Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Form 990-EZ (2018)

Cat. No. 106421

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

F	or the 2	UZZ calenda	r year, or tax year beginning	October 1	, 2022,	and endin	g 50	eptember 30	, 20 23	
В	Check if ap	pplicable:	C Name of organization				D Emp	loyer identificatio	n number	
\sqcup	Address o		CSEA Local 0123 Sample Local			_	27-1234567			
H	Name change		Number and street [or P.O. box, if mail is n	ot delivered to street address)	Room/suite	E Teley	shone number		
н	Initial retu	m/terminated	500 North Street					555-123-45	67	
Ħ	Amended		City or town, state or province, country, an	d ZIP or foreign postal code			F Gro	up Exemption		
Amended return Application pending			Anyplace, NY 10110-1234				Nur	Number ▶ 1002		
G Accounting Method: I Website:▶			✓ Cash	ecify) >			Check	► ☑ if the orga	nization is not	
								to attach Sche		
J 1	ax-exen	npt status (che	ck only one) - 501(c)(3) 501(c)	k only one) — 501(c)(3) 501(c) (5) ◄ (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).						
			☐ Corporation ☐ Trust		Other					
			7b to line 9 to determine gross receipts			ore, or if to	tal assets			
			500,000 or more, file Form 990 instead					▶ 6	65,237	
_	art I	4 12	e, Expenses, and Changes in				e instru	ctions for Par		
	car c r		the organization used Schedule							
	1		ons, gifts, grants, and similar amou					1	0	
	2		ervice revenue including governme					2	1,294	
	3		ip dues and assessments					3	58,812	
	4	Investment	-					4		
	1		unt from sale of assets other than	inventor.	l so l				276	
	5a						0	SECTION SECTION		
	b		or other basis and sales expenses		5b	C-)		092950		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0								
	6	Gaming and fundraising events:								
0	a	Gross income from gaming (attach Schedule G if greater than								
5		\$15,000) .		V . II . I	6a		0	0.000		
Revenue	ь		me from fundraising events (not in			contribution	ons	A Comment		
			aising events reported on line 1) (
			h gross income and contributions				0			
	С		t expenses from gaming and fundr				0			
	d		e or (loss) from gaming and fund:	raising events (add line	es 6a and	6b and s	ubtract	535		
		line 6c) .			8,000		9 9	6d	0	
	7a	Gross sales	s of inventory, less returns and allo	wances	7a		0			
	b	Less: cost	of goods sold ,		7b		0	1580		
	С	Gross profi	it or (loss) from sales of inventory (Subtract line 7b from li	ne 7a) .	2 2 2	1 1 1	7c	0	
	8							8	4,855	
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d	c. and 8		2 2 2 1		9	65,237	
	10		similar amounts paid (list in Sched		5 5 5	1 1 1		10	2,200	
Expenses	11							11	1,376	
	12		ther compensation, and employee		2 00 5	2 0 0 1		12	0	
	13		al fees and other payments to inde					13	0	
	14		, rent, utilities, and maintenance					14	5,000	
	15		ublications, postage, and shipping					15	100	
	16		inses (describe in Schedule O) .						3,411	
							1.2	16	35,476	
_	17	Total expe	nses. Add lines 10 through 16 .	(7.f E 0)				17	47,463	
Net Assets	18		deficit) for the year (Subtract line 1					18	11,774	
	19	end-of-year	or fund balances at beginning of r figure reported on prior year's ref	year (from line 27, co	iumn (A))	(must agr	ee with	10		
								19	40,845	
	20		ges in net assets or fund balances					20	0	
	21	Net assets	or fund balances at end of year. C	ombine lines 18 throug	h 20 .		🕨	21	52,619	

For Paperwork Reduction Act Notice, see the separate instructions.

	rt II Balance Sheets (see the instructions f	· ·				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		· · · · · · ·
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		T	40,845	22	52,619
23	Land and buildings			-	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			40,845		52.610
26	Total liabilities (describe in Schedule O)	* * * * * *	* * * * * * * * * * * * * * * * * * * *	40,043	26	52,619
	2007		es nen nen jans nen nen			
27	Net assets or fund balances (line 27 of column			40,845	2/	52,619
Par	t III Statement of Program Service Accom			Total Control of the		F
	Check if the organization used Schedule	THE AND PROPERTY AND	The state of the s		(Dogs	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	To improve and prot	ect members working	g conditions.		c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orgar other	nizations; optional for s.)
28	2 Officers attended the CSEA Annual Delegate Meeting	ng to represent our n	nembers on setting th	ne mission		
	of the Union and governance. They also attended wo					
	our base and health care reform to bring the information	22.50		1.00.00.00.00.00.00.00.00		77
			ants, check here .		28a	
29	MACHINE TO THE PARTY OF THE PAR				204	
29	Our Union handled 14 grievances of which 6 went to					
	members' jobs, improve working conditions and/or to	ensure contract ter	ms were entorced. 1	0 of these		
	grievances were resolved in favor of the Union.					
	12.11.11.11.11.11.11.11.11.11.11.11.11.1	includes foreign gra		> U_	29a	
30	2 members attended the CSEA Safety & Health works	shop and the CSEA V	Vomens' Conference.	The Safety &		
	Health workshop provided us with some ideas for im	plementing a safer w	ork environment and	the Womens'		
	Conference gave information on helping women achi	eve equal rights in the	ne workplace.			
		includes foreign gra		• 🗆	30a	
31	Other program services (describe in Schedule O)					
•	10 mm 1 m	includes foreign gra	inte check here		31a	
32	Total program service expenses (add lines 28a t				32	
Par						
1111	HILLIE LIST OF CHILDARY CHIRACTERS TRUSTODE SHOWEN	Employage flict age	n one even if not come	concated—eac the in	etruc	tions for Dart IVA
					struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	struc	tions for Part IV)
				Part IV	ee (e) l	🛘
JANE	Check if the organization used Schedule	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount of
	Check if the organization used Schedule (a) Name and title SMITH	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount of
PRE	Check if the organization used Schedule (a) Name and title SMITH SIDENT	O to respond to a (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e) l	Estimated amount of
PRE	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE MAR	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT Y BROWN	O to respond to a (b) Average hours per week devoted to position 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,500	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE MAR SECE	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT Y BROWN RETARY	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
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PRE JOHN VICE MAR SECF SALL	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT Y BROWN RETARY	O to respond to a (b) Average hours per week devoted to position 10	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,500	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE MAR' SECF SALL TREA	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT Y BROWN RETARY Y ROBINSON	O to respond to a (b) Average hours per week devoted to position 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,500 1,050	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE MAR' SECF SALL TREA RICH	Check if the organization used Schedule (a) Name and title SMITH SIDENT JONES PRESIDENT Y BROWN RETARY Y ROBINSON SURER April - December 2018	O to respond to a (b) Average hours per week devoted to position 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,500 1,050	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
PRE JOHN VICE MAR' SECF SALL TREA RICH	Check if the organization used Schedule (a) Name and title E SMITH SIDENT I JONES PRESIDENT Y BROWN RETARY Y ROBINSON USURER April - December 2018 ARD WALSH	O to respond to a (b) Average hours per week devoted to position 10 5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 2,500 1,050 750	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e) l	Estimated amount of
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	5 Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	V/
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		· /
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		(Spi)	H W
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		S W	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
D D	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(a)(7) aggrigations. Enter:		75	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			100
a b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	40b	Dittori	
	4955, and 4958		juliu.	W. Sal
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	- DA		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	197-0	1
41	List the states with which a copy of this return is filed ► None			7/
42a	***************************************	555) 33	*****	
L.	Located at ► 23 West Drive, Someplace, NY ZIP + 4 ►	11111	-1234	
b	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)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ▶	420	Contact of	Y
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		a 1	>
11-	Did the executation resistain and denote advised for the design the company of th		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	91791	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		[1899]	188
	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

		=				Yes N
	I the organization engage, directly candidates for public office? If "Yes				46	
Part VI	Section 501(c)(3) organizati All section 501(c)(3) organizati 50 and 51.	ons only				or lines
	Check if the organization used	Schedule O to respor	nd to any question in this F	Part VI		1
47 Dic	I the organization engage in lobby	ving activities or have a	s section 501(h) election in	effect during the tay		Yes N
	ar? If "Yes," complete Schedule C,				47	
48 Is t	he organization a school as describe				48	
	I the organization make any transfe				49a	
	Yes," was the related organization mplete this table for the organization				49b	s and k
	ployees) who each received more					
			(c) Reportable compensation (Forms W-2/1099-MISC)			d amount o
			(I SITILS IV E7 1000 IVIICO)			
51 Coi \$10	mplete this table for the organization,00,000 of compensation from the compensation from	ion's five highest com organization. If there is	pensated independent cont none, enter "None." (b) Type of service		ceived npensation	

			24.			

		**********************	-			
	ROOTTUS OF THE ORIGINAL SERVICE SERVIC					
52 Did	al number of other independent co the organization complete Sch	edule A? Note: All s	section 501(c)(3) organizat			
COII	npleted Schedule A	ectivat (MAC JAC JAC JAC JAC JAC JAC	<u> </u>			
Sign	Signature of officer					
lere	SALLY ROBINSON, TREASURI	ER				
	**					
Paid						
Paid Prepared Use Only			291	Firm's EIN ▶		

SAMPLE

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identification number
	AMP	
		<u> </u>