

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
0016 Long Island State Employees

Number and street (or P O box, if mail is not delivered to street address) Room/suite
171 Union Avenue

City or town, state or province, country, and ZIP or foreign postal code
Holbrook, NY 11741

D Employer identification number
11-2710710

E Telephone number

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: ▶ N/A

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

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 ▶ \$ 66,954

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1 Contributions, gifts, grants, and similar amounts received																																
	2 Program service revenue including government fees and contracts																																
	3 Membership dues and assessments																													66,499			
	4 Investment income																																
	5a Gross amount from sale of assets other than inventory																																
	b Less cost or other basis and sales expenses							0																									
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	6 Gaming and fundraising events																																
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																
c Less direct expenses from gaming and fundraising events																																	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																	
7a Gross sales of inventory, less returns and allowances																																	
b Less cost of goods sold																																	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
8 Other revenue (describe in Schedule O)																																455	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																66,954	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																
	11 Benefits paid to or for members																															38,693	
	12 Salaries, other compensation, and employee benefits																															5,625	
	13 Professional fees and other payments to independent contractors																															250	
	14 Occupancy, rent, utilities, and maintenance																																
	15 Printing, publications, postage, and shipping																																242
	16 Other expenses (describe in Schedule O)																																45,919
	17 Total expenses. Add lines 10 through 16 ▶																																90,729
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																	-23,775
Net Assets	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)																																107,764
	20 Other changes in net assets or fund balances (explain in Schedule O)																																
	21 Net assets or fund balances at end of year Combine lines 18 through 20																																

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

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Deborah McMaster Telephone no (631) 804-3223 Located at 171 Union Avenue Holbrook, NY ZIP + 4 11741

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	46	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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
NONE		

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.

***** Signature of officer	2020-01-23 Date
Deborah McMaster Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jacqueline LaGrega	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00312714
	Firm's name ▶ First American Solutions LLC	Firm's EIN ▶ 45-4617550			
	Firm's address ▶ 475 E Main Street Suite 111 Patchogue, NY 11772	Phone no (631) 307-9015			

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

Additional Data

Software ID: 18007222

Software Version: 2018v3.1

EIN: 11-2710710

Name: 0016 Long Island State Employees

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Union Hall for Long Island Local Employees (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

0016 Long Island State Employees

Employer identification number

11-2710710

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Reimbursement \$455

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$3803

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$6961

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$5951

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1961

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Vehicle Exp \$15000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Vehicle pmt \$9409

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Telephone \$2834