

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

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CAMPAIGN WORKERS GUILD

Number and street (or P. O. box, if mail is not delivered to street address)Room/suite
PO BOX 3023

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20010

D Employer identification number
82-3165957

E Telephone number
(443) 937-3101

F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ☐

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: <https://campaignworkersguild.org/>

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(5) (insert no. ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other LABOR UNION

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 142,469

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	142,469
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).	6b	0
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	142,469
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	72,465
Net Assets	13	Professional fees and other payments to independent contractors	13	35,304
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	147
	16	Other expenses (describe in Schedule O)	16	15,502
	17	Total expenses. Add lines 10 through 16	17	123,418
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,051
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	127,903
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,979
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	149,933

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2022)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	127,903	22	149,933
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	127,903	25	149,933
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	127,903	27	149,933

Part IIIStatement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

UNTIL WE FOUNDED OUR UNION, CAMPAIGN WORKERS ROUTINELY WORKED MORE THAN TWICE THE STANDARD WORKWEEK FOR LESS THAN MINIMUM WAGE AND NO HEALTHCARE BENEFITS. WE SACRIFICED OUR HEALTH, FINANCIAL SECURITY, AND LEISURE TIME TO SUPPORT CANDIDATES AND MOVEMENTS THAT WE HOPED WILL MAKE OUR SOCIETY MORE PROSPEROUS, EQUITABLE, AND INCLUSIVE, BUT OUR EMPLOYERS DO NOT ALWAYS LIVE UP TO THE VALUES THEY OFTEN PUBLICLY ESPOUSE. WE STOOD TOGETHER AND FOUNDED THE CAMPAIGN WORKERS GUILD IN ORDER TO PROTECT AND STRENGTHEN THE RIGHTS OF CAMPAIGN WORKERS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

THE CAMPAIGN WORKERS GUILD ORGANIZES WORKERS ON CAMPAIGNS, POLITICAL NONPROFIT ORGANIZATIONS, AND POLITICAL FIRMS. WE SUPPORT WORKERS DURING THE ORGANIZING STAGE, BARGAIN CONTRACTS, AND REPRESENT WORKERS. THIS PROGRAM INCLUDES OUR LEGAL FEES, BANK FEES, AND SUBSCRIPTIONS TO RUN OUR UNION.

(Grants \$ 0) If this amount includes foreign grants, check here

29

SHOP STEWARDS ARE THE CONTACT PEOPLE BETWEEN CAMPAIGN WORKERS GUILD AND THE EMPLOYEES. SHOP STEWARDS ENSURE THAT EMPLOYMENT CONTRACTS AND COLLECTIVE WAGE AGREEMENTS ARE COMPLIED WITH AND THAT THE RIGHTS OF EMPLOYEES ARE NOT VIOLATED. THIS PROGRAM INCLUDES RESOURCES FOR OUR SHOP STEWARDS.

(Grants \$ 0) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

32

Total program service expenses (add lines 28a through 31a)

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

106,327

168

106,495

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NANCY WANG	5	0	0	0
TREASURER (AS OF 05/31/22)				
KIM MCMURRAY	10	0	0	0
TREASURER (UNTIL 05/31/22)				
MARVIN GONZALEZ	10	0	0	0
PRESIDENT (AS OF 05/31/22)				
MEG REILLY	10	0	0	0
PRESIDENT (UNTIL 05/31/22)				
JULIA ACKERLY	10	0	0	0
VICE PRESIDENT				
EMMA TODD	5	0	0	0
SECRETARY				
NRITHYA ANUKONDA	5	0	0	0
EXECUTIVE COUNCIL				
HAYES BORTZ	5	0	0	0
EXECUTIVE COUNCIL				
BENJAMIN SILVA	5	0	0	0
EXECUTIVE COUNCIL				
TYLER WILKINSON	5	0	0	0
EXECUTIVE COUNCIL				
NGAKAY WONG	5	0	0	0
EXECUTIVE COUNCIL				

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARRET PHILLIPS	5	0	0	0
EXECUTIVE COUNCIL				
DAVID RAMOS	5	0	0	0
EXECUTIVE COUNCIL				
CANDICE CRUTCHER	5	0	0	0
EXECUTIVE COUNCIL				
TESS KERINS	5	0	0	0
EXECUTIVE COUNCIL				
CHEYENNE RUPERT	5	0	0	0
EXECUTIVE COUNCIL				
AIDAN KING	5	0	0	0
EXECUTIVE COUNCIL				
IAN BRADY	5	0	0	0
EXECUTIVE COUNCIL				
MELANIE NOWLIN	5	0	0	0
EXECUTIVE COUNCIL				
MICHAEL BEASLEY	5	0	0	0
EXECUTIVE COUNCIL				
ROXY MAYER	5	0	0	0
EXECUTIVE COUNCIL				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

		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	No
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	No
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	No
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	
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	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, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	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	No
41	List the states with which a copy of this return is filed.		
42a	The organization's books are in care of EASY OFFICE dba JITASA Telephone no. (208) 287-4777		
	Located at 1120 S RACKHAM WAY SUITE 300 MERIDIAN, ID ZIP + 4 83642		
		Yes	No
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	No
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country:		
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	43	
		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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

	Check if the organization used Schedule O to respond to any question in this Part VI	Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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.

Sign Here	Signature of officer		Date		
	NANCY WANG TREASURER				
Paid Preparer Use Only	Print/Type preparer's name JEREMY CORK	Preparer's signature	Date 2023-10-30	Check ☐ if self-employed	PTIN P01544850
	Firm's name ▶ EASY OFFICE DBA JITASA			Firm's EIN ▶ 26-2176601	
	Firm's address ▶ 1120 S RACKHAM WAY SUITE 300 MERIDIAN, ID 83642			Phone no. (208) 287-4777	

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

Additional Data

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Software Version: v1.00

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
CAMPAIGN WORKERS GUILD

Employer identification number

82-3165957

Return Reference	Explanation
Form 990- EZ, Part I, Line 16	Description;Amount^OFFICE AND MISCELLANEOUS EXPENSES;14700 TRAVEL AND MEETING EXPENSES;538 INSURANCE;264^Total;15502^
Form 990- EZ, Part I, Line 20	Description;Amount^PRIOR PERIOD ADJUSTMENT;2979^Total;2979^

Additional Data

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