

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 California Nurses Association

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2000 Franklin Street

City or town, state or country, and ZIP + 4
 Oakland, CA 94612

D Employer identification number
 94-0362060

E Telephone number
 (510) 273-2271

F Accounting method Cash Accrual
 Other (specify) ▶

◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ wwwcalnurses.org

J Organization type (check only one) ▶ 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 53,599,489

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c	205,000		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 205,000 noncash \$ _____)	1e		205,000	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	52,070,152
	4	Interest on savings and temporary cash investments			4	637,458
	5	Dividends and interest from securities			5	26,251
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a			6c		
7	Other investment income (describe ▶)			7		
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
			369,045	8a		
	b	Less cost or other basis and sales expenses	286,630	8b		
	c	Gain or (loss) (attach schedule)	82,415	8c		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	82,415	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c		
10a	Gross sales of inventory, less returns and allowances		10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	291,583	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	53,312,859	
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses Add lines 16 and 44, column (A)			17	44,229,767
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	9,083,092
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	18,750,356
	20	Other changes in net assets or fund balances (attach explanation)			20	-17,358
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	27,816,090

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	908,938		
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	14,906,247		
27	Pension plan contributions not included on lines 25a, b and c	27	1,883,976		
28	Employee benefits not included on lines 25a - 27	28	2,108,703		
29	Payroll taxes	29	1,158,481		
30	Professional fundraising fees	30			
31	Accounting fees	31	66,071		
32	Legal fees	32	288,905		
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	1,451,889		
37	Equipment rental and maintenance	37	371,890		
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	44,229,767		

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? See Statement</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Statement</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		13,593,760	45	22,689,221	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	3,841,219			
	b Less allowance for doubtful accounts	47b		3,145,415	47c	3,841,219
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		435,242		53	570,661
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		1,049,550		54a	1,059,181
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	9,343,172				
b Less accumulated depreciation (attach schedule)	57b	1,955,941	6,698,293	57c	7,387,231	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			1,293,525	58 <input type="checkbox"/>	207,968	
59 Total assets (must equal line 74) Add lines 45 through 58			26,215,785	59	35,755,481	
Liabilities	60 Accounts payable and accrued expenses		4,566,008	60	5,197,353	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)		2,853,832		64b <input type="checkbox"/>	2,702,339
	65 Other liabilities (describe <input type="checkbox"/> _____)		45,589		65 <input type="checkbox"/>	39,699
66 Total liabilities Add lines 60 through 65			7,465,429	66	7,939,391	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		15,800,241	67	24,839,531	
	68 Temporarily restricted		2,950,115	68	2,976,559	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			18,750,356	73	27,816,090
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			26,215,785	74	35,755,481

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	53,907,245
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	611,744
	Add lines b1 through b4	b	611,744
c	Subtract line b from line a	c	53,295,501
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	17,358
	Add lines d1 and d2	d	611,744
e	Total revenue (Part I, line 12) Add lines c and d	e	53,312,859

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	44,831,029
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	601,262
	Add lines b1 through b4	b	601,262
c	Subtract line b from line a	c	44,229,767
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	44,229,767

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 82a, 83a, 84a, 85a-f, 86a-b, 87a-b, 88a-b, 89a-f, 90a-b, and 91a-b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
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Please Sign Here

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.

*****	2008-10-13
Signature of officer	Date
Martha Kuhl RN Treasurer	
Type or print name and title	

Paid Preparer's Use Only

Preparer's signature Geoffrey P Kulik	Date 2008-10-13
Firm's name (or yours if self-employed), address, and ZIP + 4 Sterck Kulik O'Neill Acctng Grp Inc	
150 Post Street Suite 350	
San Francisco, CA 941084707	

Additional Data

Software ID:
Software Version:
EIN: 94-0362060
Name: California Nurses Association

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Records Maintenance	43a	855,427			
b Publications	43b	748,941			
c Awards	43c	239,799			
d Research	43d	284,788			
e Contract Representation	43e	4,681,408			
f Insurance	43f	74,669			
g Office Expenses	43g	2,201,407			
h Consulting Fees	43h	296,226			
i Services Fees	43i	60,537			
j Delegate Election Expenses	43j	4,783,000			
k Information Education Expenses	43k	4,027,956			
l Reimbursed Expenses	43l	930,642			
m Advertising Promotional Expenses	43m	999,167			
n Supportive Fund	43n	900,700			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RoseAnn Demoro 2000 Franklin Street Oakland, CA 94612	Executive Director 60 00	207,403	41,750	1,345
Michael Lighty 2000 Franklin Street Oakland, CA 94612	AdminPub Policy Director 55 00	133,130	26,895	1,345
Robert Henderson 2000 Franklin Street Oakland, CA 94612	Controller 45 00	110,836	22,414	1,233
Deborah Burger 2000 Franklin Street Oakland, CA 94612	President 15 00	107,000	0	0
Robert Marth 2000 Franklin Street Oakland, CA 94612	Director 15 00	74,515	0	0
Jan Rodolfo 2000 Franklin Street Oakland, CA 94612	Director 15 00	33,880	0	0
Abbie Stewart 2000 Franklin Street Oakland, CA 94612	Director 15 00	16,812	0	0
Bonnie Martin 2000 Franklin Street Oakland, CA 94612	Director 15 00	15,732	0	0
Zenaida Cortez 2000 Franklin Street Oakland, CA 94612	Vice President 15 00	14,241	0	0
Diane Koorsones 2000 Franklin Street Oakland, CA 94612	Director 15 00	11,376	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Phyllis Brown 2000 Franklin Street Oakland, CA 94612	Director 15 00	10,647	0	0
Lauri Hoagland 2000 Franklin Street Oakland, CA 94612	Director 15 00	10,305	0	0
Trande Phillips 2000 Franklin Street Oakland, CA 94612	Director 15 00	10,068	0	0
Sherri Stoddard 2000 Franklin Street Oakland, CA 94612	Director 15 00	9,866	0	0
Christina Swift 2000 Franklin Street Oakland, CA 94612	Director 15 00	6,781	0	0
Malinda Markowitz 2000 Franklin Street Oakland, CA 94612	Secretary 15 00	6,284	0	0
Margaret Keenan 2000 Franklin Street Oakland, CA 94612	Director 15 00	5,920	0	0
Kathryn Donahue 2000 Franklin Street Oakland, CA 94612	Director 15 00	4,766	0	0
Monica Smith-Braun 2000 Franklin Street Oakland, CA 94612	Director 15 00	3,988	0	0
Craig Fitzpatrick 2000 Franklin Street Oakland, CA 94612	Director 15 00	3,832	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Maureen Dugan 2000 Franklin Street Oakland, CA 94612	Director 15 00	3,565	0	0
David Welch 2000 Franklin Street Oakland, CA 94612	Director 15 00	3,004	0	0
Catherine Kennedy 2000 Franklin Street Oakland, CA 94612	Director 15 00	720	0	0
Pat Strickland 2000 Franklin Street Oakland, CA 94612	Director 15 00	2,790	0	0
Leslie Hawkins 2000 Franklin Street Oakland, CA 94612	Director 15 00	1,915	0	0
Geraldine Jenkins 2000 Franklin Street Oakland, CA 94612	Director 15 00	1,516	0	0
Janice Webb 2000 Franklin Street Oakland, CA 94612	Director 15 00	1,197	0	0
Martha Kuhl 2000 Franklin Street Oakland, CA 94612	Treasurer 15 00	720	0	0
Scott Warren 2000 Franklin Street Oakland, CA 94612	Director 15 00	720	0	0
Genel Morgan 2000 Franklin Street Oakland, CA 94612	Director 15 00	427	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Maureen Caristi 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Martesa Chism 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Katherine Daniel 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Relie Dema-Ala 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Lorna Grundeman 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
John Harwood 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Mirthia Kaufman 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
John Miller 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Laura Miller 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Hildegarde Paraiso 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Elizabeth Patakı 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Martha Utz 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Michelle Vo 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0
Barbara Williams 2000 Franklin Street Oakland, CA 94612	Director 15 00	0	0	0

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** California Nurses Association**EIN:** 94-0362060**Gross Sales Price:** 369,045**Basis:** 286,630**Sales Expenses:** 0**Total (net):** 82,415

TY 2006 Mortgages and Notes Payable Schedule

Name: California Nurses Association

EIN: 94-0362060

Total Mortgage Amount: 2702339

TY 2006 Other Assets Schedule

Name: California Nurses Association

EIN: 94-0362060

Description	Beginning of Year Amount	End of Year Amount
Designated Fund	1,076,682	15,125
Due from Related Organizations	216,843	192,843

TY 2006 Other Changes in Net Assets Schedule

Name: California Nurses Association

EIN: 94-0362060

Description	Amount
Investment Activity Recognized in Prior Years	-17,358

TY 2006 Other Expenses Included Schedule

Name: California Nurses Association

EIN: 94-0362060

Description	Amount
Segregated fund expenses	601,262

TY 2006 Other Liabilities Schedule

Name: California Nurses Association

EIN: 94-0362060

Description	Beginning of Year Amount	End of Year Amount
Dues Paid in Advance	45,589	39,699

TY 2006 Other Revenues Included Schedule

Name: California Nurses Association

EIN: 94-0362060

Description	Amount
Segregated fund revenue	611,744

**TY 2006 Other Revenues
Not Included Schedule****Name:** California Nurses Association**EIN:** 94-0362060

Description	Amount
Investment activity recognized in prior years	17,358