

A For calendar year 2025, or tax year beginning 01 - 01 2025, and ending 12 - 31 , 20 25

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
(202) 823-9456
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: 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 \$ 172,699

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	0
	2	Program service revenue including government fees and contracts	172,195
	3	Membership dues and assessments	0
	4	Investment income	0
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less: cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0
	6b	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).	0
Expenses	6c	Less: direct expenses from gaming and fundraising events	0
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0
	7a	Gross sales of inventory, less returns and allowances	504
	7b	Less: cost of goods sold	2,136
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-1,632
	8	Other revenue (describe in Schedule O)	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	170,563
	10	Grants and similar amounts paid (list in Schedule O).	0
	11	Benefits paid to or for members	0
	12	Salaries, other compensation, and employee benefits	87,595
Net Assets	13	Professional fees and other payments to independent contractors	64,409
	14	Occupancy, rent, utilities, and maintenance	0
	15	Printing, publications, postage, and shipping	0
	16	Other expenses (describe in Schedule O)	25,951
	17	Total expenses. Add lines 10 through 16	177,955
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-7,392
	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).	234,286
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	226,894

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2025)

(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
JOSE GALARZA	5	0	0	0
EXECUTIVE COUNCIL MEMBER				
JAMIE KOWALSKI	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
BRIAN BURTON	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
KYLE DEVASIER	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
SARAH GREEN	5	0	0	0
EXECUTIVE COUNCIL MEMBER UNTIL MARCH 2025				
SHIMON SAPHIRE-BERNSTEIN	5	0	0	0
EXECUTIVE COUNCIL MEMBER				
ZOE GOLDBLUM	5	0	0	0
EXECUTIVE COUNCIL MEMBER				
NATALIE DEROCHE	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
ELLIE YOUNG	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
CHELSEA INTHAVONG	5	0	0	0
EXECUTIVE COUNCIL MEMBER AS OF APRIL 2025				
FLYNN EZRA BECKHAM	5	0	0	0
EXECUTIVE COUNCIL MEMBER UNTIL MARCH 2025				
JACKSON RODELANDER	5	0	0	0
EXECUTIVE COUNCIL MEMBER UNTIL MARCH 2025				
MARISA PYLE	5	0	0	0
EXECUTIVE COUNCIL MEMBER UNTIL MARCH 2025				
MOLLIE COOK	5	0	0	0
EXECUTIVE COUNCIL MEMBER UNTIL MARCH 2025				

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?		
b	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	
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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.	
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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 DOMINIQUE LEE TREASURER		Date 2026-05-21	
	Officer's name and title			
	Preparer's name JEREMY CORK	Preparer's signature	Date 2026-05-21	Check ☐ if self-employed PTIN P01544850
Paid Preparer Use Only	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	

Additional Data

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Software ID: 25022730

Software Version: v1.00

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)

(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

**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^BANK FEES AND MERCHANT CHARGES;10645 OFFICE EXPENSES;5561 IT EXPENSES;4805 INSURANCE;4315 ADVERTISING EXPENSES;625^Total;25951^

Additional Data

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