived		
	Complete this table for the organization's five high	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
	Complete this table for the organization's five hig \$100,000 of compensation from the organization.	thest compensated inde If there is none, enter "No	pendent contrac one."				
51	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me	thest compensated inde if there is none, enter "No ore than \$100,000	pendent contrac one."	e of service			
51	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid management and address of each independent contractor paid management and address of each independent contractors received.	thest compensated inde if there is none, enter "No ore than \$100,000	pendent contractions." (b) Typ	e of service NE (a)(1)	(c) Con	npensa	
51 d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me and address of each independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed	thest compensated inde If there is none, enter "No If there is none, enter "No If there is none, enter "No If the \$100,000 If section 501(c)(3) organi Schedule A	pendent contractions." (b) Typ	e of service NE (a)(1)	(c) Con	npens:	ation
51 d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me and address of each independent contractor paid me and address of each independent contractor paid me and independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed pagilitie of parting I deduce that I have examined this return, included.	thest compensated inde If there is none, enter "No Ire than \$100,000 If your \$100,000 If section 501(c)(3) organi Schedule A	pendent contractions." (b) Typ	NE (a)(1) to the best of my knowless	(c) Con	npens:	ation
51 d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid materials. Total number of other independent contractors received the organization complete Schedule A? Note: A	thest compensated inde If there is none, enter "No Ire than \$100,000 If your \$100,000 If section 501(c)(3) organi Schedule A	pendent contractions." (b) Typ	NE (a)(1) to the best of my knowless	(c) Con	npens:	ation
d d	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me and address of each independent contractor paid me and address of each independent contractor paid me and independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed pagilitie of parting I deduce that I have examined this return, included.	thest compensated inde If there is none, enter "No Ire than \$100,000 If your \$100,000 If section 501(c)(3) organi Schedule A	pendent contractions." (b) Typ	NE (a)(1) to the best of my knowledge.	(c) Con	npens:	ation
d 52	Complete this table for the organization's five hig \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me and address of each independent contractor paid me and address of each independent contractor paid me and independent contractors received the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed pagilitie of parting I deduce that I have examined this return, included.	ing over \$100,000 Il section 501(c)(3) organischedule A	pendent contractions." (b) Typ (b) Typ NO izations and 4947 and statements, and igneparer has any known	NE (a)(1) to the best of my knowless	(c) Con	npens:	ation
d 52	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and independent contractors received by the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed enables of perjury. I declare that I have examined this return, inclured, and complete Declaration of preparer (other than officer) is based on the contractor of preparer (other than officer) is based.	ing over \$100,000 Il section 501(c)(3) organischedule A	pendent contractions." (b) Typ (b) Typ NO izations and 4947 and statements, and igneparer has any known	NE (a)(1) to the best of my knowledge.	(c) Con	npens:	ation
d 52	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and address of each independent contractor paid more and address of each independent contractors received by the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed enables of perjury, I declare that I have examined this return, inclured, and complete Declaration of preparer (other than officer) is based on the organization of preparer (other than officer). Signature of officer	thest compensated inde If there is none, enter "No Ire than \$100,000 If your \$100,000 If section 501(c)(3) organi Schedule A	pendent contractions." (b) Typ (b) Typ NO izations and 4947 and statements, and igneparer has any known	NE (a)(1) to the best of my knowledge.	(c) Con	npens:	No
d 52	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and the organization complete. Schedule A? Note: A nonexempt charitable trusts must attach a completed enables of perjury. I declare that I have examined this return, inclured, and complete. Declaration of preparer (other than officer) is bath of the organization of preparer (other than officer). The organization of preparer (other than officer) and signature of officer.	ring over \$100,000 Il section 501(c)(3) organised on all information of which	pendent contractions." (b) Typ (b) Typ NO izations and 4947 and statements, and igneparer has any known	NE (a)(1) to the best of my knowledge. August Date	(c) Con	npens:	Na
d 52 order paue, com	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and the organization complete. Schedule A? Note: A nonexempt charitable trusts must attach a complete analytic of perjury, I declare that I have examined this return, inclured, and complete. Declaration of preparer (other than officer) is bath of the organization of preparer (other than officer). Signature of officer Tamela Thompson	ring over \$100,000 Il section 501(c)(3) organised on all information of which	pendent contractions." (b) Typ (b) Typ No izations and 4947 and statements, and to preparer has any known	NE Y(a)(1) No the best of my knowledge. August Date	(c) Con	npens:	No
d 52 Inder paue, com lere	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and the organization complete. Schedule A? Note: A nonexempt charitable trusts must attach a complete analytic of perjury, I declare that I have examined this return, inclured, and complete. Declaration of preparer (other than officer) is bath and the print/Type or print name and title. Print/Type preparer's name. Preparer's series.	ring over \$100,000 Il section 501(c)(3) organised on all information of which	pendent contractions." (b) Typ (b) Typ NO izations and 4947 and statements, and ispreparer has any known Date	NE (a)(1) to the best of my knowledge. August Date Check if P	(c) Con	npens:	No
d 52 Inder paue, com Sign fere	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and the organization complete. Schedule A? Note: A nonexempt charitable trusts must attach a complete analytic of perjury, I declare that I have examined this return, inclured, and complete. Declaration of preparer (other than officer) is bath and the organization of preparer (other than officer). Signature of officer Type or print name and title Print/Type preparer's name Preparer's serving the organization of preparer (other than officer). Signature of officer Type or print name and title Print/Type preparer's name CROWE HORWATH LLP To be MADISON. SHITTING.	ing over \$100,000 Il section 501(c)(3) organised on all information of which	pendent contractions." (b) Typ (b) Typ NO izations and 4947 Date	NE (a)(1) to the best of my knowledge. Check if selfemployed	(c) Con	npens:	No
51 d 52	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid me and address of each independent contractor paid me and the organization complete Schedule A? Note: A nonexempt charitable trusts must attach a completed enables of perjury. I declare that I have examined this return, inclured, and complete Declaration of preparer (other than officer) is based of the organization of preparer (other than officer). Type or print name and title Print/Type preparer's name Preparer's series.	ing over \$100,000 Il section 501(c)(3) organised on all Information of which	pendent contractions." (b) Typ (b) Typ NO izations and 4947 indicate the preparer has any known and statements and known and known and known are the preparer has any known and statements.	NE (a)(1) to the best of my knowled wiedge. Check if selfemployed Firm's EIN	(c) Con	pensa belief	No
d 52 Under parties, combined to the combined t	Complete this table for the organization's five high \$100,000 of compensation from the organization. (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and the organization complete. Schedule A? Note: A nonexempt charitable trusts must attach a complete analytic of perjury, I declare that I have examined this return, inclured, and complete. Declaration of preparer (other than officer) is bath and the organization of preparer (other than officer). Signature of officer Type or print name and title Print/Type preparer's name Preparer's serving the organization of preparer (other than officer). Signature of officer Type or print name and title Print/Type preparer's name CROWE HORWATH LLP To be MADISON. SHITTING.	ing over \$100,000 Il section 501(c)(3) organised on all information of which Preside gnature E 700 CHICAGO, IL	pendent contractions." (b) Typ (b) Typ NO izations and 4947 Date	NE (a)(1) to the best of my knowledge. Check if selfemployed Firm's EIN Phone no. 312-8	(c) Con	personal per	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

> See separate instructions.

OMB No. 1545-0047 2(0)**1** Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization AONE FOUNDATION FOR NURSING LEADERSHIP 27-2399044 RESEARCH AND EDUCATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Other b Type II a X Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iv) is the organization in organization in (described on lines 1-9 the organization organization col. (i) listed in col. (I) organized above or IRC section in col. (i) of your governing (see instructions)) your support? in the U.S.? document? Yes Yes No (A) ATTACHMENT 1 (B) (C) (D) (E) 0.

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

Schedule A (Form 990 or 990-EZ) 2010

Total

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.)

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or		ma are				
	publicly supported organization) included		Emiliary of California			Total Control	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(6) 2000	(u) 2003	(e) 2010	(i) rota.
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans,		,				
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s				,	12	
13	First five years. If the Form 990 is f	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup	· · · · · · · · · · · · · · · · · · ·				1	
14	Public support percentage for 2010 (line	e 6, column (f) d	ivided by line 11	, column (f))		14	<u>%</u>
15	Public support percentage from 2009 S	chedule A, Part	II, line 14			[15]	<u>%</u>
16a							
	this box and stop here. The organization						
b	33 1/3 % support test - 2009. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization m						
	Part IV how the organization meets						
	organization						and line
b	10%-facts-and-circumstances test -	2009. If the org	ganization did n	ю спескарох	ton line 13, 16	bio boy and at	and mie
	15 is 10% or more, and if the org	anization meets	s the macts-and	a-circumstances	The organization	nns DUX and St	op nere.
	Explain in Part IV how the organization						
40	supported organization Private foundation. If the organization	ب میں ہیں۔ حصام کسمبر امرام میں	k a hay an Bri		17a or 17h	check this hav	and see
18	_						
	instructions						

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sect	tion A. Public Support				1		
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	Gross receipts from activities that are not an						
3	,						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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				M-12-1910-11		
6	Total. Add lines 1 through 5						
7 a	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 amount on line 13						
	persons that exceed the greater of						
	for the year		-				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar		=				
h	Unrelated business taxable income (less						
b	,						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				 		
	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	r fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2010 (line 8, co			(f))		15	%
16	Public support percentage from 2009 Schedu					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (lin			3, column (fl)		17	%
	Investment income percentage for 2009					18	%
18	33 1/3 % support tests - 2010. If the or	anization did n	nt check the ho	y on line 14 an	d line 15 is mo		
ıy a	47 is not more than 224/2 0/ sheet th	yanızakıdı ülü III İn hay and etci	n here. The ora	anization dualific	e ae a nuhlirlu	supported organ	ization ►
	17 is not more than 331/3 %, check th	is DUX allu Sto	obook a bay se	line 14 or line 4	as a publicly	is more than 221	3 % and
b	33 1/3 % support tests - 2009. If the orga	anization did not	CHECK A DOX ON	mic 14 Of IIIIe T	ios as a sublictu	eupported organ	ization •
	line 18 is not more than 331/3 %, check	this box and s	top nere. The of	ganization qualifi	es as a publicly	supported organ	ructions
20	Private foundation. If the organization	ala not check	a box on line	14, 19a, or 191	u, check this b	ox and see mst	uctions -

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTAC		
SCHEDULE A, PART I - INFORMATION ABO	UT SUPPORTED C	RGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
AMERICAN ORGANIZATION OF NURSE EXECUTIVES	36-3591337	501(C)(6)	х	x	х	0.
TOTAL AMOUNT OF SUPPORT						0

2963CJ L073

SCHEDULE O

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AONE FOUNDATION FOR NURSING LEADERSHIP

RESEARCH AND EDUCATION

Employer identification number 27-2399044

ATTACHMENT 1

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

AONE FOUNDATION SUPPORTS THE EXEMPT ACTIVITIES OF AONE, INCLUDING SEED GRANTS TO FUND NURSING RESEARCH PROJECTS IN THE AREAS OF WORKFORCE, WORK ENVIRONMENT, LEADERSHIP DEVELOPMENT, PATIENT SAFETY AND EVIDENCE-BASED MANAGEMENT PRACTICES, AS WELL AS THE MENTOR AWARD, HONORING A NURSE IN EXECUTIVE PRACTICE WHO HAS BEEN EXEMPLARY IN SUPPORTING THE PROFESSIONAL DEVELOPMENT OF HIS/HER COLLEAGUES.

ATTACHMENT 2

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

PROGRAM SERVICE ACCOMPLISHMENT 1

THE AONE FOUNDATION FOR NURSING LEADERSHIP RESEARCH & EDUCATION (AONE FOUNDATION) WAS ESTABLISHED IN 2010 TO SUPPORT THE RESEARCH AND EDUCATIONAL PRIORITIES OF AONE. THE AONE FOUNDATION'S ACTIVITIES AND PROGRAMS INCLUDE ANNUAL SEED GRANTS TO FUND NURSING RESEARCH PROJECTS IN THE AREAS OF PATIENT SAFETY, WORKFORCE, WORK ENVIRONMENT, EVIDENCE-BASED MANAGEMENT PRACTICES, AND LEADERSHIP DEVELOPMENT, THE MENTOR AWARD, HONORING A NURSE IN EXECUTIVE PRACTICE WHO HAS BEEN EXEMPLARY IN SUPPORTING THE PROFESSIONAL DEVELOPMENT OF HIS/HER COLLEAGUES, AND THE NURSE RESEARCHER AWARD, WHICH RECOGNIZES AN INDIVIDUAL WHO HAS ADVANCED THE NURSING LEADERSHIP THROUGH RESEARCH STUDIES AND PUBLICATIONS.

V 10-7.1

2963CJ L073

ONS EXPENSE ACCT. EE AND OTHER ANS ALLOWANCES	.0	.0	.0	.0	0.0	0.	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS							
COMPENSATION	Ċ	•	ó	Ö	Ċ	Ó	Ö
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIR 1.00	VICE CHAIR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	PRESIDENT 1.00	DIRECTOR 1.00
NAME AND ADDRESS	PATRICIA CONWAY-MORANA 325 7TH STREET NW WASHINGTON, DC 20004	MARY KINNEMAN 325 7TH STREET NW WASHINGTON, DC 20004	DONNA HAVENS 325 7TH STREET NW WASHINGTON, DC 20004	CAROL REINECK 325 7TH STREET NW WASHINGTON, DC 20004	DAWN STRAUB 325 7TH STREET NW WASHINGTON, DC 20004	PAMELA A. THOMPSON 325 7TH STREET NW WASHINGTON, DC 20004	DEBORAH WASHINGTON 325 7TH STREET NW

ATTACHMENT 3

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

CONTRIBUTIONS EXPENSE ACCT. TO EMPLOYEE AND OTHER COMPENSATION BENEFIT PLANS ALLOWANCES		0.0.0	0 0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		SECRETARY/TREASURER 1.00	GRAND TOTALS
NAME AND ADDRESS	WASHINGTON, DC 20004	M.T. MEADOWS 325 7TH STREET NW WASHINGTON, DC 20004	

ATTACHMENT 3 (CONT'D)

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