



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

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

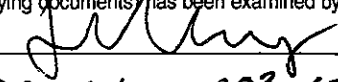
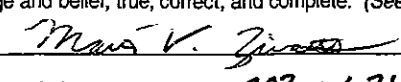
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 529-413	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
SUMANTH GOPINATH (2) 529-413 GRADUATE EMPLOYEES & STUDENTS ORG 110 425 COLLEGE ST NEW HAVEN, CT 06511 12/2000 		8. MAILING ADDRESS (Type or print in capital letters.) First Name J T Last Name WAY P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME		5. DESIGNATION (Local, Lodge, etc.)	
6. DESIGNATION NUMBER		7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No			

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

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

76. SIGNED:  03 128 101 (203) 624 - 5161 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3129 101 (203) 624 - 5131 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

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

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

18. How many members did your organization have at the end of the reporting period? 750
19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 15000
21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

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

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

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

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 529-413

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

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

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 529-413

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			0	56. To Officers	9		0
40. Per Capita Tax			0	57. To Employees	10		58019
41. Fees			0	58. Per Capita Tax			0
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		6098
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			0
46. Interest			149	63. Benefits	11		5335
47. Dividends			0	64. Contributions, Gifts & Grants	12		149
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			8268
50. Loans Obtained	8		0	67. Withholding Taxes			11855
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		0
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		94639	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		1359
55. TOTAL RECEIPTS			94788	74. TOTAL DISBURSEMENTS			91083

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

FILE NUMBER: 529-413

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

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

FILE NUMBER: 529-413

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 529-413

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):			N/A	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 529-413

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
			8. Net Purchases 0
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.	N/A	N/A			N/A
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in					
	↑ Item 34 Column (C)	↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 529 - 413

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: RUQUIST First Name: REBECCA Title: CHAIR Status: C		0	0	0	0	0
2. Last Name: CIASCHINI First Name: AMY Title: CO-CHAIR Status: C		0	0	0	0	0
3. Last Name: GOPINATH First Name: SUMANTH Title: SEC-TREAS Status: C		0	0	0	0	0
4. Last Name: _____ First Name: _____ Title: _____ Status: _____						
5. Last Name: _____ First Name: _____ Title: _____ Status: _____						
6. Last Name: _____ First Name: _____ Title: _____ Status: _____						
7. Last Name: _____ First Name: _____ Title: _____ Status: _____						
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		0	0	0	0	0
10. Less Deductions						0
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements		0

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

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

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 529-413

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name	First Name					
1. ARAMAYO	CARLOS	10620	0	0	0	10620
Position: STAFF						
Name of Affiliated Organization:						
2. SANDERS	DAVID	16833	0	267	0	17100
Position: STAFF						
Name of Affiliated Organization:						
3. SULKES	RACHEL	11712	0	0	0	11712
Position: STAFF						
Name of Affiliated Organization:						
4.						
Position:						
Name of Affiliated Organization:						
5.						
Position:						
Name of Affiliated Organization:						
6. Totals from additional pages (if any)		0	0	0	0	0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		29828	0	614	0	30442
8. Totals of Lines 1 through 7		68993	0	881	0	69874
			9. Less Deductions		11855	
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements		58019	

SCHEDULE 11 — BENEFITS

FILE NUMBER: 529-413

Description (A)	To Whom Paid (B)	Amount (C)
1. DENTAL	ANTHEM BCBS DENTAL	533
2. MEDICAL	ANTHEM BCBS MEDICAL	1434
3. MEDICAL	CONNECTICARE	3045
4. DENTAL	GUARDIAN	323
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5335
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. GIFTS	91
2. FRUIT * FLOWERS	58
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	149
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. EQUIPMENT MAINTENANCE	236
2. OFFICE SUPPLIES	698
3. POSTAGE * DELIVERY	281
4. PRINTING & REPRODUCTION	25
5. TELEPHONE	3090
6. BANK FEES INSURANCE	1767
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6098
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. CONTRIBUTIONS	3097
2. HERE TU SUBSIDY	83836
3. RESTORED CHECKS	54
4. IRS REFUND	4968
5. MEETING EXP REFUND	955
6. WORKERS COMP REFUND	1723
7. REFUND	6
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	94639
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. MEETINGS & EVENTS	668
2. TRAVEL	466
3. RESEARCH & INFO	225
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1359
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
 ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 529-413

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME:
GRADUATE EMR & STUDENTS ORG

ENDING DATE OF PERIOD COVERED:
 12/31/00

FILE NUMBER: **529-413**

PAGE ___ OF ___ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Totals					

