See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
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

Information about Form 990 and its instructions is at www.irs.gov/form990

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable

Address change

Name change

Instal return

Final return/terminated

Amended return

Application pending

C Name of organization

CALIFORNIA NURSES ASSOCIATION

Doing business as

D Employer identification number

94-0362060

E Telephone number

(510) 273-2271

F Name and address of principal officer

DEBORAH BURGER

155 GRAND AVENUE

OAKLAND, CA 94612

G Gross receipts $ 94,124,198

H(a) Is this a group return for subordinates?

Yes

No

H(b) Are all subordinates included?

Yes

No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

501(c)(3) 501(c)(5) (insert no) 4917(a)(1) or 527

J Website: WWW.CALNURSES.ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation

1907

M State of legal domicile

CA

Part I

Summary

1 Briefly describe the organization's mission or most significant activities

THE ORGANIZATIONS PRIMARY MISSION IS TO PROVIDE EFFECTIVE COLLECTIVE BARGAINING REPRESENTATION TO CNO MEMBERS IN ORDER TO PROMOTE THE ECONOMIC AND PROFESSIONAL INTERESTS OF DIRECT CARE NURSES AND TO ADVOCATE FOR DIRECT CARE NURSES AND THEIR PATIENTS ON ALL PUBLIC POLICY MATTERS RELATED TO SAFE CARE AND NURSING PRACTICE

2 Check this box 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)

32

4 Number of independent voting members of the governing body (Part VI, line 1b)

26

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)

758

6 Total number of volunteers (estimate if necessary)

7

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

0

9 Program service revenue (Part VIII, line 2g)

85,557,960

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

415,578

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

2,864

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

85,976,402

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

164,033

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)

33,176,271

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25)

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

30,197,696

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

63,538,000

19 Revenue less expenses Subtract line 18 from line 12

22,438,402

Expenses

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

Signature of officer

MARTHA KUHL, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

GEOFFREY K KULIK

Preparer's signature

GEOFFREY K KULIK

Date Check if self-employed

2014-06-25

PTIN P00195042

Firm's name

STERCK KULIK O'NEILL ACCTNG GRP INC

Firm's EIN

94-3875338

Firm's address

150 POST STREET SUITE 350

SAN FRANCISCO, CA 941047407

Phone no (415) 433-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 11282Y

Form 990 (2014)
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

THE ORGANIZATIONS PRIMARY MISSION IS TO PROVIDE EFFECTIVE COLLECTIVE BARGAINING REPRESENTATION TO CNA MEMBERS IN ORDER TO PROMOTE THE ECONOMIC AND PROFESSIONAL INTERESTS OF DIRECT CARE NURSES AND TO ADVOCATE FOR DIRECT CARE NURSES AND THEIR PATIENTS ON ALL PUBLIC POLICY MATTERS RELATED TO SAFE CARE AND NURSING PRACTICE.

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 ☐ 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 ☐ 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 $ )

THE CALIFORNIA NURSES ASSOCIATION (CNA) IS A 501(C)(5) LABOR ORGANIZATION WITH THE PRIMARY EXEMPT PURPOSE OF COLLECTIVE BARGAINING ON BEHALF OF REGISTERED NURSES (RNS). IN ADDITION TO COLLECTIVE BARGAINING FOR CONTRACTS GOVERNING THE EMPLOYMENT TERMS AND WORKING CONDITIONS OF RNS, CNA ACTIVITIES INCLUDE ORGANIZING NEW BARGAINING UNITS, NURSING PRACTICE EDUCATION TO ASSIST THE PROFESSION OF NURSING IN MAINTAINING AND IMPROVING THE QUALITY OF ITS SERVICE TO THE PUBLIC, COMMUNICATION TO INCREASE PUBLIC AND PROFESSIONAL KNOWLEDGE AND UNDERSTANDING OF PROFESSIONAL NURSING AND HEALTHCARE DELIVERY ISSUES, ADMINISTRATION OF THE ORGANIZATION, MAINTENANCE OF ITS PROPERTIES AND ASSETS AND RELATED ACTIVITIES WHICH FURTHER THE COMMON INTERESTS OF THE MEMBERSHIP.

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

See Additional Data

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

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
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<td>5</td>
<td>Yes</td>
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<td>11f</td>
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<td>20a</td>
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<tr>
<td>20b</td>
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</tbody>
</table>

### Section 501(c)(3) organizations

1. 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**

2. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? **If Yes, complete Schedule C, Part III**

3. 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**

4. Did the organization maintain collections of works of art, historical treasures, or other similar assets? **If Yes, complete Schedule D, Part III**

5. 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**

6. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? **If Yes, complete Schedule D, Part V**

7. Did the organization report any amount for land, buildings, and equipment in Part X, line 10? **If Yes, complete Schedule D, Part VI**

8. Did the organization report any 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**

9. Did the organization report any 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**

10. Did the organization report any 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**

11. Did the organization report any amount for other liabilities in Part X, line 25? **If Yes, complete Schedule D, Part X**

12. Did the organization obtain separate, independent audited financial statements for the tax year? **If Yes, complete Schedule D, Parts XI and XII**

13. Is the organization a school described in section 170(b)(1)(A)(ii)? **If Yes, complete Schedule E**

14. Did the organization maintain an office, employees, or agents outside of the United States? **If Yes, complete Schedule F, Parts I and IV**

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**

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**

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 11? **If Yes, complete Schedule G, Part I (see instructions)**

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**

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**

20. Did the organization operate one or more hospital facilities? **If Yes, complete Schedule H**

21. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization, domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td>Yes</td>
</tr>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td>Yes</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J.</td>
<td>Yes</td>
</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td>No</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
</tr>
<tr>
<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td>No</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>No</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>28b</td>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>28c</td>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>No</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>No</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>No</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>No</td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>No</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td>Yes</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>No</td>
</tr>
<tr>
<td>35b</td>
<td>b If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>No</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Note.</strong> All Form 990 filers are required to complete Schedule O.</td>
<td></td>
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</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable</td>
<td>129</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>758</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3a, provide an explanation in Schedule O.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4a If &quot;Yes,&quot; enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
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<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8999 as required?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Part VI  Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>1a</th>
<th>Enter the number of voting members of the governing body at the end of the tax year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent</td>
</tr>
</tbody>
</table>

| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? |
| 6  | Did the organization have members or stockholders? |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following |
| a  | The governing body? |
| b  | Each committee with authority to act on behalf of the governing body? |

| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O |

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

| 10a | Did the organization have local chapters, branches, or affiliates? |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? |
| 13  | Did the organization have a written whistleblower policy? |
| 14  | Did the organization have a written document retention and destruction policy? |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? |
| a  | The organization's CEO, Executive Director, or top management official |
| b  | Other officers or key employees of the organization |

| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)'s only) available for public inspection. Indicate how you made these available: Check all that apply
- [ ] Own website
- [ ] Another's website
- □ Upon request
- [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CALIFORNIA NURSES ASSOCIATION
155 GRAND AVENUE
OAKLAND, CA 94612 (510) 273-2200
## 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B)</th>
<th>Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
</table>

---

*Form 990 (2014)*
**Part VII**  
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Former</td>
<td>Former</td>
<td>Former</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1b</th>
<th>Sub-Total</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c</td>
<td>Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1b and 1c)</td>
<td></td>
<td>3,034,986</td>
<td>0</td>
<td>890,269</td>
</tr>
</tbody>
</table>

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 ▶️124

<table>
<thead>
<tr>
<th>3</th>
<th>Did the organization list any <strong>former</strong> officer, director or trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>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? If &quot;Yes,&quot; complete Schedule J for such individual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If &quot;Yes,&quot; complete Schedule J for such person</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANET HOLLYWOOD RESORT &amp; CASINO 3667 LAS VEGAS BLVD SOUTH LAS VEGAS, NV 89109</td>
<td>FACILITIES/LODGING</td>
<td>1,580,073</td>
</tr>
<tr>
<td>MARRIOTT HOTEL 10400 FERNWOOD ROAD BETHESDA, MD 20817</td>
<td>FACILITIES/LODGING</td>
<td>1,226,736</td>
</tr>
<tr>
<td>SOUTHWEST AIRLINES CO 2702 LOVEFIELD DRIVE DALLAS, TX 75235</td>
<td>AIRLINE</td>
<td>853,115</td>
</tr>
<tr>
<td>NORTH WOODS ADVERTISING INC 510 FIRST AVENUE SUITE 540 MINNEAPOLIS, MN 55403</td>
<td>ADVERTISEMENT</td>
<td>783,403</td>
</tr>
<tr>
<td>ZENITECH COMPUTER SOLUTIONS INC 715 KEY ROUTE BLVD ALBANY, CA 94612</td>
<td>NETWORK SUPPORT</td>
<td>770,592</td>
</tr>
</tbody>
</table>

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 ▶️47
### Part VIII

**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a MEMBERSHIP DUES AND ASSESSMENTS</td>
<td>900099</td>
<td>91,512,492</td>
<td>91,512,492</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td>91,512,492</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>231,127</td>
<td></td>
<td>231,127</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td>1,494,185</td>
</tr>
<tr>
<td>b Less rental expenses</td>
<td>983,224</td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td>500,961</td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>500,961</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>274,425</td>
</tr>
<tr>
<td>b Less cost or other basis and sales expenses</td>
<td>285,209</td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>-10,784</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>-10,784</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>a</td>
<td></td>
<td>840</td>
</tr>
<tr>
<td>b Less cost of goods sold</td>
<td>b</td>
<td>0</td>
<td>840</td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td>840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCELLANEOUS</td>
<td>900099</td>
<td>621,129</td>
<td>621,129</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td>621,129</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total revenue. See Instructions</td>
<td>92,855,755</td>
<td>91,513,332</td>
<td>0</td>
</tr>
</tbody>
</table>

Form 990 (2014)
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21</td>
<td>2,435,756</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals See Part IV, line 22</td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td>2,401,288</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td>22,203,758</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td>3,736,442</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td>3,372,307</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td>2,160,825</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td>387,480</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td>99,508</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td>3,088</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td></td>
<td>2,230,065</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td>1,790,260</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td>985,764</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td>1,027,637</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td>1,807,765</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td>5,407,836</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td>4,609,812</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td>98,414</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td>636,687</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td>304,301</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PER CAPITA PAYMENT</td>
<td></td>
<td>17,323,460</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>STAFF DEVELOPMENT</td>
<td></td>
<td>1,656,576</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>RESEARCH &amp; DEVELOPMENT</td>
<td></td>
<td>244,488</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>CONTRACT REPRESENTATIVE</td>
<td></td>
<td>140,911</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td>397,474</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses, Add lines 1 through 24e</td>
<td></td>
<td>75,466,902</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>51,278,919</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>64,984,222</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>13,587,161</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>13,587,161</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (see instructions) Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>17,526</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>396,562</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>74,783,991</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>4,076,162</td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td>70,705,829</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>1,483,135</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>1,120,095</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>138,773,772</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>8,636,488</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities</strong> Add lines 17 through 25</td>
<td>8,636,488</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here ✓ and complete lines 27 through 29, and lines 33 and 34.</td>
<td>118,761,098</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>11,376,186</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here ✓ and complete lines 30 through 34.</td>
<td>130,137,284</td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>138,773,772</td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td></td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue</td>
<td>92,855,765</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses</td>
<td>75,466,902</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses</td>
<td>17,388,863</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year</td>
<td>130,137,284</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-11,713</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year</td>
<td>147,514,434</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Accounting method used to prepare the Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2b Were the organization's financial statements audited by an independent accountant?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2c If &quot;Yes,&quot; 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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADMINISTERED AN ARBITRATION PROGRAM TO PROVIDE MEMBERS WITH REPRESENTATION IN ARBITRATION PROCEEDINGS TO RESOLVE DISPUTES ARISING UNDER CNA NEGOTIATED COLLECTIVE BARGAINING AGREEMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Title</td>
<td>Average hours per week</td>
<td>Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>(1) Martese Chism</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(2) Tong Lee Chuu</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(3) Debbie Cuasesma</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(4) Kathy Donahue</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(5) Kathleen Donohue</td>
<td>3.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(6) Maureen Dugan</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(7) Patty Estees</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(8) Craig Fitzpatrick</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(9) Lorina Grundeman</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(10) Amy Glass</td>
<td>19.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(11) Lauri Hoagland</td>
<td>7.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(12) Cathy Kennedy</td>
<td>10.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(13) Carol Koelle</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(14) Diane Koorsone</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(15) Maria Lee</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(16) Gina Macalino</td>
<td>2.50</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(17) Robert Martah</td>
<td>7.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(18) Allison Eve Miller</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(19) Tam Nguyen</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(20) Tranze Phillips</td>
<td>1.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(21) Sandra Reding</td>
<td>6.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(22) Roni Rocha</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(23) Rida Villanueva</td>
<td>2.00</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(24) Jane Sandoval</td>
<td>2.50</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(A) Name and Title</td>
<td>(B) Average hours per week (list any hours for related organizations below dotted line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>SHERRI STODDARD</td>
<td>3 00</td>
<td>X</td>
<td>11,254</td>
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<tr>
<td>JANICE WEBB</td>
<td>2 00</td>
<td>X</td>
<td>1,200</td>
</tr>
<tr>
<td>DAVID WELCH</td>
<td>2 00</td>
<td>X</td>
<td>1,067</td>
</tr>
<tr>
<td>KATY ROEMER</td>
<td>3 00</td>
<td>X</td>
<td>12,384</td>
</tr>
<tr>
<td>ALISON WELSH</td>
<td>2 00</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>COKIE GILES</td>
<td>17 00</td>
<td>X</td>
<td>69,850</td>
</tr>
<tr>
<td>DEBORAH BURGER</td>
<td>10 00</td>
<td>X</td>
<td>37,810</td>
</tr>
<tr>
<td>ZENAIDA CORTEZ</td>
<td>10 00</td>
<td>X</td>
<td>99,087</td>
</tr>
<tr>
<td>MALINDA MARKOWITZ</td>
<td>3 00</td>
<td>X</td>
<td>69,850</td>
</tr>
<tr>
<td>MARGARET KEENAN</td>
<td>4 00</td>
<td>X</td>
<td>684</td>
</tr>
<tr>
<td>MARTHA KUHL</td>
<td>2 00</td>
<td>X</td>
<td>1,200</td>
</tr>
<tr>
<td>BONNIE CASTILLO</td>
<td>35 00</td>
<td>X</td>
<td>176,939</td>
</tr>
<tr>
<td>HEDY DUMPEL</td>
<td>35 00</td>
<td>X</td>
<td>185,122</td>
</tr>
<tr>
<td>MICHAEL GRIFFING</td>
<td>35 00</td>
<td>X</td>
<td>214,104</td>
</tr>
<tr>
<td>MICHAEL LIGHTY</td>
<td>35 00</td>
<td>X</td>
<td>205,470</td>
</tr>
<tr>
<td>CHARLES IDELSON</td>
<td>35 00</td>
<td>X</td>
<td>185,692</td>
</tr>
<tr>
<td>DAVID JOHNSON</td>
<td>35 00</td>
<td>X</td>
<td>185,691</td>
</tr>
<tr>
<td>BRADLEY BURTON</td>
<td>35 00</td>
<td>X</td>
<td>258,136</td>
</tr>
<tr>
<td>ROSE ANN DEMORO</td>
<td>35 00</td>
<td>X</td>
<td>351,361</td>
</tr>
<tr>
<td>ROBERT DEMORO</td>
<td>35 00</td>
<td>X</td>
<td>185,692</td>
</tr>
<tr>
<td>PAMELA ALLEN</td>
<td>35 00</td>
<td>X</td>
<td>185,690</td>
</tr>
<tr>
<td>DONALD NIELSEN</td>
<td>35 00</td>
<td>X</td>
<td>195,050</td>
</tr>
<tr>
<td>JOSEPH LINDSEY</td>
<td>35 00</td>
<td>X</td>
<td>176,464</td>
</tr>
</tbody>
</table>
**Political Campaign and Lobbying Activities**

**SCHEDULE C**
(form 990 or 990-EZ)

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.
- Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes" to 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" to 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" to 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 the organization
CALIFORNIA NURSES ASSOCIATION

### Employer identification number
94-0362060

#### 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
2. Political expenditures
   - $53,590
3. Volunteer hours

#### 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 [ ]
   
4b. 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

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds If none, enter 0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### 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.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount  Enter the amount from the following table in both columns</td>
<td></td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
<td></td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
<td></td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
<td></td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>Grassroots nontaxable amount (enter 25% of line 1f)</td>
</tr>
<tr>
<td>h</td>
<td>Subtract line 1g from line 1a. If zero or less, enter -0-</td>
</tr>
<tr>
<td>i</td>
<td>Subtract line 1f from line 1c. If zero or less, enter -0-</td>
</tr>
<tr>
<td>j</td>
<td>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</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
   a. Volunteers?
   b. Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
   c. Media advertisements?
   d. Mailings to members, legislators, or the public?
   e. Publications, or published or broadcast statements?
   f. Grants to other organizations for lobbying purposes?
   g. Direct contact with legislators, their staffs, government officials, or a legislative body?
   h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
   i. Other activities?
   j. Total  Add lines 1c through 1i

2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
   b. If "Yes," enter the amount of any tax incurred under section 4912
   c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912
   d. 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>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th></th>
<th>(a)</th>
</tr>
</thead>
</table>

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).
   a. Current year
   b. Carryover from last year
   c. 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 expenditure 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.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE C PART I-A LINE 1</td>
<td>THE ORGANIZATION SPONSORED AND PROVIDED ADMINISTRATIVE SUPPORT FOR FIVE SEPARATE SEGREGATED FUNDS, INCLUDING ONE TO WHICH THE ORGANIZATION MADE PROMPT AND DIRECT TRANSFERS OF MEMBERSHIP DUES</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

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

Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

1. Total number at end of year
   (a) Donor advised funds
   (b) Funds and other accounts

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? [Yes] [No]

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? [Yes] [No]

Part II: Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

   - Held at the End of the Year
   - 2a
   - 2b
   - 2c
   - 2d

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? [Yes] [No]

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [Yes] [No]

9. In Part XIII, describe how the organization reports conservation 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" to Form 990, Part IV, line 8.

1. If the organization elected, as permitted under SFAS 116 (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

2. If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

3. 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 SFAS 116 (ASC 958) relating to these items
   - (i) Revenue included in Form 990, Part VIII, line 1
   - (ii) 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 are a 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 programs
   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" to 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

1b  If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  
   □ Yes □ No

2b  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

### Part V  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a  Beginning of year balance

1b  Contributions

1c  Net investment earnings, gains, and losses

1d  Grants or scholarships

1e  Other expenditures for facilities and programs

1f  Administrative expenses

1g  End of year balance

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  Temporarily restricted endowment

   The percentages in 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

   (i) unrelated organizations

   (ii) related organizations

   □ Yes □ No

3b  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  
   □ Yes □ No

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>16,360,198</td>
<td></td>
<td>16,360,198</td>
<td></td>
</tr>
<tr>
<td>b  Buildings</td>
<td>56,304,621</td>
<td>3,094,964</td>
<td>53,209,657</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>938,813</td>
<td>266,426</td>
<td>672,387</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>1,180,359</td>
<td></td>
<td>716,772</td>
<td>463,587</td>
</tr>
<tr>
<td>e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e  
(Column (d) must equal Form 990, Part X, column (B), line 10(c).)  
70,705,829
## Part VII Investments—Other Securities
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td>51,359,687</td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) CITIBANK ACCOUNT</td>
<td>49,780,136</td>
<td>C</td>
</tr>
<tr>
<td>(B) FINANCIAL WEST</td>
<td>1,579,551</td>
<td>C</td>
</tr>
<tr>
<td><strong>Total (Column (b) must equal Form 990, Part X, col (B) line 12)</strong></td>
<td><strong>51,359,687</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Part VIII Investments—Program Related
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (Column (b) must equal Form 990, Part X, col (B) line 13)</strong></td>
<td><strong>51,359,687</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Part IX Other Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total (Column (b) must equal Form 990, Part X, col (B) line 15)</strong></td>
<td><strong>51,359,687</strong></td>
</tr>
</tbody>
</table>

## Part X Other Liabilities
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUE FROM RELATED PARTIES</td>
<td>91,702</td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td>153,423</td>
<td></td>
</tr>
<tr>
<td><strong>Total (Column (b) must equal Form 990, Part X, col (B) line 25)</strong></td>
<td><strong>245,125</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. Liability for uncertain tax positions: In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
**Part XI**  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>94,948,820</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-11,713</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td>1,121,545</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>1,109,832</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Subtract line 2e from line 1</td>
<td>93,838,988</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>-983,223</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>-983,223</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )</td>
<td>92,855,765</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Total expenses and losses per audited financial statements</td>
<td>77,710,112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td>2,243,210</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2,243,210</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Subtract line 2e from line 1</td>
<td>75,466,902</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )</td>
<td>75,466,902</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART XI, LINE 2D - OTHER ADJUSTMENTS</td>
<td>SEGREGATED FUND REVENUE PAC CONTRIBUTIONS</td>
</tr>
<tr>
<td>PART XI, LINE 4B - OTHER ADJUSTMENTS</td>
<td>RENTAL EXPENSES</td>
</tr>
<tr>
<td>PART XII, LINE 2D - OTHER ADJUSTMENTS</td>
<td>SEGREGATED FUND EXPENSES RENTAL EXPENSES PAC CONTRIBUTIONS</td>
</tr>
<tr>
<td>PART XII, LINE 4B - OTHER ADJUSTMENTS</td>
<td>PAC CONTRIBUTIONS</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
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<td></td>
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</tr>
</tbody>
</table>
# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

- **Attach to Form 990.**

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - **[X] Yes**  
   - **[ ] No**

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

## Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>

See Additional Data Table

---

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

3. Enter total number of other organizations listed in the line 1 table.
### Part III  Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MEDICAL ASSISTANCE</td>
<td>1</td>
<td>5,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Part IV  Supplemental Information

Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>LOS ANGELES ALLIANCE FOR A NEW ECONOMY</td>
<td>95-4459427</td>
</tr>
<tr>
<td>(LAANE)464 LUCAS AVE 202</td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES, CA 90017</td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA NURSES FOUNDATION</td>
<td>23-7090658</td>
</tr>
<tr>
<td>FOUNDATION155 GRAND AVE</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 94612</td>
<td></td>
</tr>
<tr>
<td>AFL-CIO ALAMEDA LABOR COUNCIL</td>
<td>94-0376350</td>
</tr>
<tr>
<td>COUNCIL100 HEGENBERGER ROAD 1</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 94621</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>CALIFORNIA ALLIANCE FOR RETIRED AMERICANS (CARA)</td>
<td>20-1790506</td>
</tr>
<tr>
<td>FOR 600 GRAND AVENUE 410 OAKLAND, CA 94610</td>
<td></td>
</tr>
<tr>
<td>LABOR UNITED FOR UNIVERSAL HEALTHCARE</td>
<td>01-0965467</td>
</tr>
<tr>
<td>2130 JAMES M WOOD BLVD LOS ANGELES, CA 90006</td>
<td></td>
</tr>
<tr>
<td>DIVERSIFIED MEDIA ENTERPRISES</td>
<td>34-2032314</td>
</tr>
<tr>
<td>UNIVERSITY AVENUE STE 320 MADISON, WI 53703</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>CARECENT-CENTRAL AMERICAN RESOURCE CENTER 675 S PARK VIEW STREET LOS ANGELES, CA 90057</td>
<td>95-3867724</td>
</tr>
<tr>
<td>CALIFORNIA TAX REFORM ASSOCIATION 717 K STREET STE 510 SACRAMENTO, CA 95814</td>
<td>94-2386938</td>
</tr>
<tr>
<td>CONSUMER WATCHDOG 2701 OCEAN PARK BLVD SANTA MONICA, CA 90405</td>
<td>65-3993720</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>IBEW LOCAL 2327 CWA SOLIDARITY FUND 21 GABRIEL DRIVE AUGUSTA, ME 04330</td>
<td>01-0808098</td>
</tr>
<tr>
<td>IWT - THE REAL NEWS NETWORK 235 HOLLIDAY STREET BALTIMORE, MD 21201</td>
<td></td>
</tr>
<tr>
<td>JOBS WITH JUSTICE 1325 MASSACHUSETTS AVE WASHINGTON, DC 20005</td>
<td>52-1865575</td>
</tr>
<tr>
<td>Part I</td>
<td>Questions Regarding Compensation</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1a</td>
<td>Check the appropriate box(es) if the organization provided any of the following for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
</tr>
<tr>
<td>□ First-class or charter travel</td>
<td>□ Housing allowance or residence for personal use</td>
</tr>
<tr>
<td>□ Travel for companions</td>
<td>□ Payments for business use of personal residence</td>
</tr>
<tr>
<td>□ Tax indemnification and gross-up payments</td>
<td>□ Health or social club dues or initiation fees</td>
</tr>
<tr>
<td>□ Discretionary spending account</td>
<td>□ Personal services (e.g., maid, chauffeur, chef)</td>
</tr>
<tr>
<td>1b</td>
<td>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement of all of the expenses described above? If &quot;No,&quot; complete Part III to explain.</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
</tr>
<tr>
<td>□ Compensation committee</td>
<td>□ Written employment contract</td>
</tr>
<tr>
<td>□ Independent compensation consultant</td>
<td>□ Compensation survey or study</td>
</tr>
<tr>
<td>□ Form 990 of other organizations</td>
<td>□ Approval by the board or compensation committee</td>
</tr>
<tr>
<td>4</td>
<td>During the year, did any person listed in Form 990, Part VII, Section A, line 1a receive any compensation or receive a benefit as compensation from the organization or a related organization?</td>
</tr>
<tr>
<td>4a</td>
<td>Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td>4b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td>4c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
</tbody>
</table>

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5    | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: |
| 5a   | The organization? |
| 5b   | Any related organization? |
|   | If "Yes," to line 5a or 5b, describe in Part III |

6    | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: |
| 6a   | The organization? |
| 6b   | Any related organization? |
|   | If "Yes," to line 6a or 6b, describe in Part III |

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

8    | Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? |
### 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 in 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 are not 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column(B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule J (Form 990) 2014**
### Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I, LINE 4A</td>
<td>BRADLEY BURTON - $44,340</td>
</tr>
</tbody>
</table>
### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONNIE CASTILLO, DIRECTOR GOVT RELATIONS</td>
<td>(i) 176,939</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 37,571</td>
<td>(v) 19,571</td>
</tr>
<tr>
<td>HEDY DUMPEL, DIRECTOR NURSING PRACTICE</td>
<td>(i) 185,122</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,549</td>
<td>(v) 12,377</td>
</tr>
<tr>
<td>MICHAEL GRIFFING, DIRECTOR FIELD REP</td>
<td>(i) 214,104</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 43,877</td>
<td>(v) 28,025</td>
</tr>
<tr>
<td>MICHAEL LIGHTY, DIRECTOR PUBLIC POLICY</td>
<td>(i) 205,470</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 45,064</td>
<td>(v) 36,701</td>
</tr>
<tr>
<td>CHARLES IDELSON, DIRECTOR COMMUNICATIONS</td>
<td>(i) 185,692</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,549</td>
<td>(v) 36,870</td>
</tr>
<tr>
<td>DAVID JOHNSON, DIRECTOR-ORGANIZING</td>
<td>(i) 185,691</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,549</td>
<td>(v) 36,685</td>
</tr>
<tr>
<td>BRADLEY BURTON, DIRECTOR MID ATLANTIC REG/NU NU VET A/</td>
<td>(i) 258,136</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 56,790</td>
<td>(v) 587</td>
</tr>
<tr>
<td>ROSE ANN DEMORO, EXECUTIVE DIRECTOR</td>
<td>(i) 351,361</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 57,200</td>
<td>(v) 25,858</td>
</tr>
<tr>
<td>ROBERT DEMORO, DIRECTOR-RESEARCH</td>
<td>(i) 185,692</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,549</td>
<td>(v) 19,598</td>
</tr>
<tr>
<td>PAMELA ALLEN, DIRECTOR-LEGAL</td>
<td>(i) 185,690</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,269</td>
<td>(v) 36,648</td>
</tr>
<tr>
<td>DONALD NIELSEN, DIRECTOR, ARBITRATIONS AND</td>
<td>(i) 195,050</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 42,911</td>
<td>(v) 27,935</td>
</tr>
<tr>
<td>JOSEPH LINDSEY, DIRECTOR UC</td>
<td>(i) 176,464</td>
<td>(ii) 0</td>
<td>(iii) 0</td>
<td>(iv) 39,125</td>
<td>(v) 19,561</td>
</tr>
</tbody>
</table>
SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Name of the organization
CALIFORNIA NURSES ASSOCIATION

Employer identification number
94-0362060

990 Schedule O, Supplemental Information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART VI, SECTION A, LINE 2</td>
<td>THERE EXISTS A FAMILY RELATIONSHIP BETWEEN TWO DIRECTORS</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION A, LINE 6</td>
<td>CNA IS A MEMBER ORGANIZATION</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION A, LINE 7A</td>
<td>THE MEMBERSHIP ELECTS THE GOVERNING BOARDS</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION A, LINE 7B</td>
<td>DECISIONS ARE RATIFIED FROM TIME TO TIME BY MEMBERSHIP</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 11</td>
<td>A DRAFT WAS PREPARED BY THE TAX PREPARER AND REVIEWED BY THE TREASURER. THIS DRAFT WAS REVIEWED BY COUNSEL AND ANY COMMENTS WERE INCORPORATED IN THE RETURN AS FILED</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 12C</td>
<td>CONFLICT OF INTEREST POLICIES ARE PERIODICALLY REVIEWED WITH EMPLOYEES</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 15A</td>
<td>KEY SOURCES OF COMPARISON DATA ARE REVIEWED AND CONSIDERED</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST</td>
</tr>
<tr>
<td>FORM 990, PART XII</td>
<td>NO CHANGES WERE MADE TO THE OVERSIGHT OR COMPLETION OF THE AUDIT OF FINANCIAL STATEMENTS</td>
</tr>
</tbody>
</table>

GENERAL NOTE
NATIONAL NURSES UNITED AND THE CALIFORNIA NURSES ASSOCIATION HAVE ENTERED INTO A "JOINT EMPLOYEE" ARRANGEMENT UNDER WHICH SUBSTANTIALLY ALL NNNU EMPLOYEE RELATED EXPENSES, INCLUDING PAY ROLL AND EMPLOYEE BENEFITS COSTS, ARE PAID THROUGH THE CNA PAY ROLL SYSTEM AND NNNU REIMBURSES CNA FOR ITS PAYMENT OF THESE EXPENSES PAID ON BEHALF OF NNNU. NNNU RETAINS AND EXERCISES EXCLUSIVE AND INDEPENDENT DIRECTION AND CONTROL OF THESE EMPLOYEES WHILE PERFORMING SERVICES FOR NNNU. THE EXECUTIVE DIRECTOR OF CNA HAS BEEN INDEPENDENTLY RETAINED BY NNNU TO ALSO SERVE AS THE EXECUTIVE DIRECTOR OF NNNU UNDER THE EXCLUSIVE DIRECTION AND CONTROL OF THE NNNU EXECUTIVE COUNCIL AND IN ACCORDANCE WITH THE DUTIES AND OBLIGATIONS MANDATED BY THE NNNU CONSTITUTION AND APPLICABLE NNNU POLICIES.
### Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

#### Part I  Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
</table>

#### Part II  Identification of Related Tax-Exempt Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CALIFORNIA NURSES FOUNDATION 155 GRAND AVENUE</td>
<td>ADVANCEMENT OF EDUCATION AND PROFESSIONAL KNOWLEDGE OF NURSES</td>
<td>CA</td>
<td>501(C)(3)</td>
<td>LINE 11B</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 94612 23-7090658</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(2) NATIONAL NURSES UNITED 155 GRAND AVENUE</td>
<td>COLLECTIVE BARGAINING ON BEHALF OF REGISTRED NURSES</td>
<td>CA</td>
<td>501(C)(5)</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 94612 27-1450491</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# Part III Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Disproportionate allocations?</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
<td>General or managing partner?</td>
<td>Percentage ownership</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Type of entity (C corp, S corp, or trust)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Percentage ownership</td>
<td>Section 512 (b)(13) controlled entity?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Part V Transactions With Related Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>1a</td>
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<td></td>
</tr>
<tr>
<td>1b</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d</td>
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<tr>
<td>1e</td>
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<td>1l</td>
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<tr>
<td>1m</td>
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</tr>
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<td>1n</td>
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<tr>
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<td>Yes</td>
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<tr>
<td>1p</td>
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<tr>
<td>1r</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1s</td>
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<td></td>
</tr>
</tbody>
</table>

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL NURSES UNITED</td>
<td>N</td>
<td>2,151,347</td>
<td>FINANCIAL RECORDS</td>
</tr>
<tr>
<td>NATIONAL NURSES UNITED</td>
<td>O</td>
<td>3,433,212</td>
<td>FINANCIAL RECORDS</td>
</tr>
<tr>
<td>CALIFORNIA NURSES FOUNDATION</td>
<td>B</td>
<td>861,782</td>
<td>FINANCIAL RECORDS</td>
</tr>
</tbody>
</table>
### Part VI  Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>