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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2008		calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC		D Employer identification number 14-0479613
		Doing Business As		E Telephone number (518) 257-1000
		Number and street (or P O box if mail is not delivered to street address) 143 WASHINGTON AVENUE	Room/suite	G Gross receipts \$ 151,939,554
		City or town, state or country, and ZIP + 4 ALBANY, NY 122102389		
		F Name and address of Principal Officer		
I Tax-exempt status ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No		
J Web site: www.csea.org		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)		
		H(c) Group Exemption Number		
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other		L Year of Formation 1941	M State of legal domicile NY	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities As working men and women-everyone and everywhere-we are our greatest resource We organize and represent workers to ensure our voice is heard, our place at the table is kept		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	112
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	102
	5	Total number of employees (Part V, line 2a)	5	421
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .	7a	-214,166
b	Net unrelated business taxable income from Form 990-T, line 34 . . .	7b	-214,166	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,971,495	126,621,099
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,513,910	2,206,002
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,156,480	2,145,641
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,213,315	1,388,537
			120,855,200	132,361,279
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6,432,283
	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)	37,658,495	38,932,426
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	74,487,109	73,269,097
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	112,145,604	118,633,806
	19	Revenue less expenses Subtract line 18 from line 12	8,709,596	13,727,473
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	93,271,695	107,894,354
	21	Total liabilities (Part X, line 26)	74,017,069	118,256,853
	22	Net assets or fund balances Subtract line 21 from line 20	19,254,626	-10,362,499

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer			2010-08-12 Date
	Joseph McMullen Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	PricewaterhouseCoopers LLP		EIN
		677 BROADWAY		Phone no (518) 462-2030
		ALBANY, NY 12207		

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
See Additional Data Table

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 exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$)

Promote the organization of workers, to represent its members with respect to all terms and conditions of employment, to uphold and extend the principles of merit and fitness in employment, and to advance the interests of its members

4b

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

The association maintains an insurance fund which administers group life plan for insured members Reimbursement from the insurance company is required to cover administrative costs

4c

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

Educating and training members as union leaders and providing them with job skill training

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$

Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	Yes	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, 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 		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
24a	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 "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a493		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a421		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body . . .

1a

112

1b

Enter the number of voting members that are independent . . .

1b

102

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?

2

No

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? . . .

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets? . . .

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

Yes

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

Yes

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

No

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13 . . .

12a

No

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

13

Does the organization have a written whistleblower policy?

13

No

14

Does the organization have a written document retention and destruction policy?

14

Yes

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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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?

16a

No

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

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 make these available. Check all that apply.
☐ own website ☐ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
DAVID M STACK
143 WASHINGTON AVE
ALBANY, NY 12210
(518) 257-1000

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
								</			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **8**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Nowak Associates 6075 East Molloy Road SYRACUSE, NY 13211	PUBLIC RELATIONS	1,502,576
Louis D Stober Jr LLC 350 Old Country Rd Ste 205 GARDEN CITY, NY 11530	LEGAL	529,031
Clarity Publishing Inc PO Box 758 LATHAM, NY 12110	PRINTING	525,420
Amdex Computer Inc 135 Calkins Road ROCHESTER, NY 14623	IT	309,396
Benchmark Printing Inc PO Box 1031 SCHENECTADY, NY 12301	Printing	275,784

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0
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Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a		126,621,099				
	b	Membership dues 116,103,880						
	c	Fundraising events 1b						
	d	Related organizations 1c						
	e	Government grants (contributions) 1d						
	f	All other contributions, gifts, grants, and similar amounts not included above 1e						
	g	Noncash contributions included in lines 1a-1f \$ 2,307,719						
	h	Total (Add lines 1a-1f) 1f						
	Program Service Revenue	2a	GRP LIFE/ACCIDENT DENTAL & HEALTH					Business Code 525,100
b		RENT FROM AFFILIATES	532,000	258,750		258,750		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
		\$ 2,206,002						
Other Revenue		3	Investment income (including dividends, interest other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds		2,535,758		-214,166	2,749,924	
	5	Royalties		0				
	6a	Gross Rents	(i) Real 7,200	(ii) Personal	3,303	3,303		
	b	Less rental expenses	3,897					
	c	Rental income or (loss)	3,303					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities 19,173,840	(ii) Other 10,421	-390,117		-390,117	
	b	Less cost or other basis and sales expenses	19,574,378					
	c	Gain or (loss)	-400,538	10,421				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a		0				
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a		0				
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances a		0				
	b	Less cost of goods sold b						
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS		900,099	1,385,234	1,179,962	205,272	
b								
c								
d	All other revenue _____							
e	Total. Add lines 11a-11d							
	\$ 1,385,234							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			132,361,279	3,130,517	-214,166	2,823,829	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,432,283	0		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,759,661			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	22,263,258	0		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,297,215	0		
9	Other employee benefits	8,686,018	0		
10	Payroll taxes	1,926,274			
11	Fees for services (non-employees)				
a	Management	0	0		
b	Legal	2,667,978			
c	Accounting	182,808			
d	Lobbying	3,468,854			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	229,027			
g	Other	911,007			
12	Advertising and promotion	2,547,351			
13	Office expenses	5,886,661			
14	Information technology	562,320			
15	Royalties	0	0		
16	Occupancy	160,521			
17	Travel	3,328,166			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0		
19	Conferences, conventions and meetings	1,114,749			
20	Interest	5,153			
21	Payments to affiliates	50,407,848			
22	Depreciation, depletion, and amortization	1,446,454	0		
23	Insurance	122,224			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	INCOME TAX	29,149			
b	COMMUNITY OUTREACH	116,500			
c	MISCELLANEOUS	82,327			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	118,633,806	0		
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	22,456
	2 Savings and temporary cash investments	23,294,274	2	36,841,527
	3 Pledges and grants receivable, net	5,411,090	3	3,025,047
	4 Accounts receivable, net	2,737,665	4	4,340,930
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	1,448,564	7	1,315,574
	8 Inventories for sale or use	6,001	8	0
	9 Prepaid expenses and deferred charges	846,798	9	899,100
	10a Land, buildings, and equipment—cost basis	10a 27,288,172		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 13,427,131	14,117,221	10c 13,861,041
	11 Investments—publicly traded securities	33,520,474	11	37,866,824
	12 Investments—other securities <i>See Part IV, line 11. Complete Part VII of Schedule D</i>	9,674,036	12	7,813,925
	13 Investments—program-related <i>See Part IV, line 11. Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets <i>See Part IV, line 11. Complete Part IX of Schedule D</i>	2,215,572	15	1,907,930
16 Total assets. <i>Add lines 1 through 15 (must equal line 34).</i>	93,271,695	16	107,894,354	
Liabilities	17 Accounts payable and accrued expenses	8,707,892	17	9,844,316
	18 Grants payable		18	
	19 Deferred revenue	339,381	19	314,613
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	785,608	23	125,000
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	64,184,188	25	107,972,924
	26 Total liabilities. <i>Add lines 17 through 25.</i>	74,017,069	26	118,256,853
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,254,626	27	-10,362,499
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,254,626	33	-10,362,499
	34 Total liabilities and net assets/fund balances	93,271,695	34	107,894,354

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 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?	2c	
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?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOM EDWARDS , DIRECTOR	5 0	X						1,040	0	0
BRENDA FACIN , DIRECTOR	5 0	X						1,343	0	0
MICHAEL FEBRAIO JR , DIRECTOR	5 0	X						350	0	0
MICHAEL FLAVIN , DIRECTOR	5 0	X						1,040	0	0
LAVERNE FRENCH , DIRECTOR	5 0	X						590	0	0
TADEUSZ FUNDALINSKI , DIRECTOR	5 0	X						75	0	0
MICHAEL GERAGHTY , DIRECTOR	5 0	X						200	0	0
BERNADETTE GIAMBRA , DIRECTOR	5 0	X						840	0	0
MICHAEL GIFFORD , DIRECTOR	5 0	X						865	0	0
RONALD GILLESPIE , DIRECTOR	5 0	X						1,040	0	0
JACQUELYN GOLDSMITH , DIRECTOR	5 0	X						1,115	0	0
HAROLD GRAY , DIRECTOR	5 0	X						200	0	0
JOAN GROSE , DIRECTOR	5 0	X						75	0	0
CAROLINE GUARDIANO , DIRECTOR	5 0	X						1,115	0	0
HENRY HOISINGTON , DIRECTOR	5 0	X						985	0	0
JAMES INGOLDSBY , DIRECTOR	5 0	X						1,040	0	0
RENEE JACKSON , DIRECTOR	5 0	X						840	0	0
MICHAEL JONES , DIRECTOR	5 0	X						1,115	0	0
PATRICIA KAUFMAN , DIRECTOR	5 0	X						1,090	0	0
DONNA KEEFER , DIRECTOR	5 0	X						350	0	0
JERRY LARICCHIUTA , DIRECTOR	5 0	X						965	0	0
GEORGE LAWSON , DIRECTOR	5 0	X						3,265	0	0
WILLIAM LEBARON , DIRECTOR	5 0	X						1,115	0	0
ELLEN LENNON , DIRECTOR	5 0	X						1,040	0	0
JOSEPH LONGO , DIRECTOR	5 0	X						115	0	0
ROBERT LORENC , DIRECTOR	5 0	X						455	0	0
RAMON LUCAS , DIRECTOR	5 0	X						525	0	0
ROSE MACBLANE , DIRECTOR	5 0	X						275	0	0
JANICE MASON , DIRECTOR	5 0	X						275	0	0
JOHN MCPHILLIPS , DIRECTOR	5 0	X						1,115	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH MELITA JR , DIRECTOR	5 0	X						75	0	0
MARY MIGUEZ , DIRECTOR	5 0	X						1,115	0	0
CHARLES MILLER , DIRECTOR	5 0	X						125	0	0
FELICE MOFFRE , DIRECTOR	5 0	X						275	0	0
THOMAS MOYLAN , DIRECTOR	5 0	X						830	0	0
DEBRA NAPPI GONZALEZ , DIRECTOR	5 0	X						965	0	0
LORI NILSSON , DIRECTOR	5 0	X						1,590	0	0
MARCIA OLSZEWSKI , DIRECTOR	5 0	X						1,115	0	0
THERESA PALMER , DIRECTOR	5 0	X						350	0	0
ROBERT PAZIK , DIRECTOR	5 0	X						275	0	0
CHARLES PERITORE , DIRECTOR	5 0	X						350	0	0
LIZABETH PIRAINO , DIRECTOR	5 0	X						350	0	0
THOMAS PIROZZOLO , DIRECTOR	5 0	X						300	0	0
RICHARD PLUMADORE , DIRECTOR	5 0	X						350	0	0
LAVARNE POUND , DIRECTOR	5 0	X						880	0	0
RICK QUESNEL , DIRECTOR	5 0	X						100	0	0
DEBRA RAGUSEO , DIRECTOR	5 0	X						1,115	0	0
JAMES REEDY , DIRECTOR	5 0	X						200	0	0
RONALD REVERS , DIRECTOR	5 0	X						1,040	0	0
ALESSANDRA REYNOLDS , DIRECTOR	5 0	X						75	0	0
LEE REYNOLDS , DIRECTOR	5 0	X						915	0	0
SANDRA RHODES , DIRECTOR	5 0	X						475	0	0
JACK ROHL , DIRECTOR	5 0	X						1,115	0	0
CLARENCE RUSSELL , DIRECTOR	5 0	X						1,229	0	0
CARMINA RUSSO , DIRECTOR	5 0	X						1,115	0	0
EDWARD RUSSO , DIRECTOR	5 0	X						1,065	0	0
JOEL SCHWARTZ , DIRECTOR	5 0	X						860	0	0
MARK SEMO , DIRECTOR	5 0	X						1,115	0	0
SABINA SHAPIRO , DIRECTOR	5 0	X						350	0	0
JOHN SHEPHERD , DIRECTOR	5 0	X						1,040	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA SHERK , DIRECTOR	5 0	X						1,040	0	0
MARGARET SHUTKA , DIRECTOR	5 0	X						1,115	0	0
TODD SMITH , DIRECTOR	5 0	X						965	0	0
DAWN SMITH , DIRECTOR	5 0	X						1,355	0	0
CARLOS SPEIGHT , DIRECTOR	5 0	X						275	0	0
WILLIAM STANTON , DIRECTOR	5 0	X						1,375	0	0
LINDA STIEFEL , DIRECTOR	5 0	X						1,115	0	0
FRANCIS STRACK , DIRECTOR	5 0	X						350	0	0
JUDITH SYLVESTER , DIRECTOR	5 0	X						275	0	0
BETTY THOMAS , DIRECTOR	5 0	X						1,115	0	0
ROBERT TIMPANO , DIRECTOR	5 0	X						710	0	0
MARY JO TUBBS , DIRECTOR	5 0	X						1,115	0	0
MARSHA TUTTLE , DIRECTOR	5 0	X						75	0	0
WILLIAM VANGUILDER , DIRECTOR	5 0	X						955	0	0
KELLY VOLPE , DIRECTOR	5 0	X						1,115	0	0
JAMES VOLPONE , DIRECTOR	5 0	X						50	0	0
RONALD WALKER , DIRECTOR	5 0	X						1,365	0	0
KIMBERLY WALLACE , DIRECTOR	5 0	X						1,165	0	0
CASEY WALPOLE , DIRECTOR	5 0	X						90	0	0
WILLIAM WALSH , DIRECTOR	5 0	X						965	0	0
SCOTT WEATHERBY , DIRECTOR	5 0	X						75	0	0
MARY ALICE WHITEMAN , DIRECTOR	5 0	X						1,115	0	0
LYNN WOOL , DIRECTOR	5 0	X						1,115	0	0
DANIEL F DONOHUE , PRESIDENT	38 0			X				145,027	16,800	20,942
MARY SULLIVAN , EXEC Vice President	38 0			X				94,578	16,800	44,116
BARBARA REEVES , SECRETARY	38 0			X				16,136	0	2,454
DENISE BERKLEY , SECRETARY	38 0			X				32,636	0	17,022
JOSEPH MCMULLEN , TREASURER	38 0			X				45,767	0	20,390
NICHOLAS LAMORTE , VICE PRESIDENT	38 0			X				47,652	0	25,353
GEORGE BONCORAGLIO , VICE PRESIDENT	38 0			X				75,364	16,800	39,095

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE HEWITT , VICE PRESIDENT	38 0			X				4,420	0	672
WILLIAM RICCALDO , VICE PRESIDENT	38 0			X				8,717	0	6,553
COLLEEN WHEATON , VICE PRESIDENT	38 0			X				44,569	0	20,254
KATHLEEN GARRISON , VICE PRESIDENT	38 0			X				56,376	0	17,349
FLORENCE TRIPI , Vice President	38 0			X				54,826	0	18,400
NANCY HOFFMAN , DIRECTOR OF LEGAL SERVICES	38 0				X	X		152,508	0	54,475
STEPHEN ALVIENE , DIRECTOR MEMBER SERVICES	38 0					X		131,460	0	46,957
BENJAMIN GORDON , DIRECTOR OF ORGANIZING	38 0					X		128,905	0	46,045
ROSS HANNA , DIRECTOR OF CONTRACT ADMIN	38 0					X		130,700	0	46,686
STEPHEN MADARASZ , DIRECTOR OF COMMUNICATIONS	38 0					X		132,366	0	47,281
DAVID STACK , DIRECTOR INTERNAL OPERATIONS	38 0					X		135,942	0	48,558

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

AS WORKING MEN AND WOMEN - EVERY ONE AND EVERYWHERE - WE ARE OUR GREATEST RESOURCE. WE ORGANIZE AND REPRESENT WORKERS TO ENSURE OUR VOICE IS HEARD, OUR PLACE AT THE TABLE IS KEPT AND THE AMERICAN DREAM IS OURS IN THE 21ST CENTURY. AS A LABOR UNION, WE HOLD THESE VALUES AS OUR WORKING PRINCIPLES - HONESTY: WE ARE HONEST WITH OURSELVES AND EACH OTHER; INCLUSIVENESS: EVERY GROUP, EVERY IDEA IS WELCOMED; FULL PARTICIPATION: WE ENCOURAGE AND EXPECT FULL PARTICIPATION IN ALL UNION MATTERS; RESPECT: WE RESPECT EACH OTHER AND HONOR OUR DIFFERENCES; DIVERSITY: WE CELEBRATE OUR DIVERSITY AND USE IT TO STRENGTHEN US; OPEN COMMUNICATIONS: WE LISTEN AND PROVIDE FOR OPEN COMMUNICATION ACROSS ALL PARTS OF OUR UNION AND IN ALL DIRECTIONS; ACCOUNTABILITY: WE ARE ACCOUNTABLE FOR OUR ACTIONS AND DECISIONS; FISCAL RESPONSIBILITY: WE CONDUCT OUR BUSINESS IN A FISCALLY SOUND MANNER. AS A LABOR UNION, WE ARE COMMITTED TO UNION DEMOCRACY AND WE FOLLOW THESE VALUES WITH INTEGRITY.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- 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 990EZ, Part VI, line 47 (Lobbying Activities)

- 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)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC	Employer identification number 14-0479613
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

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.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:			
The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c Enter -0- if line f is more than line c			
j 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

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
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 c through i)?			
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 other means?			
i	Other activities. If "Yes," describe in Part IV.			
j	Total 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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 \$
2	Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
a	Current Year	2a \$
b	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
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?	4 \$
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Employer identification number
14-0479613

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, 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.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

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 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 XIV

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

Trust, 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

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a(i)

Yes

No

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,323,365		2,323,365
b Buildings		13,369,724	5,131,498	8,238,226
c Leasehold improvements		3,759,136	2,420,805	1,338,331
d Equipment		7,114,634	5,334,231	1,780,403
e Other		721,313	540,597	180,716
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				13,861,041

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other LIMITED PARTNERSHIP INTERESTS	7,813,925	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	7,813,925	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
OTHER ASSETS	1,907,930
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
COMPENSATED ABSENCES	2,082,988
PENSION LIABILITY, NET OF CURRENT	30,853,340
DUE TO LOCALS-SHARE OF DUES	16,409,645
POSTRETIREMENT LIABILITY	58,626,951
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	107,972,924

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 Disclosure per Financial Statements	Part X, Other Liabilities	Effective October 1, 2008, the Union adopted an accounting policy regarding accounting for uncertainty in income taxes The adoption did not have a material effect on the financial statements

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
14-0479613

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?

☒ 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

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

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
TUITION ASSISTANCE FOR MEMBERS	5311	6,408,283			
SCHOLARSHIP PROGRAM FOR MEMBERS CHILDREN	24	24,000			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Grant Monitoring	Part 1 Ln 2	The CSEA members or the institutions providing education to CSEA members provide proof of attendance and grades and then are reimbursed for the courses

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Employer identification number
14-0479613

Part I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First class or charter travel		
	☐ Travel for companions		
	☐ Tax idemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
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		
a	The organization?	5a	
b	Any related organization?	5b	
	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		
a	The organization?	6a	
b	Any related organization?	6b	
	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	7	
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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DANIEL F DONOHUE	(i)	121,104	0	23,923	20,942	0	165,969	0
	(ii)	16,800	0	0	0	0	16,800	0
MARY SULLIVAN	(i)	69,303	0	25,275	44,116	0	138,694	0
	(ii)	16,800	0	0	0	0	16,800	0
STEPHEN ALVIENE	(i)	105,911	0	25,549	19,995	26,962	178,417	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN GORDON	(i)	124,220	0	4,685	19,606	26,439	174,950	0
	(ii)	0	0	0	0	0	0	0
ROSS HANNA	(i)	121,683	0	9,017	19,879	26,807	177,386	0
	(ii)	0	0	0	0	0	0	0
NANCY HOFFMAN	(i)	127,307	0	25,201	23,196	31,279	206,983	0
	(ii)	0	0	0	0	0	0	0
STEPHEN MADARASZ	(i)	124,337	0	8,029	20,133	27,148	179,647	0
	(ii)	0	0	0	0	0	0	0
DAVID STACK	(i)	134,239	0	1,703	20,677	27,881	184,500	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Employer identification number

14-0479613

Identifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 10	CSEA's 990 is review ed by the Director of Finance and the Director of Internal Operations The numbers are compared to the audited trial balance, balance sheet and income statements Any questions are discussed with the external accountants, Pricew aterhousecoopers, LLP, and resolved

Identifier	Return Reference	Explanation
Compensation Policy	Form 990, Part VI, Section B, Line 15	CSEA Executive Director and Top Management The Personnel Committee of the Board of Directors review s, creates and presents to the Board the compensation of top management The Board approves the compensation CSEA does not have an Executive Director CSEA surveys other labor unions Contemporaneous minutes of the meetings are kept Other Officers or key employees Officer's compensation is determined by a special committee appointed by the President The findings of the committee are presented to the Board for approval The committee surveys other unions Key employee's compensation is determined using the same methodology as top management

Identifier	Return Reference	Explanation
Public Documents	Form 990, Part VI, Section C, Line 19	CSEA provides copies of its governing documents, policies and financial information on request and for inspection at its offices

Identifier	Return Reference	Explanation
Audited Financial Statements	Part XI, Line 2b & 2c	CSEA's financial statements are audited on a consolidated basis w ith CSEA Institute for Workers' Opportunities, Resources and Know ledge CSEA has an audit committee w hich oversees the consolidated financial statement audit

Identifier	Return Reference	Explanation
Election of Governing Body	Form 990 Part VI Section A Ln 7A	Members elect their Unit, Local & Regional Officers as w ell as their Board Representatives, the four statew ide officers and their AFSCME delegate

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Employer identification number
14-0479613

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CSEA POLITICAL ACTION FUND 143 WASHINGTON AVE ALBANY, NY12210 14-1594968	LOBBYING	NY	527		
CSEA EMPLOYEE BENEFIT FUND 1 LEAR JET LANE SUITE 1 LATHAM, NY12110 14-1610554	BENEFIT FUND	NY	501(C)(9)		
CSEA INST FOR WORKERS OPPORTUNITIES 143 WASHINGTON AVE ALBANY, NY12210 65-6405612	EDUCATION	NY	501(C)(3)	7	

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes
c	Gift, grant, or capital contribution from other organization(s)	1c	No
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	No
n	Sharing of paid employees	1n	Yes
o	Reimbursement paid to other organization for expenses	1o	Yes
p	Reimbursement paid by other organization for expenses	1p	Yes
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

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

(A) Name of other organization(s)		(B) Transaction type(a-r)	(C) Amount Involved
(1)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	A(IV)	33,268
(2)	CSEA EMPLOYEE BENEFIT FUND	A(IV)	191,889
(3)	CSEA EMPLOYEE BENEFIT FUND	O	53,382
(4)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	P	436,276
(5)	CSEA POLITICAL ACTION FUND	P	732,620
(6)	CSEA POLITICAL ACTION FUND	Q	3,880,710
(7)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	N	263,724
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	A (IV)	33,268
(2)	CSEA EMPLOYEE BENEFIT FUND	A (IV)	191,889
(3)	CSEA EMPLOYEE BENEFIT FUND	O	53,382
(4)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	P	436,276
(5)	CSEA POLITICAL ACTION FUND	P	732,620
(6)	CSEA POLITICAL ACTION FUND	Q	3,880,710
(7)	CSEA INSTITUTE FOR WORKERS' OPPORTUNITIES	N	263,724

Additional Data

Software ID:

Software Version:

EIN: 14-0479613

Name: THE CIVIL SERVICE EMPLOYEES ASSOCIATION INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLOTTE ADKINS , DIRECTOR	5 0	X						275	0	0
JEAN AHLERT , DIRECTOR	5 0	X						1,115	0	0
LUCRETIA ALTOMER , DIRECTOR	5 0	X						350	0	0
KAREN ANDERSON , DIRECTOR	5 0	X						1,040	0	0
KATHRYN BAYER , DIRECTOR	5 0	X						275	0	0
ABRAHAM BENJAMIN JR , DIRECTOR	5 0	X						1,454	0	0
MONICA BERKOWITZ , DIRECTOR	5 0	X						815	0	0
DELIA BERTRAND , DIRECTOR	5 0	X						1,115	0	0
JOHN BLAIR , DIRECTOR	5 0	X						1,115	0	0
JAMES BLAKE , DIRECTOR	5 0	X						225	0	0
VIANNA BOYKO , DIRECTOR	5 0	X						75	0	0
RONALD BRIGGS , DIRECTOR	5 0	X						1,115	0	0
KATHLEEN BUTTON , DIRECTOR	5 0	X						1,105	0	0
SALLY BYWATER , DIRECTOR	5 0	X						325	0	0
ANNIE CAMPBELL , DIRECTOR	5 0	X						275	0	0
MARY CAPANO , DIRECTOR	5 0	X						75	0	0
BEVERLY CENTERS , DIRECTOR	5 0	X						1,040	0	0
BRENDA CHARTRAND , DIRECTOR	5 0	X						350	0	0
NICHOLAS CHIESA , DIRECTOR	5 0	X						1,040	0	0
CARMEN CHURCH , DIRECTOR	5 0	X						150	0	0
ROSALIND CONTI , DIRECTOR	5 0	X						1,493	0	0
LESTER CROCKETT , DIRECTOR	5 0	X						1,115	0	0
MARY DANTONIO , DIRECTOR	5 0	X						1,115	0	0
ELIZABETH DAUGHERTY , DIRECTOR	5 0	X						475	0	0
CHANTALISE DEMARCO , DIRECTOR	5 0	X						915	0	0
ROSE ANN DESORBO , DIRECTOR	5 0	X						1,343	0	0
WAYNE DORLER , DIRECTOR	5 0	X						1,040	0	0
MARK DOTTERWEICH , DIRECTOR	5 0	X						1,115	0	0
DEBORAH DOWNEY , DIRECTOR	5 0	X						1,255	0	0
BRENDA EARL , DIRECTOR	5 0	X						75	0	0