

Filing Instructions

AMERICAN NURSES ASSOCIATION - NY

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 12/31/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

WEST & COMPANY CPAs PC
P.O. Box 1219
Gloversville, NY 12078-0354

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

COPY FOR YOUR FILES

Prepared By

WEST & COMPANY CPAS PC

Gloversville, New York 12078-0354

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

Department of the Treasury
Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

AMERICAN NURSES ASSOCIATION - NY

EIN or SSN

46-1536435

Name and title of officer or person subject to tax
MARILYN DOLLINGER
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	942,262
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WEST & COMPANY CPAS PC to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 02/13/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

14013022222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature AMY M. PEDRICK

Date 02/13/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization AMERICAN NURSES ASSOCIATION - NY	D Employer identification number 46-1536435
<input type="checkbox"/> Address change	Doing business as	E Telephone number 888-587-4818
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	G Gross receipts \$ 1,170,917
<input type="checkbox"/> Initial return	150 STATE STREET, 4TH FLOOR	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<input type="checkbox"/> Amended return	ALBANY NY 12207	
<input type="checkbox"/> Application pending	F Name and address of principal officer: MARILYN DOLLINGER 2795 EAST AVE ROCHESTER NY 14610	H(c) Group exemption number
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ANA-NEWYORK.ORG	L Year of formation: 2012
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	127
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	740,072	784,405
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,770	38,388
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,164	119,469
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	837,006	942,262
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		356,590	404,800
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		396,696	561,730
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	753,286	966,530	
19 Revenue less expenses. Subtract line 18 from line 12	83,720	-24,268	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,191,508	1,301,285
	22 Net assets or fund balances. Subtract line 21 from line 20	281,307	301,417
		910,201	999,868

Part II Signature Block

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

Sign Here	Signature of officer MARILYN DOLLINGER	Date	
	Type or print name and title PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name AMY M. PEDRICK	Preparer's signature AMY M. PEDRICK	Date 04/01/24
	Firm's name WEST & COMPANY CPAS PC	Firm's EIN 14-1662664	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01297873
	Firm's address P.O. BOX 1219 GLOVERSVILLE, NY 12078-0354	Phone no. 518-725-7127	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [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?

[] Yes [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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

AMERICAN NURSES ASSOCIATION OF NEW YORK SHALL FOSTER HIGH STANDARDS ON NURSING, PROMOTE THE PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF NURSES, AND ADVOCATE FOR THE WELFARE OF NURSES TO ACHIEVE THE OUTCOME OF BETTER HEALTH FOR ALL.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses

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)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
25a			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
26			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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 any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	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			
8	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.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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	12b			
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.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 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. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JEANINE SANTELLI
ALBANY

150 STATE STREET

NY 12207

888-587-4818

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEANINE SANTELLI EXECUTIVE DIRECTOR	40.00 0.00					X	163,540	0	0	
(2) JAMES CONNOLLY DIRECTOR	2.00 0.00	X					0	0	0	
(3) MARILYN DOLLINGER PRESIDENT	8.00 0.00	X		X			0	0	0	
(4) TANYA DRAKE VICE PRESIDENT	2.00 0.00	X		X			0	0	0	
(5) GISELLE GERARDI DIRECTOR	2.00 0.00	X					0	0	0	
(6) THEODORA LEVINE DIRECTOR	2.00 0.00	X					0	0	0	
(7) SEON LEWIS-HOLMAN DIRECTOR	2.00 0.00	X					0	0	0	
(8) SARAH MINER DIRECTOR	2.00 0.00	X					0	0	0	
(9) KIMBERLY VELEZ SECRETARY	5.00 0.00	X		X			0	0	0	
(10) PHYLLIS YEZZO TREASURER	2.00 0.00	X		X			0	0	0	
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							163,540			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							163,540			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f					
Program Service Revenue			Business Code			
	2a DUES INCOME		784,405			784,405
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			784,405			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,690			36,690
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	230,353			
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b	228,655			
	c Gain or (loss)	7c	1,698			
	d Net gain or (loss)		1,698	1,698		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11a CONVENTION & SPONSOR INC		84,721	84,721		
	b OTHER INCOME		34,748	34,748		
	c					
	d All other revenue					
e Total. Add lines 11a-11d			119,469			
12 Total revenue. See instructions			942,262	121,167	0	821,095

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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	335,446	246,553	88,893	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,075	34,600	12,475	
10 Payroll taxes	22,279	16,375	5,904	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,750		2,750	
d Lobbying	85,178	85,178		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	47,362	47,362		
13 Office expenses	2,428		2,428	
14 Information technology				
15 Royalties				
16 Occupancy	35,169	1,758	33,411	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,323		3,323	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUAL MEETING EXPENSES	238,579	238,579		
b COMMITTEE	54,297	54,297		
c TRAVEL	30,287		30,287	
d BUSINESS EXPENSES	18,472		18,472	
e All other expenses	43,885	27,589	16,296	
25 Total functional expenses. Add lines 1 through 24e	966,530	752,291	214,239	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	213,264	1	32,559
	2	Savings and temporary cash investments	27,250	2	7,495
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	68	4	8,334
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,062	9	70,956
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	15,004		
	10b	Less: accumulated depreciation	15,004	10c	
	11	Investments—publicly traded securities	944,864	11	1,181,941
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,191,508	16	1,301,285	
Liabilities	17	Accounts payable and accrued expenses	16,920	17	36,098
	18	Grants payable		18	
	19	Deferred revenue	257,660	19	255,990
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,727	25	9,329
	26	Total liabilities. Add lines 17 through 25	281,307	26	301,417
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	910,201	27	999,868
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	910,201	32	999,868	
33	Total liabilities and net assets/fund balances	1,191,508	33	1,301,285	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	942,262
2	Total expenses (must equal Part IX, column (A), line 25)	2	966,530
3	Revenue less expenses. Subtract line 2 from line 1	3	-24,268
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	910,201
5	Net unrealized gains (losses) on investments	5	113,935
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	999,868

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization AMERICAN NURSES ASSOCIATION - NY	Employer identification number 46-1536435
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
not over \$500,000,	20% of the amount on line 1e.	
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	
over \$17,000,000,	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Series of horizontal dotted lines for providing supplemental information.

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

2023

Open to Public Inspection

Name of the organization

AMERICAN NURSES ASSOCIATION - NY

Employer identification number

46-1536435

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,004	15,004	
e Other				

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

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) ACCRUED EXPENSE	9,329
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,329

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,056,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	113,935	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	113,935	
3	Subtract line 2e from line 1	3	942,262	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	942,262	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	966,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	966,530	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	966,530	

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 X - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS ADDRESSED IN FASB ASC 740. MANAGEMENT HAS DETERMINED THAT IT CURRENTLY HAS NO UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS TO REPORT FOR THE CURRENT YEAR.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

Open to Public
Inspection

AMERICAN NURSES ASSOCIATION - NY

Employer identification number

46-1536435

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- 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.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEANINE SANTELLI EXECUTIVE DIRECTOR	(i)	163,540	0	0	0	0	163,540	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

AMERICAN NURSES ASSOCIATION - NY

Employer identification number

46-1536435

FORM 990 - ORGANIZATION'S MISSION

AMERICAN NURSES ASSOCIATION OF NEW YORK SHALL FOSTER HIGH STANDARDS ON
NURSING, PROMOTE THE PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF NURSES,
AND ADVOCATE FOR THE WELFARE OF NURSES TO ACHEIVE THE OUTCOME OF BETTER
HEALTH FOR ALL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
990 IS REVIEWED BY BOARD PRIOR TO SUBMISSION

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD REVIEWS ALL REPORTED CONFLICTS OF INTEREST IN ACCORDANCE WITH
POLICY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**AMERICAN NURSES ASSOCIATION –
NEW YORK, INC.**

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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FINANCIAL STATEMENTS

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INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors
American Nurses Association – New York, Inc.
Albany, New York

We have reviewed the accompanying financial statements of American Nurses Association – New York, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2023 and 2022, and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountants' Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of American Nurses Association – New York, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountants' Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

WEST & COMPANY CPAs PC

Gloversville, New York
March 27, 2024

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2023 AND 2022

- <u>ASSETS</u> -	<u>2023</u>	<u>2022</u>
CURRENT ASSETS		
Cash	\$ 32,559	\$ 213,264
Cash - money market	7,495	27,250
Accounts receivable	8,334	68
Prepaid expenses	70,956	6,062
Investments	1,181,941	944,864
	<hr/>	<hr/>
Total current assets	1,301,285	1,191,508
EQUIPMENT		
Less: Accumulated depreciation	15,003	15,003
	<hr/>	<hr/>
Total equipment	0	0
	<hr/>	<hr/>
TOTAL ASSETS	\$ 1,301,285	\$ 1,191,508
	<hr/> <hr/>	<hr/> <hr/>
- <u>LIABILITIES AND NET ASSETS</u> -		
CURRENT LIABILITIES		
Accounts payable	\$ 36,099	\$ 16,920
Deferred membership revenue	255,990	257,660
Other liabilities	9,329	6,727
	<hr/>	<hr/>
Total liabilities	301,418	281,307
NET ASSETS		
Without donor restrictions	999,867	910,201
	<hr/>	<hr/>
TOTAL LIABILITIES AND NET ASSETS	\$ 1,301,285	\$ 1,191,508
	<hr/> <hr/>	<hr/> <hr/>

See accompanying notes and independent accountants' review report.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
UNRESTRICTED REVENUES, GAINS AND SUPPORT		
Dues income	\$ 784,405	\$ 740,072
Convention and sponsor income	84,721	63,095
Other income	34,748	20,069
Net realized and unrealized gains (loss) on long-term investments	115,632	(183,412)
Interest and dividends	36,690	34,625
	<hr/>	<hr/>
Total unrestricted revenues, gains and support	1,056,196	674,449
EXPENSES		
Administrative support services	5,510	5,613
Advertising	47,362	41,013
Annual meeting expense	238,579	115,129
Business expense	18,472	40,091
Committee expense	54,297	26,928
Computer support	150	72
Donation expense	13,008	7,460
Insurance	3,323	3,095
Lobby expense	85,178	79,133
Membership marketing expense	5,297	4,179
Membership assembly expense	3,284	2,503
Office expense	2,278	2,159
Outside contract services	2,702	2,504
Payroll taxes	22,279	21,060
Rent	35,169	32,073
Miscellaneous	8,084	4,929
Salaries	335,446	295,428
Employee benefits	47,075	40,102
Stipend	6,000	6,000
Travel expense	30,287	17,905
Accounting fees	2,750	5,910
	<hr/>	<hr/>
Total expenses	966,530	753,286
INCREASE (DECREASE) IN NET ASSETS	89,666	(78,837)
NET ASSETS, BEGINNING OF YEAR	910,201	989,038
	<hr/>	<hr/>
NET ASSETS, END OF YEAR	\$ 999,867	\$ 910,201
	<hr/> <hr/>	<hr/> <hr/>

See accompanying notes and independent accountants' review report.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2023

	Program	Management and General	Total
Administrative support services	\$ 0	\$ 5,510	\$ 5,510
Advertising	47,362	0	47,362
Annual meeting expense	238,579	0	238,579
Business expense	0	18,472	18,472
Committee expense	54,297	0	54,297
Computer support	0	150	150
Donation expense	13,008	0	13,008
Insurance	0	3,323	3,323
Lobbying expense	85,178	0	85,178
Membership marketing expense	5,297	0	5,297
Membership assembly expense	3,284	0	3,284
Office expense	0	2,278	2,278
Outside contract services	0	2,702	2,702
Payroll taxes	16,375	5,904	22,279
Rent	1,758	33,411	35,169
Miscellaneous	0	8,084	8,084
Salaries	246,553	88,893	335,446
Employee benefits	34,600	12,475	47,075
Stipend	6,000	0	6,000
Travel expense	0	30,287	30,287
Accounting fees	0	2,750	2,750
TOTALS	\$ 752,291	\$ 214,239	\$ 966,530

See accompanying notes and independent accountants' review report.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2022

	Program	Management and General	Total
Administrative support services	\$ 0	\$ 5,613	\$ 5,613
Advertising	41,013	0	41,013
Annual meeting expense	115,129	0	115,129
Business expense	21,758	18,333	40,091
Committee expense	26,928	0	26,928
Computer support	0	72	72
Donation expense	7,460	0	7,460
Insurance	0	3,095	3,095
Lobbying expense	79,133	0	79,133
Membership marketing expense	4,179	0	4,179
Membership assembly expense	2,503	0	2,503
Office expense	0	2,159	2,159
Outside contract services	0	2,504	2,504
Payroll taxes	15,479	5,581	21,060
Rent	1,604	30,469	32,073
Miscellaneous	0	4,929	4,929
Salaries	217,140	78,288	295,428
Employee benefits	29,475	10,627	40,102
Stipend	6,000	0	6,000
Travel expense	0	17,905	17,905
Accounting fees	0	5,910	5,910
TOTALS	\$ 567,801	\$ 185,485	\$ 753,286

See accompanying notes and independent accountants' review report.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	\$ 89,666	\$ (78,837)
Adjustments to reconcile increase (decrease) in net assets to net cash provided (used) by operating activities:		
Unrealized (gain) loss on investments	(117,810)	227,086
(Increase) decrease in accounts receivable	(8,266)	264
(Increase) decrease in prepaid expenses	(64,894)	938
Increase in other liabilities	2,602	0
Increase (decrease) in deferred membership revenues	(1,670)	44,050
Increase in accounts payable	19,179	10,407
	<hr/>	<hr/>
Net cash provided (used) by operating activities	(81,193)	203,908
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of investments	230,353	347,121
Purchase of investments	(349,620)	(578,170)
	<hr/>	<hr/>
Net cash (used) by investing activities	(119,267)	(231,049)
NET (DECREASE) IN CASH	(200,460)	(27,141)
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	240,514	267,655
	<hr/>	<hr/>
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 40,054	\$ 240,514
	<hr/> <hr/>	<hr/> <hr/>
SUPPLEMENTAL DISCLOSURE OF CASH INFORMATION		
Reconciliation of cash and cash - money market reported within the statement of financial position to the total amount shown above:		
Cash	\$ 32,559	\$ 213,264
Cash - money market	7,495	27,250
	<hr/>	<hr/>
Totals	\$ 40,054	\$ 240,514
	<hr/> <hr/>	<hr/> <hr/>

See accompanying notes and independent accountants' review report.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

American Nurses Association – New York, Inc. (the Organization) was founded in 2012. The purpose of American Nurses Association – New York, Inc., is to foster high standards of nursing, promote the professional and educational advancement of nurses, and advocate for the welfare of nurses to achieve the outcome of better health for all.

Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting. For reporting purposes, the Organization has adopted the AICPA Audit and Accounting Guide for Not-for-Profit Organizations which requires that resources be classified for reporting purposes into net asset categories according to the existence or absence of donor-imposed restrictions. The Organization does not have assets with donor-imposed restrictions; thus, the net assets of the Organization are unrestricted.

Basis of Accounting and Presentation

Net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions – Net assets that are not subject to imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization’s Board of Directors may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by the actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature whereby the donor has stipulated that the funds be maintained in perpetuity. The Organization had no net assets with donor restrictions as of December 31, 2023 and 2022.

Functional Expenses

The costs of providing certain activities of the Organization have been summarized on a functional basis in the statement of activities. Certain categories of expenses are attributable to the operation of the Organization and administrative support. These expenses include rent, salaries, payroll taxes and other benefits. Expenses are allocated based on estimates of time and effort.

Use of Estimates

The preparation of these financial statements in conformity with generally accepted accounting principles has required management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statement and the reported amounts of revenues and expenses during the reporting period. Thus, actual results could differ from these estimates.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Income Taxes

American Nurses Association – New York, Inc., is a trade organization under Internal Revenue Code Section 501(c)(6) and is exempt from income taxes pursuant to Section 501(a) of the Code. American Nurses Association - New York, Inc., files information returns in its U.S. federal jurisdiction only.

The Organization follows the provisions of uncertain tax positions as addressed in FASB ASC 740. Management has determined that it currently has no uncertain tax positions or unrecognized tax benefits to report for the year ended December 31, 2023.

Cash and Cash Equivalents

For purposes of financial statement presentation, management considers all investment instruments purchased with a maturity of three months or less to be cash equivalents.

Revenue Recognition

The Organization adopted ASC Topic 606, *Revenue from Contracts with Customers*.

Revenue is measured based on the amount of the consideration specified in a contract with a customer. Revenue is recognized when and as the Organization's performance obligations under the terms of the contract are satisfied, which generally occurs with the performance of the services for the customer. The Organization's major sources of revenue are grants, contributions and fee income. Contributions are not included within the scope of ASC Topic 606.

Memberships: Membership dues are recognized as revenue in the applicable membership period. Dues payments received prior to the start of the applicable membership period are recorded as deferred revenue.

Convention Income: Convention income is recognized when the conference takes place.

Sponsor Income: Sponsor income is for sponsorship of the annual convention. Income is recognized when the conference takes place.

Other Income: Other income is comprised of affiliated organization revenue. Revenue is recognized as it is earned.

Investment Income: Investment income is comprised of unrealized gains and losses, realized gains and losses, and interest and dividend income. Revenue is recognized as earned.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the restriction is recognized.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Equipment, Furniture, Fixtures and Depreciation

Equipment, furniture and fixtures are recorded at cost. The Organization’s policy is to capitalize expenditures with a unit value greater than \$1,000 and a useful life of at least two years. Depreciation is computed under the straight-line method over the estimated useful lives (3 to 5 years) of the equipment, furniture and fixtures. Expenditures for normal repairs and maintenance are charged to expense as incurred.

Advertising and Promotion Costs

Advertising and promotion costs are expensed as incurred. Advertising and promotion expenses totaled \$47,362 and \$41,013 for the years ended December 31, 2023 and 2022, respectively.

Investments

Investments in equity and debt securities are reported at fair value with realized and unrealized gains and losses recognized in the statement of activities. The increase or decrease in market value during the year is included in net unrealized gain on investments in the accompanying statement of activities.

NOTE 2 – CONCENTRATION OF CREDIT RISK

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash accounts in a financial institution located in the Capital Region of the State of New York, which from time to time, exceed the FDIC coverage limits. No balances exceeded the federal insured limits at December 31, 2023 and 2022. The Organization has not experienced any losses in these accounts and believe it is not exposed to any significant credit risk related to these accounts.

NOTE 3 – FIXED ASSETS

Fixed assets are stated on the statement of financial position at cost and do not purport to represent replacement of realizable values. Those assets placed in service are being depreciated using the straight-line method. The total depreciation expense amounted to \$-0- for the years ended December 31, 2023 and 2022.

NOTE 4 – INVESTMENTS

The statements of financial position include securities at fair market value as of December 31, 2023 and 2022 in the amount of \$1,181,941 and \$944,864, respectively. These securities are made up of investments from Merrill Lynch accounts.

All investments are publicly traded debt and equity securities, and are stated at fair value. Fair value is determined using quoted market prices. All unrealized gains and losses are reported directly on the accompanying statements of activity and changes in net assets.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 4 – INVESTMENTS – (CONTINUED)

<u>Shares</u>	<u>Investment</u>	<u>2023</u>		<u>2022</u>	
		<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
	<u>Merrill Lynch</u>				
Various	Mutual funds	\$ 1,167,775	\$ 1,181,941	\$ 1,048,507	\$ 944,864
Various	Insured money market fund	<u>7,495</u>	<u>7,495</u>	<u>27,250</u>	<u>27,250</u>
	Total Investments	<u>\$ 1,175,270</u>	<u>\$ 1,189,436</u>	<u>\$ 1,075,757</u>	<u>\$ 972,114</u>

Investment fees have been netted with net realized and unrealized gains (losses) on long-term investments on the statement of activities. Investment expenses for the years ended December 31, 2023 and 2022 are \$3,876 and \$3,213, respectively.

NOTE 5 – FAIR VALUE MEASUREMENTS

As required by FASB ASC, *Fair Value Measurement*, the Organization is required to value investment and debt securities based on the valuation measurement techniques and hierarchy established by the FASB ASC.

There are three general valuation techniques that may be used to measure fair value, as described below:

- A) Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sales transactions, market trades or other sources.
- B) Cost approach – Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and
- C) Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 5 – FAIR VALUE MEASUREMENTS – (CONTINUED)

Fair values of assets and liabilities measured on a recurring basis at December 31, 2023 and 2022, are as follows:

Fair Value Measurements Using

	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Trading securities	\$ 1,181,941	\$ 1,181,941	\$ 0	\$ 0
<u>December 31, 2022</u>				
Trading securities	\$ 944,864	\$ 944,864	\$ 0	\$ 0

NOTE 6 – LIQUIDITY

The Organization has a policy to move funds into and out of investment accounts as necessary to meet monthly expenses. The Organization maintains sufficient operating cash on hand to support its operations. There are no restrictions on its operating cash account, therefore at December 31, 2023, the Organization had \$32,559 of cash on hand to meet general expenditures within one year. The Organization has the following financial assets that could readily be made available within one year of the balance sheet to fund expenses without limitations.

	<u>2023</u>	<u>2022</u>
Cash	\$ 32,559	\$ 213,264
Cash - money market	7,495	27,250
Accounts receivable	8,334	68
Investments	1,181,941	944,864
Total	\$ 1,230,329	\$ 1,185,446

NOTE 7 – EMPLOYEE RETIREMENT PLAN

The Organization maintains a 401(k) Profit Sharing Plan. The Plan covers substantially all full-time employees who elect to be covered and have completed one full year of employment. Participating employees may contribute up to the lesser of the IRS limits or 100% of eligible compensation. The Organization makes matching contributions to the Plan of 6%. Employer matching contributions to the Plan for 2023 and 2022 were \$11,564 and \$14,385, respectively.

AMERICAN NURSES ASSOCIATION – NEW YORK, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

NOTE 8 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through the issuance date of the financial statements. No matters were considered material to the issued financial statements.



Committee Report to Board of Directors

Date of Meeting/Report: March 27, 2024

Present: Beverly Karas-Irwin (Chair), Glennie Millard, Ebele Maduekwe, Kimberly Velez (Board Liaison), and Pat Rojas.

ABSENT: Kathie Dever, Rose Green

STAFF: Jeanine Santelli, Executive Director

GUESTS: Dr. Marilyn Dollinger, President; Amy Pedrick, CPA

What are the defined goals/objectives for the committee and with which Strategic Goal do they align? The defined goals of this committee are to review and oversee the accounting and financial reporting processes of the organization and the audit of its financial statements. The Audit Committee is also responsible for annual review of conflict-of-interest statements and disciplinary decisions.

What are the success metrics/estimated timeline for those metrics for the committee? The success is based on timely selection of a CPA and 1st quarter meetings to review the financial statements in alignment of board meeting so taxes are filed on time.

What activity has the committee completed since the last report? Chair Beverly reviewed the minutes of the previous two meetings and committee approved them. Amy Pedrick (Auditor) of West CPA reviewed the Financial Letter and 990. Questions were asked & answered, the committee approved motion to forward to the ANA-NY Board. Chair Beverly encouraged all to attend ANA-NY Conference.

What resources (financial or human) are the committee requesting of the staff or BOD? None

Is there a motion from the committee? None

Respectfully submitted by: Kimberly Velez, MSN, RN

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
March 18, 2024

PRESIDING: Dr. Marilyn Dollinger

PRESENT:

OFFICERS: Tanya Drake (Vice-President), Kimberly Velez (Secretary)

DIRECTORS: James Connelly, Gisselle Gerardi, Theodora Levine, Seon Holman and Sarah Miner

ABSENT: Phyllis Yezzo (Treasurer), Amy Kellogg (ANA-NY Lobbyist)

STAFF: Jeanine Santelli and Deb Spass

GUESTS: Stacey Conklin (New Chair of Technology SIG)

Topic	Discussion	Resolution
Call to order		President Dollinger called the meeting to order at 6:00.
Mission	The mission of ANA-NY is to foster high standards of nursing and promote the professional and educational advancement of nurses to improve health care for all.	Read by Kimberly Velez
Attendance	Secretary Kimberly Velez took attendance.	Quorum established.
Lobbyist Report	Budget proceedings are happening now. The budget chart is attached for your understanding. Note that the Nurse Licensure Compact and the NP Modernization Act sunset are out of the budget proposals. Big election year with many seats up for a vote.	budget_chart_24.docx
Announcements: Jeanine a) No Meeting Assembly Observer requests received b) Call for nominations will be open 3/28	As a reminder:	

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
<p>-5/3. Even year positions are President, Treasurer, 2 Directors, and 3 N&E members.</p> <p>c) Organizational Affiliate (OA) Application – Oncology Nursing Society New York City Chapter</p> <p>d) We have endorsed congressional recognition of the “Black Angels” Note from Rosanne</p>	<p>Marilyn is not eligible to run for President again, but can run for a different Board position; Phyllis is not eligible to run for Treasurer again, but can run for a different Board position; James is not eligible to run for Director again, but can run for a different Board position; Sarah is eligible to run for Director again or can run for a different position.</p> <p><i>Note from Rosanne Raso - I’m working with the author of the book, “Black Angels,” to attempt to get them either the Presidential Medal of Freedom or some kind of congressional recognition. Virginia Allen is still alive at 92 and there’s one other alive I believe. Stacey Chapell suggests below that we work this through New York first</i></p>	<p>Marilyn reminded Board members to encourage colleagues who are interested to run for ANA-NY board and committee positions.</p> <p>Motion made by Vice President Tanya Drake and seconded by Sarah Miner to accept the Oncology Nursing Society as an OA. The motion was passed unanimously, pending successful completion of the paperwork.</p>

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
e) Nightingale Gala Sponsorship (typically \$2,000)	<i>to get support.</i>	Motion made by James Connolly and seconded by Seon Lewis-Holman to sponsor the Nightingale Gala at the \$2,000 level. The motion was passed unanimously.
Consent Agenda: Marilyn a) Minutes from February 19, 2024 b) Committee reports i) Legislation ii) Program c) Staff Reports i) ED ii) Program Manager		Motion made by Tanya Drake and seconded by Teddi Levine to approve the Consent Agenda. The motion was passed unanimously.
President's Report: Marilyn	The ANA President/ED Q1 February call slides are in SharePoint—lots of updates—please review particularly if you are attending the Membership Assembly in June in Washington. Remember to register for Lobby Day and the Annual meeting ASAP so staff can follow through with hotel reservations etc. Presentations since the last Board meeting: I participated in the Genesee Valley Nurses Association (Rochester area) 40 th Annual Legislator Reception on 2/22/24 giving a legislative update. Great turn out with 15 legislators and staff and over 100 nurses and	1Q2024 Pres ED Call February 29 - vCSNA.pptx

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
	<p>nursing students. Leadership from NYONL and NYSENA attended as well.</p> <p>I presented to the NYSENA Government Affairs Committee about advocacy and the policy process on 2/28/24.</p> <p>Gave the ANA-NY update to the NYS Council of Deans on 3/8/24.</p> <p>Jeanine and I had a positive follow-up meeting with Deb Elliott and Joan Madden Wilson from the Foundation to discuss the concerns raised by board members at the February meeting about the MOU between ANA-NY and the Foundation.</p> <p>Jeanine was invited to join Deb and the Research Specialist (RS) (ANA-NY shares the cost of this PT position) to review and update the RS job description to make sure the deliverables that ANA-NY stipulated in the MOU are being done.</p> <p>Jeanine will work with the RS and the ANA-NY Editor of JANANY to add the RS as a managing editor to ensure ongoing involvement and support.</p> <p>The Council of Nursing Research is restructuring the members into work groups for more effective involvement. Any ANA-NY</p>	

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
	<p>members are welcome to attend these meetings if they are interested.</p> <p>The previous Foundation Research Fellows Program has been inactive for some time and discussion followed about the need to move to a “Fellows 2.0 Program.” The Foundation might have more success if this program focused on doctoral students who had some background in research; this might also make it easier to get mentors for the fellows. ANA-NY is encouraged to think of a name for this new Fellows program.</p> <p>Kimberly Velez and I had a meeting to orient Stacey Conklin who is providing leadership for the Technology SIG. She is joining us on this virtual meeting and will introduce herself. Our thanks to her for moving into this role.</p> <p>The Health Equity Task Force has scheduled the first meeting with those who have indicated an interest in working on this initiative for Monday 3/25/24.</p>	
<p>Treasurer’s Report: Jeanine provided, as Phyllis was not in attendance.</p>	<p>Income (YTD) reflects \$155,205.38 compared to the 2024 (YTD) budget of \$145,900.00, \$9,805.38 better than budget.</p> <p>Expenses (YTD) reflect \$102,735.48 compared to the 2024 (YTD) budget of \$141, 011.42, net \$38,275.94 better than budget.</p>	<p>ANA PL collapsed Feb 2024.pdf</p>

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
	<p>Net operating income at the close of business in February was \$52,469.90 compared to \$22,479.87 from 2023.</p> <p>Investment income is being maintained: Bank of America: \$80, 843.45 compared to \$200,585.82 in 2023. Merrill Lynch: \$1,183,083.08 compared to \$1,028,438.91 in 2023.</p> <p>Total assets \$1,435,968.98 February 2024 compared to \$1,243,221.93 in 2023. An increase of \$102,747.05 from year to year.</p> <p>Tanya asked for an explanation of the increase in GL 4401.1 - non-dues royalty.</p>	<p>The increase is a result of the disbursement of the revenue share from NSO, which usually occurs in March.</p>
<p>Unfinished Business: A) White Paper - Jeanine</p>	<p>Suggested edits from the last meeting have been completed, and no additional edits have been sent.</p> <p>It has been mentioned that there is historical data in the paper, although since this population has not been addressed a lot, that is the only data available at this time.</p>	
<p>New Business Lobby Day</p>	<p>There will be a virtual Lobby Day prep meeting.</p> <p>Board members suggested scheduling the ANA-NY Lobby Day at the end of April and not during Nurses Week. Members have several</p>	<p>Details will be sent out accordingly.</p> <p>This feedback will be shared with Amy Kellogg, who was unable to attend this meeting.</p>

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
	events to attend at places of employment this week that interfere with attending Lobby Day	<p>Marilyn reminded the Board members that the May Face-to-face meeting will be in Albany Wed. May 8 at 9am.</p> <p>Orientation for ANA Membership Assembly will be done virtually later when materials are available from ANA.</p>
Adjourn: Marilyn	Meeting was adjourned at 7:03	Motion made by Giselle Gerardi and seconded by James Connolly to adjourn the meeting. The motion was passed unanimously.

Recorded by,

Deborah Spass, Program Manager

ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
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ANA-NY
Board of Directors Microsoft Teams Conference Meeting
Date

Topic	Discussion	Resolution
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April 2024 ED Report

Advocacy

- Attended Press Conference and Lobby Day for Flavored E-Cigarette Law Enforcement A9110/S8531

Services

- 8,911members
- Submitted next edition of newsletter to HeC
- Met with JANANY and CNR staff to discuss deliverable for Research Specialist
- Successful member mixer at Muse Paint Bar

Professional Promotion

- Attended NYSED BON meeting

Educational Advancement

- Submitted CE applications for 2 more programs

Member Engagement Associate Report

April 8, 2023

Kennedee Blanchard

Organizational Affiliates – The next OA Legislative Priority meeting is scheduled for May 14th at 6 pm.

Newsletter – Sent Health eCareers corrections for the April newsletter and am awaiting the updated proof back.

Monthly Office Update – I had sent Health eCareers articles for the February/March Monthly Office Update (we had decided to do them quarterly and not on the same months as the newsletter) before I left on maternity leave, which were sent out. However, now that we are switching publishers, we are no longer going to continue doing them.

FNL Award – We received 13 nominations for the FNL Award this year, half of which participated in the program last year. I am starting to organize the Award packets to mail to the nominating faculty members for the Graduation and Pinning Ceremonies.

Special Interest Groups – I need to connect with the co-chairs to get an update on the meetings that took place over the past few months. The Policy & Advocacy SIG's next meeting is scheduled for May 13th at 2 pm. There is a new co-chair for the Advances in Nursing Technology SIG, which is back up and running, and new co-chairs for the Climate & Health SIG as well.

Weekly Emails – Provide Brittany with content for weekly emails, which goes out every Thursday morning.

Project MZ CSNA Advisory Group – The next meeting is on April 18th at 3 pm.

Events:

- NYLN/ADN Conference on April 5th.



Nursing Education Committee Report to Board of Directors

Date of Meeting/Report: February 20th 2024

Present: Joanne Lapidus-Graham, Doreen Rogers, Aliza Ben-Zacharia, Kady Hoistion, Nancy Maggio, Suzanne Elie, Sarah Marshall, Richardeanea Theodore, Tara Zacharzuk-Marciano and President Marilyn Dollinger, Jeanine Santelli, Deb Spass, and Giselle Gerardi

ABSENT: Leticia Rios, Heidi Reed, Briana Augustin, Jessica Varghese, and Christina Beirling

What are the defined goals/objectives for the committee and with which Strategic Goal do they align?

- Member engagement will help members see value of membership
 - NEC members are encouraged to submit work to newsletter
 - Updates on Project Firstline
 - Updates on SIG white paper draft related to Dedicated Education Units (DEU). To be reviewed by NEC committee once complete
- Increase opportunities for dialogue
 - Overview of NSNANYYS Conference, topic of confidence and new grads discussed further.
 - Discussion of the proposed closing of Downstate University (SUNY)

What are the success metrics/estimated timeline for those metrics for the committee?

Regular participation in the ANANY newsletter

What activity has the committee completed since the last report?

Participation in the Nursing Student Association of NYS

Volunteer abstract reviewers for ANA NY annual meeting identified. Will collaborate with the program committee.

What resources (financial or human) are the committee requesting of the staff or BOD?

N/A

Is there a motion from the committee?

N/A

Respectfully submitted by: Giselle Gerardi, PhD, RN



Nursing Education Committee Report to Board of Directors

Date of Meeting/Report: March 19th 2024

Present: Joanne Lapidus-Graham, Doreen Rogers, Aliza Ben-Zacharia, Kady Hoistion, Nancy Maggio, Suzanne Elle, Jessica Varghese, Tara Zacharzuk-Marciano, Heidi Reed, Sarah Marshall, Dhiya Binu, President Marilyn Dollinger, Jeanine Santelli, Deb Spass, and Giselle Gerardi

ABSENT: Leticia Rios, Richardeana Theodore, Briana Augustin, and Christina Beirling,

What are the defined goals/objectives for the committee and with which Strategic Goal do they align?

- Member engagement will help members see value of membership
 - NEC members are encouraged to submit work to newsletter
 - Updates on Project Firstline
 - New student member identified
 - Updates on Dedicated Education Unit White paper provided.
- Increase opportunities for dialogue
 - Artificial Intelligence in nursing education. Discussed at Sigma Theta Tau region 14 conference. J. Lapidus-Graham summarized key points.

What are the success metrics/estimated timeline for those metrics for the committee?

Participation in ANANY Newsletter from NEC committee members

What activity has the committee completed since the last report?

What resources (financial or human) are the committee requesting of the staff or BOD?

N/A

Is there a motion from the committee?

N/A

Respectfully submitted by: Giselle Gerardi, PhD, RN



Program Committee Report to Board of Directors

Date of Meeting/Report: 3/21/24 @ 1630

Present: Andrea Kabacinski, Ebele Maduekwe, Nadia Joseph, Jenny Uguru, Megan Scali, Seon Lewis-Homan, Helen Pham

ABSENT: Jennifer Rosen, Michele Caliva, Jennifer Zuber-Bozek, Lisa Chung, Josephine Agyei

What are the defined goals/objectives for the committee and with which Strategic Goal do they align?

The 2024 Program Committee Goals are in line with the ANA-NY objectives of promoting excellence in nursing practice, improving the quality of health care services and promoting professional and leadership development. The 2024 goals are noted below:

1. Increase membership participation in monthly offerings by 10%, by the end of 2024.
2. Increase the engagement of RNs in the upstate region in terms of attending programs.
3. Continue to offer wellness and clinical topics to RNs, offering contact hours.
4. Develop Program/topics that appeal to younger nursing colleagues.

What are the success metrics/estimated timeline for those metrics for the committee?

1. 10% increase from 2023
2. 20% increase based on metrics from 2023
3. New topics on wellness and other clinical conditions offered for 2024
4. Increase membership of younger nurses as compared to 2023 by 15%

What activity has the committee completed since the last report?

The following Programs are underway:

Prudential Financial Health Series

Paint and Sip Member Mixer took place on 3/22/24, the event in Garden City LI was sold out.

Coming events

April 20, 2024 Beach Clean Up

April 2024, Prudential Series

May 23 Maintaining a Normal Work-Life Balance While Working the Night Shift

June 21, 2024, and June 28, 2024: REST: A Pathway to Becoming Resilient, 2024

Confirming speaker for Dementia Program for November 2024

Confirming speaker for Managing Anxiety Program

Discussion regarding the development of a SIG focused on new nurses to engage new membership for ANA-NY. Helen, Jenny Uguru and Megan volunteered to meet and define goals, mission and objectives. This information will be presented at the next committee meeting.

What resources (financial or human) are the committee requesting of the staff or BOD?

Requesting advertisement and funding for T-shirts and other gear for beach clean up

BOD guidance for New Member SIG

Is there a motion from the committee?

Move forward with all planned activities.

Respectfully submitted by: Seon Lewis-Holman

April 2024– Program Manager Submission for 4/15/24 Board Meeting

2024 Annual Conference:

- The code for the Board to register is BODmember24
 - Currently have 5 Board members registered
- Currently have 8 exhibitors (3 complimentary and 5 paid) including one Platinum Sponsor
- As of April 8th, there are 19 individuals registered for the Conference and Gala
- Began soliciting for Silent Auction items

Future Exhibiting

- ENA (Emergency Nurses Association) - Saratoga, NY – 4/25/24
- NPA (Nurse Practitioner Association) - Syracuse, NY – 4/26/24

Social Event

The Sip and Paint on March 22nd in Long Island was successful, as we had 25 attendees.

We originally planned for one on March 23rd in White Plains, but was cancelled due to low registration.

Respectfully submitted,

Deb Spass