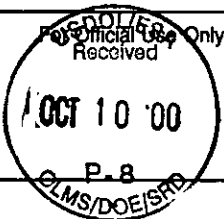


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. FILE NUMBER

0 1 5 - 7 2 4

2. PERIOD COVERED

MO DAY YEAR
From 0 7 : 0 1 | 1 9 9 9
Through 0 6 | 3 0 | 2 0 0 0

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave items 4 through 8 blank.

If any of the label information is incorrect, complete items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
Robert

Last Name
Henderson, CPA

P.O. Box • Building and Room Number (if any)
SUITE 300

Number and Street
2000 FRANKLIN STREET

City
OAKLAND

State ZIP Code + 4
CA 94612 -

4. AFFILIATION OR ORGANIZATION NAME
CALIFORNIA NURSES ASSOCIATION

5. DESIGNATION (Local, Lodge, etc.)
none

6. DESIGNATION NUMBER
none

7. UNIT NAME (if any)
none

9. Are your organization's records kept at its mailing address? Yes No
(If "No," provide address in item 75.)

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	Description
#11	CNA Benefit Trust: To provide long term disability plan to CNA members.
12	All required reports have been filed by Olson, Hagel et al on behalf of CNA.
14	Financial records will be audited by SterckEnfield Accounting Group Inc.
23	Office building at 2000 Franklin Street, Oakland, CA was secured by two loans. The fair market value of the property was \$5,420,000.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: Ray McVay
Ray McVay
09 / 29 / 00 (510) 273 - 2200
Date Telephone Number

77. SIGNED: Martha Kuhl
Martha Kuhl
09 / 29 / 00 (510) 273 - 2200
Date Telephone Number
Vice President
TREASURER
(If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | | |
|--|-----|----|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | X | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property? | | X |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 0 0 7 4
19. What is the date of your organization's next regular election of officers? MO YEAR
0 7 2 0 0 1
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 44.21 average per month <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <i>(Month, Year, etc.)</i>

- | | | |
|---|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? | Yes | No |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | X | |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 015-724

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			7 5 1 8 1 8	5 0 4 4 4
	26. Accounts Receivable			5 7 5 4 3 7	4 3 8 4 0 5
	27. Loans Receivable		1		
	28. U.S. Treasury Securities			2 4 9 8 6	
	29. Investments		2	7 2 7 1 1 7	9 1 9 8 1 2
	30. Fixed Assets		5	4 8 9 6 9 1 0	5 7 1 7 2 8 5
	31. Other Assets		3	3 7 1 8 0 1	2 8 9 1 6 8
	32. TOTAL ASSETS			7 3 4 8 0 6 9	7 4 1 5 1 1 4
LIABILITIES	33. Accounts Payable			4 5 5 3 0 5	7 8 6 8 7 4
	34. Loans Payable		8		
	35. Mortgages Payable			2 6 2 2 3 7 8	3 9 4 5 2 0 8
	36. Other Liabilities		4	1 7 2 3 4 7 2	1 7 7 4 9 5 9
	37. TOTAL LIABILITIES			4 8 0 1 1 5 5	6 5 0 7 0 4 1
	38. NET ASSETS (Item 32 less Item 37)			2 5 4 6 9 1 4	9 0 8 0 7 3

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 5 - 7 2 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 2 0 1 7 2 4 5	56. To Officers	9		1 9 7 0 7 6
40. Per Capita Tax				57. To Employees	10		4 4 5 1 8 1 6
41. Fees			1 4 9 5 3 4	58. Per Capita Tax			
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		2 4 5 2 8 5 8
44. Work Permits				61. Educational & Publicity Expense ...			7 8 1 6 8 6
45. Sale of Supplies			2 0 3 2 2	62. Professional Fees			8 2 9 6 9 7
46. Interest			1 5 8 2 0	63. Benefits	11		1 1 6 1 0 3 8
47. Dividends			9 7 4 7	64. Contributions, Gifts & Grants	12		1 0 2 0 0 0
48. Rents			2 5 0 6 9 7	65. Supplies for Resale			1 7 2 2 9
49. Sale of Investments & Fixed Assets	6		1 0 3 3 1 6 4	66. Direct Taxes			4 5 3 6 7 0
50. Loans Obtained	8			67. Withholding Taxes			1 6 4 3 8 5 0
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		2 1 7 8 5 5 2
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		6 5 1 5 1 8	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		5 7 9 9 4 9
55. TOTAL RECEIPTS			1 4 1 4 8 0 4 7	74. TOTAL DISBURSEMENTS			1 4 8 4 9 4 2 1

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 1 5 - 7 2 4

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 1 5 - 7 2 4

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	919,812
2. Total Book Value	919,812
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	9 1 9 8 1 2
↑ Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1. PASNAP	127,107
2. Prepaid loan fees, postage, intrst	49,720
3. Prepaid Utilities, ins, rent, dep	112,341
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 8 9 1 6 8
↑ Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Dues in Advance	575,474
2. Accrued Compensation	1,199,485
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 7 7 4 9 5 9
↑ Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 5 - 7 2 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 2011 Webster, Oakland, CA	1,032,523			
2. Totals from additional pages (if any)				
3. Buildings (give location): 2000 Franklin St, Oakland, CA	4,137,841	200,653		
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	1,356,988	609,414		
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	6,527,352	810,067	571,728.15	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Investments	909,843	1,018,291	1,033,164	1,033,164
2. Furniture & Office Equipment	568,212	568,212	--	--
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1,478,055	1,586,503	1,033,164	1,033,164
		7. Less Reinvestments		
		8. Net Sales		
		103,316.4		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 5 - 7 2 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Investments	1,004,564		1,004,564
2. Furniture & Office Equipment	343,109		343,109
3. Building Improvements	392,291		392,291
4. Land (2011 Webster Street, Oakland, CA)	438,588		438,588
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	2,178,552		2,178,552
7. Less Reinvestments			
8. Net Purchases		2 1 7 8 5 5 2	
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)		
			Cash (D)(1)	Other Than Cash (D)(2)			
1.							
2.							
3.							
4.							
5. Totals from additional pages (if any)							
6. Totals of Lines 1 through 5							
Enter the Totals from Line 6 in			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 015-724

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name _____ First Name _____ Title _____ Status _____						
2. Last Name _____ First Name _____ Title _____ Status _____						
3. Last Name _____ First Name _____ Title _____ Status _____						
4. Last Name _____ First Name _____ Title _____ Status _____						
5. Last Name _____ First Name _____ Title _____ Status _____						
6. Last Name _____ First Name _____ Title _____ Status _____						
7. Last Name _____ First Name _____ Title _____ Status _____						
8. Totals from additional pages (if any)		97,529	36,119	63,428		197,076
9. Totals of Lines 1 through 8		97,529	36,119	63,428		197,076
10. Less Deductions						
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements	197,076	

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 5 - 7 2 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages <small>(if any)</small>	5,537,743	75,578	382,390		5,995,711
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	92,289	911	6,755		99,955
8. Totals of Lines 1 through 7	5,630,032	76,489	389,145		6,095,666
9. Less Deductions				1 6 4 3 8 5 0	
Enter the Total from Line 10 in Item 57 ⇨				10. Net Disbursements	4 4 5 1 8 1 6

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 1 5 - 7 2 4

Description (A)	To Whom Paid (B)	Amount (C)
1. Workers Compensation	State Compensation Insurance	57,206
2. Health Insurance	Insurance Companies	497,357
3. Disability & Life Insurances	Insurance Companies	43,007
4. Retirement Plan	Custodian	563,468
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1,161,038
Enter the Total from Line 6		Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. PAC Funds	102,000
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	102,000
Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. See Statement 6	2,452,858
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2,452,858
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Continuing Education	56,182
2. Advertising & Subscriptions	5,771
3. Benefit Programs	1,665
4. PAC Contribution	4,900
5. Margin Receipts	583,000
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 5 1 5 1 8
Enter the Total from Line 17 in [↑] Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. PASNAP	127,107
2. Revolution Magazine	328,494
3. Mortgage Principle	124,348
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	5 7 9 9 4 9
Enter the Total from Line 17 in [↑] Item 73	

California Nurses Association
File No: 015-724

Statement 1

Fiscal Year Ended June 30, 2000

LM-2 Schedule 2 Investments

<u>Description</u>	<u>Amount</u>
Automobiles	8,600
Auto Parts	315
Banking	20,722
Beverages	8,888
Biotechnology	53,900
Drugs	26,947
Energy	34,400
Finance Companies	8,100
Food Products	32,381
HealthCare	29,018
Machinery	11,400
Media	22,800
Medical	214
Photography	1,488
Pollution Control	44,000
Retail	39,625
Technology	218,199
Telephone	71,538
Utilities	19,138
Long Term Notes	268,139
TOTAL	919,812



California Nurses Association
File No: 015-724 LM2
Fiscal Year Ended June 30, 2000

Statement 2

Schedule 6 - Sale of Investments & Fixed Assets

<u>DESCRIPTION OF ASSETS SOLD</u>	<u>COST</u> <u>(B)</u>	<u>BOOK VALUE</u> <u>(C)</u>	<u>GROSS</u> <u>SALE PRICE</u> <u>(D)</u>	<u>AMOUNT</u> <u>RECEIVED</u> <u>(E)</u>
1 Banking	25,580	25,580	28,444	28,444
2 Biotechnology	87,498	97,606	107,464	107,464
3 Energy	58,768	102,478	79,590	79,590
4 Finance Companies	196,806	205,111	201,618	201,618
5 Food Products	83,140	99,534	92,502	92,502
6 HealthCare	25,224	31,275	21,953	21,953
7 Machinery	121,910	139,550	127,764	127,764
8 Medical	11,635	11,635	10,765	10,765
9 Retail	78,208	82,416	86,291	86,291
10 Technology	221,073	223,106	276,774	276,774
Total Sale of Investments	<u>909,843</u>	<u>1,018,291</u>	<u>1,033,164</u>	<u>1,033,164</u>

Following Office Equipment Retired:

44 Computers	562,651	562,651	-	-
45 Furnitures	3,761	3,761	-	-
46 Copier	1,800	1,800	-	-
Total Retirement of Office Equipment	<u>568,212</u>	<u>568,212</u>	<u>-</u>	<u>-</u>
Total Schedule 6 (Item 49)	<u><u>1,478,055</u></u>	<u><u>1,586,503</u></u>	<u><u>1,033,164</u></u>	<u><u>1,033,164</u></u>

Schedule 7 - Purchase of Investments and Fixed Assets

<u>DESCRIPTION</u>	<u>COST</u>		<u>CASH PAID</u>	
	<u>(B)</u>		<u>(D)</u>	
<u>Investments:</u>				
Banking	41,390		41,390	
Biotechnology	85,263		85,263	
Drugs	19,816		19,816	
Energy	27,081		27,081	
Finance Companies	10,360		10,360	
Food Products	35,463		35,463	
Healthcare	360		360	
Machinery	14,348		14,348	
Media	18,598		18,598	
Medical	11,673		11,673	
Pollution Control	48,429		48,429	
Retail	82,489		82,489	
Technology	357,079		357,079	
Telephone	12,973		12,973	
Paper	8,463		8,463	
Utilities	14,483		14,483	
Notes	216,299		216,299	
TOTAL	1,004,564		1,004,564	
<u>Office Equipment:</u>				
Computers & Software	183,983		183,983	
Telephones & Voicemail	58,419		58,419	
Office Furnitures	100,708		100,708	
Building Improvements	392,291		392,291	
Land	438,588		438,588	
TOTAL	1,173,988		1,173,988	
TOTAL-ALL (Item 58)	2,178,552		2,178,552	



California Nurses Association

File No: 015-724

Fiscal Year Ended June 30, 2000

Statement 5

Schedule 10-Disbursement to Employees

(A) <u>NAME</u>	(B) <u>POSITION</u>	(D) GROSS <u>SALARY</u>	(E) ALLOW <u>(Auto. Misc)</u>	(F) DIRECT <u>REIMBMT</u>	(H) <u>TOTAL</u>
Grubb, Alice	Asst to Exec Dir	69,516		5,062	74,578
Hrabe, Victoria	Human Resource Manager	54,262		224	54,486
Lee, Helen	Education Director	24,978		2,249	27,227
Aguila, Teresita G	Accounting Clerk	47,359		26	47,385
Becker, Robert C	Purchasing Clerk	29,047		231	29,278
Camara, Treana	Secretary	42,548		110	42,658
Geist, Walter	Business Svc Mgr	76,041			76,041
Dubay, Heather	Receptionist	11,342			11,342
Henderson, Robert F**	Controller	58,761		833	59,594
George, Vera	Membership Clerk	48,160			48,160
McVay, Richard	Building Manager	38,783		1,107	39,890
Hu, Jeanne	Accountant	63,242		153	63,395
Menjiva, Edgard	Membership Clerk	57,475			57,475
Santos, Lydia	Membership Clerk	47,267			47,267
Agnos, Betty	Administrative Asst	53,232		111	53,343
Brogan, Gerard	Website Coordinator	70,588	1,345	1,083	73,016
Dumpel, Hedy	Director of Nursing Practice	92,198	1,345	6,840	100,383
Forsyth, Susan	Nursing Practice Rep	58,185	1,345	3,427	62,957
Costello, Katherine	Revolution Editor	12,020			12,020
Furillo-Marino, Jill**	National Outreach Dir	81,300	1,345	6,116	88,761
Holober, Richard	Political Director	36,762		3,469	40,231
Lighty, Michael	Director of Administration & Operations	83,300	1,345	13,114	97,759
Sher, Katherine	Regulatory/Policy Specialist	20,015	76	300	20,391
Comer, Corinne	Acute Care Director	29,015	448	264	29,727
DeMoro, Rose Ann**	Executive Director	112,194	1,345	2,753	116,292
Craven, Robert	Secretary	43,320			43,320
Dodge, Samuel	Organizer	44,947	672	295	45,914
Fitzerald, Erin	Organizer	39,614		6,296	45,910
Gonzalez, Susann	Secretary	47,667		1,541	49,208
Gough, Jacqueline	Labor Representative	58,063	1,345	5,580	64,988
Grabelle, Debra	Organizer	53,670	1,182	3,543	58,395
Griffing, Michael	1st Contract Director	83,226	1,345	13,134	97,705
Hall, Eric	Labor Repr/Membership Mgr	67,380	1,345	7,569	76,294
Holley-Brosnan, Leslie	Labor Representative	66,633	1,345	5,146	73,124
Jacobs, Lisabeth	Organizer	70,588	1,345	7,868	79,801
Janks, Anne	Organizer	17,785		5,411	23,196
Kean, Elizabeth	Organizing Director	83,226	1,345	18,165	102,736
Lambarida, Barbara	Labor Representative	70,588	1,345	3,926	75,859
Liederman, Lori	Labor Representative	70,588	1,345	2,433	74,366
McDonald, Jane	Organizer	58,317	1,116	1,683	61,116
Milanesse, Guiliana	Community Organizer	68,992	1,345	1,066	71,403
Paradis, Susanne	Director of Administration & Operations	100,242	1,345	485	102,073

California Nurses Association

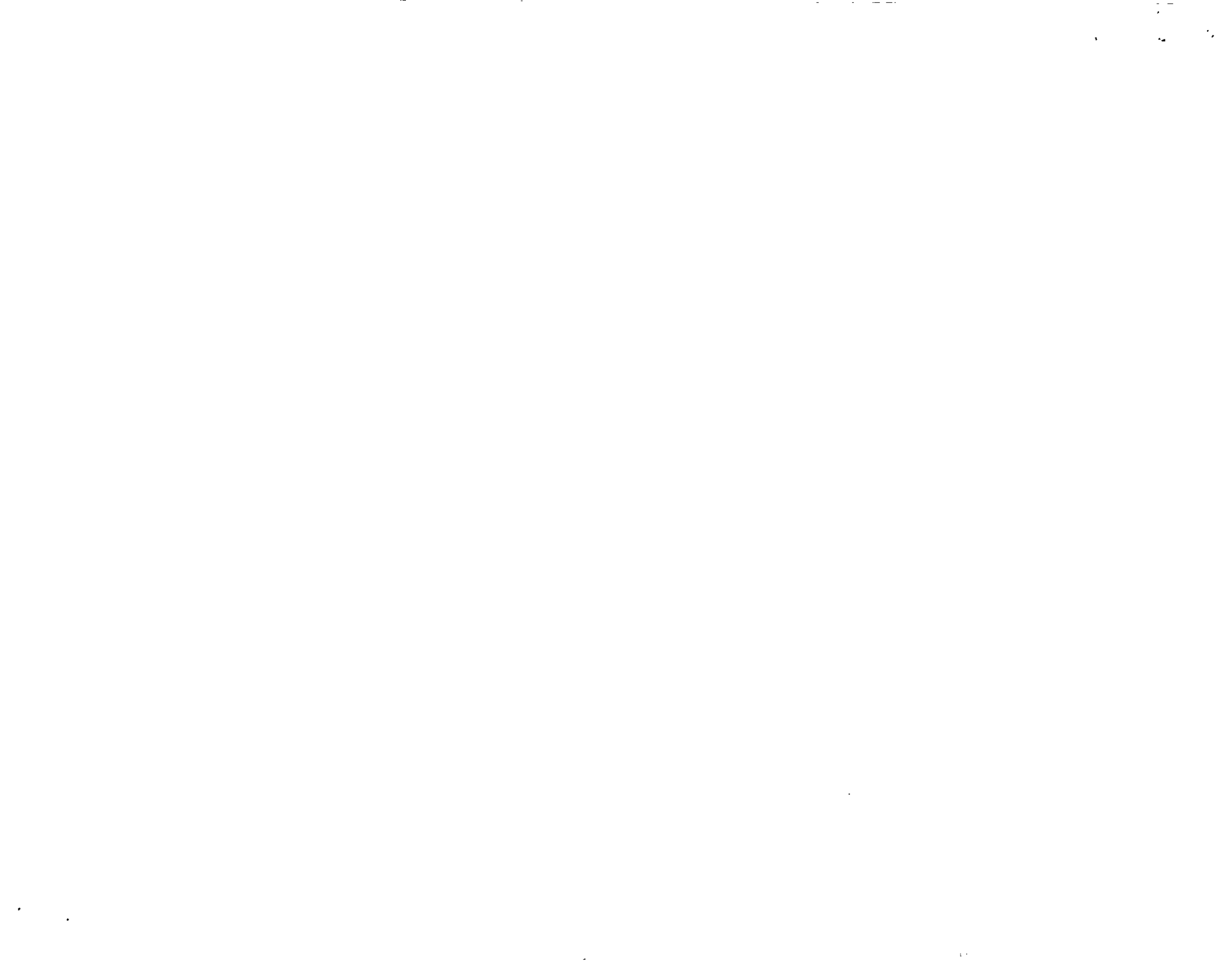
File No: 015-724

Fiscal Year Ended June 30, 2000

Statement 5

Schedule 10-Disbursement to Employees

(A) <u>NAME</u>	(B) <u>POSITION</u>	(D) GROSS <u>SALARY</u>	(E) ALLOW <u>(Auto, Misc)</u>	(F) DIRECT <u>REIMBNT</u>	(H) <u>TOTAL</u>
Proano, Teesa	Secretary	10,516			10,516
Romero, Criss	Organizer	14,721	336	688	15,745
Ross, Theresa	Labor Representative	64,376	1,345	1,868	67,589
Ryder, James	Kaiser Division Director	87,398	1,345	1,624	90,367
Sullivan, Gail	Labor Representative	61,605	1,569	11,261	74,435
Tully, Sheila	Organizer	14,480	392	624	15,496
Ugarte, Francisco	Labor Representative	58,892	1,345	8,402	68,639
Zamora, Laura	Office Manager	46,144			46,144
Cadenas, Jessy	Labor Representative	11,799	285	1,208	13,292
Campos, Elizabeth	Labor Representative	66,882	1,345	1,627	69,854
Connors, Sarah	Organizer	19,330	438	1,083	20,851
Eldridge, Kristin	Labor Representative	36,718	785		37,503
Gamblin, Tammy	Administrative Asst	53,232		286	53,518
Go, Liza Rowena	Organizer	59,147	1,345	4,599	65,091
Hirsch-Garcia, Diane	Labor Representative	68,194	1,345	14,535	84,074
Huss, Sarah	Organizer	43,121	1,004	3,231	47,356
Javier, Liza	Organizer	67,380	1,345	1,577	70,302
Johnson, David	Director, UC Division So CA	79,752	1,345	6,021	87,118
Morkawa, David	Organizer	62,036	1,345	4,059	67,440
Noble, Leanne	Organizer	65,540	1,345	7,863	74,748
Rios, Yolanda	Labor Representative	61,322	1,345	7,787	70,454
Short, Karen	Nursing Practice Rep	49,213	729	2,079	52,021
Rodriguez, Leticia	Secretary	32,914		2,420	35,334
Tokumar, Janet	Labor Representative	51,565	1,131	3,954	56,650
Castelli, Pete	Labor Representative	56,073	1,121	5,901	63,095
Castillo, Bonnie	Organizer	59,355	1,345	12,760	73,460
Davis, Ann	Organizer	28,934			28,934
Fehm, Stephanie	Labor Representative	74,084	1,345	4,810	80,239
LaRock, Tina	Organizer	15,100			15,100
Maxson, Karen	Labor Representative	66,633	1,345	5,330	73,308
McDermott, Janet	Labor Representative	74,084	1,345	4,449	79,878
Melnick, Phillip	Labor Representative	59,313	1,177	9,654	70,144
Smith, Cheryl	Secretary	51,918		74	51,992
Twohey, Teresa	Labor Representative	61,554	1,345	5,029	67,928
Brill, Allan Lee	Labor Representative	63,908	1,345	2,644	67,897
DeMoro, Robert	Director Strategic Apprchs	74,194		2,086	76,280
Gridley, Anita	Secretary	50,954		12,269	63,223
Keffer, C Joseph	Labor Representative	68,593	1,345	1,807	71,745
Lindsay, Joseph	Arbitration Director	83,226	1,345	4,348	88,919
Reilly, Kevin	Community Organizer	65,762	1,345	727	67,834
Urman, William	Labor Representative	13,596	293	1,101	14,990
Uy, Surleyta	Secretary	32,611			32,611
Waldron, Elizabeth	Labor Representative	61,074		3,823	64,897



California Nurses Association
File No: 015-724
Fiscal Year Ended June 30, 2000

Statement 5

Schedule 10-Disbursement to Employees

(A) <u>NAME</u>	(B) <u>POSITION</u>	(D) GROSS <u>SALARY</u>	(E) ALLOW (Auto, Misc)	(F) DIRECT <u>REIMBMT</u>	(H) <u>TOTAL</u>
Wavrick, Cecelia	Labor Representative	74,084	1,345	2,108	77,537
Woods, Elizabeth	Labor Representative	66,135	1,345	6,894	74,374
Figueroa, Carmen	Labor Representative	62,972	1,345	6,113	70,430
Lasky, Patty	Labor Representative	62,855	1,345	1,515	65,715
Newman, Morton	Labor Representative	72,264	1,345	2,926	76,535
Pavack, Mary Ann	Secretary	36,009		309	36,318
Peters, Ann Marie	Secretary	11,053		117	11,170
Spaulding, Sandra	Labor Representative	62,349	1,345	4,300	67,994
Andersen, Corinne	Labor Representative	70,588	1,345	11,735	83,668
Jennings, Henry**	Labor Representative	65,139	1,345	13,933	80,417
Nielsen, Donald**	Acute Care Director	78,992	1,345	19,938	100,275
Canadian, Nancy	Labor Representative	21,587	336	8,945	30,868
Veen, John	Labor Representative	28,370	618	7,188	36,176
Bloice, Carl	Editor, CAL NURSE	70,588		465	71,053
Idelson, Charles	Communications Director	80,333	1,345	685	82,363
	Subtotal	<u>5,472,997</u>	<u>75,578</u>	<u>382,390</u>	<u>5,930,965</u>
**Cash-Out Accrued Compensation:					
DeMoro, Rose Ann	Executive Director	28,500			28,500
Nielsen, Donald	Acute Care Director	19,136			19,136
Furillo-Marino, Jill	National Outreach Director	10,080			10,080
Henderson, Robert	Controller	3,046			3,046
Jennings, Henry	Labor Representative	3,984			3,984
	Subtotal	<u>64,746</u>	<u>-</u>	<u>-</u>	<u>64,746</u>
Line 7 Total of Other Earning Less than \$10,000		<u>92,289</u>	<u>911</u>	<u>6,755</u>	<u>99,955</u>
Total-Schedule 10		<u><u>5,630,032</u></u>	<u><u>76,489</u></u>	<u><u>389,144</u></u>	<u><u>6,095,666</u></u>

(F) Direct reimbursements are for expenses incurred that were necessary for conducting the official business of the organization.

California Nurses Association
File No: 015-724 LM2
Fiscal Year Ended June 30, 2000

Statement 6

Schedule 13 - Office & Administrative Expense

DESCRIPTION (A)	Amount
Hotels/Airlines/Car Rentals ect (Direct Billing)	49,039
Various committees travel reimbursements	8,540
Awards - gifts	1,253
Data Processing forms	22,590
Data Processing maintenance	470,804
2000 Franklin expenses	16,070
Equipment service	1,418
Insurance-Bonding	49,995
Insurance-Liability	135,525
Office supplies	12,508
Property taxes	240,837
Rents	232,799
Telephone	1,653
Security svcs	9,459
Job listing	13,017
Messenger & delivery services	177,180
Photocopy	140,088
Postage	197,337
Regions supported expenditures	7,367
Movings expense	5,090
Honorarium	660,290
Supportive Fd & UC	
Total	<u>2,452,858</u>

