



BUDGET FORM

This form must be filed with the
Statewide Treasurer by November 1st.
Unit Treasurers file
with their Local Treasurer.

REGION / LOCAL / UNIT: _____
NUMBER

Ontario County 835
NAME of CSEA Region / Local / Unit

PROPOSED INCOME	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 2001-2002	Proposed BUDGET 2002-2003	CHANGE (column 3 - column 2)
DUES & AGENCY SHOP REBATES use sched (a)	68905.56	83025.00	68000.00	-15025.00
DELEGATE / NEGOTIATIONS REIMBURSEMENTS	1949.11	0.00	1000.00	1000.00
COLLECTIONS FOR SOCIAL EVENTS	0.00	0.00	0.00	0.00
INTEREST INCOME	445.21	150.00	300.00	150.00
MISCELLANEOUS see sched (a)	106.00	0.00	0.00	0.00
TOTAL ANTICIPATED INCOME:	71405.88	83175.00	69300.00	-13875.00

PROPOSED EXPENSES	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 2001-2002	Proposed BUDGET 2002-2003	CHANGE (column 3 - column 2)
UNIT REBATES	34782.17	41500.00	34000.00	-7500.00
MEMBER BENEFITS *	2010.00	3000.00	3000.00	0.00
HONORARIUMS attach sched (b)	3600.00	3600.00	3600.00	0.00
SALARY & BENEFITS attach sched (c)	0.00	0.00	0.00	0.00
PROFESSIONAL FEES	0.00	100.00	0.00	-100.00
SUPPLIES	90.31	100.00	100.00	0.00
TELEPHONE	970.67	1000.00	1000.00	0.00
POSTAGE & SHIPPING	0.00	50.00	50.00	0.00
RENT & UTILITIES attach sched (c)	5400.00	5400.00	5400.00	0.00
EQUIPMENT RENT & MAINTENANCE	0.00	0.00	0.00	0.00
PRINTING & PUBLICATIONS	0.00	300.00	300.00	0.00
OFFICERS' EXPENSE attach sched (b)	0.00	1000.00	500.00	-500.00
DELEGATES	14854.09	14000.00	0.00	-14000.00
WORKSHOPS / EDUCATION attach sched (b)	2063.88	3500.00	3500.00	0.00
COMMITTEES attach sched (b)	1604.14	1700.00	2000.00	300.00
EXECUTIVE BOARD / MEMBER MEETINGS	5488.52	5000.00	7500.00	2500.00
SOCIAL EVENTS (Gross Expense) *	0.00	0.00	0.00	0.00
EQUIPMENT PURCHASES attach sched (c)	0.00	100.00	100.00	0.00
Contract Campaigns	0.00	1000.00	1000.00	0.00
Job Security Campaigns	338.29	1000.00	1000.00	0.00
Region Assessments	1056.10	0.00	1000.00	1000.00
MISCELLANEOUS see sched (a)	150.00	500.00	500.00	0.00
TOTAL ANTICIPATED EXPENSES:	72408.17	82850.00	64550.00	0.00
NET PROFIT OR (LOSS):	-1002.29	325.00	4750.00	

BUDGET COMMITTEE CHAIRPERSON

David A. Bloom
4471 County Road 1
Canandaigua, NY 14424

The above Budget, together with the attached Schedules (a), (b) and (c),
has been approved by the Region / Local / Unit EXECUTIVE BOARD

at a meeting held on 10-2-02 (DATE)

Attested by Rosemary Van Arsdale
SECRETARY

* THESE ARE NON-CHARGEABLE EXPENSES. NON-CHARGEABLE EXPENSES, AS A PERCENT OF TOTAL EXPENSES, CANNOT EXCEED THE % PUBLISHED ANNUALLY BY THE STATEWIDE TREASURER.



BUDGET FORM

a

REGION / LOCAL / UNIT: _____ Ontario County 835
NUMBER NAME of CSEA Region / Local / Unit

EXPLANATION OF CHANGES

EXPLAIN ALL CHANGES GREATER THAN 5 PERCENT.
Detail Miscellaneous Income / Expense if greater than 5% of Total Income / Expense.

- Proposed rebates adjusted down to actual income, previous year had more than 1 cycle of rebates.
- Delegate reimbursement added, left out last year.
- Intrest reduced due to cashing in cd.
- Professional fees deleted, no contracting out.
- Officers expense reduced, most would be committee or workshops.
- Delegate expense deleted, no convention this budget year.
- Added monies to committee and meeting lines to be more accurate.
- Added Region line to better track expenses associated with Region.

Proposed Membership Dues & Agency Shop Rebate Income

Use the worksheet below to calculate the anticipated rounded amount to be used on the Proposed Budget for rebate money received. Refer to the information received annually to determine the percentage of increase to expect.

Final Rebate check issued in January:		\$ <u>37,930.76</u>
Advance Rebate check issued in June:		<u>30,974.80</u>
<i>Total Rebate received during past year:</i>		\$ <u>68905.56</u>
* Antipated percent increase in rebates:	X	<u>0</u>
TOTAL ANTICIPATED REBATE:		\$ <u><u>68905.56</u></u>
ROUNDED:		\$ <u><u>68,000.00</u></u>

NOTE:

A Budget is an estimate. When estimating income, it is better to *underestimate* income. For example, if after completing the above computations, you arrive at a figure of \$13,944 for anticipated rebate, round it **down** to \$13,000.

In addition, if the Budget Committee is aware of any changes in the Region/Local/Unit that would affect the rebate, the anticipated rebate should be adjusted further. For example, if you arrive at \$13,944 for anticipated rebate and you know you lost 10 percent of your members, you should probably round the anticipated rebate down a little lower, to about \$12,000.

** This percentage will be provided by the Statewide Treasurer to Region/Local/Unit Treasurers.*



BUDGET FORM



REGION / LOCAL / UNIT: _____
NUMBER

Ontario County 835
NAME of CSEA Region / Local / Unit

HONORARIUMS	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
President	1400	1400	1400	
Vice President	0	0	0	
Secretary	1000	1000	1000	
Treasurer	1200	1200	1200	
TOTAL <small>(Must agree with cover page)</small>	3600	3600	3600	

The above Honoraria were approved by the Executive Board on _____. (A copy of the resolution must be attached.) The establishment of an honorarium or the increase in an existing honorarium must be approved prior to November 1 in the year preceding the elections and shall not take effect until an intervening election has occurred.

OFFICER'S EXPENSE	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
President				
Vice President				
Secretary				
Treasurer				
TOTAL <small>(Must agree with cover page)</small>	0	1000	500	-500

WORKSHOPS/EDUCATION	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
CSEA State Workshop				
CSEA Local Gov't Workshop	1843.88			
Region Conferences/Meetings	220.00			
CSEA Statewide Women's Conference				
Coalition of Black Trade Unionists (CBTU)				
NYS Black/Puerto Rican Conference				
Local Training				
TOTAL <small>(Must agree with cover page)</small>	2063.88	3500.00	3500.00	

COMMITTEES	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
Audit	80.00			
Negotiations	1015.19			
Region Representatives	462.91			
Women's				
Political & Legislative Action	46.04			
Budget Task Force				
TOTAL <small>(Must agree with cover page)</small>	1604.14	1700.00	2000.00	300.00



BUDGET FORM



REGION / LOCAL / UNIT: _____
NUMBER

Ontario County 835
NAME of CSEA Region / Local / Unit

RENT & UTILITIES	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
Rent	5400	5400	5400	
Electricity				
Heat				
Miscellaneous				
TOTAL <small>(Must agree with cover page)</small>	5400	5400	5400	

EQUIPMENT PURCHASES	Current Year-to-Date ACTUAL 9/30/2002	Current Year BUDGET 01-02	Proposed BUDGET 02-03	CHANGE <small>(column 3 - column 2)</small>
furniture				
computer				
TOTAL <small>(Must agree with cover page)</small>		100	0	-100

SALARIES, BENEFITS AND PAYROLL TAXES

n/a

n/a

n/a

Region/Local/Unit

Federal ID #

State Unemployment ID#

PROPOSED BUDGET:	NAME	NAME	NAME	TOTAL
<i>Expense Item</i>	<small>Title</small>	<small>Title</small>	<small>Title</small>	
Salary	\$	\$	\$	\$
Social Security				
Federal Unemployment				
State Unemployment				
Workers' Compensation				
Disability				
Health Insurance				
Retirement				
TOTAL:				

NOTE: If you have more than three employees, please attach a schedule.

The above TOTAL must agree with cover page.



ANNUAL FINANCIAL REPORT

LONG FORM INCOME GREATER THAN \$25,000

If income is less than \$25,000, use the SHORT FORM on the reverse

FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2002

835

Ontario County Local

Fed ID #22-2336812

NUMBER

NAME of CSEA Region / Local / Unit

Federal ID Number

LINE NUMBERS:

INCOME	AMOUNT	LINE NUMBERS:	
		990 EZ	990
DUES & AGENCY SHOP REBATES	68905.56	3	3 & 94
DELEGATE, NEGOTIATION REIMBURSEMENTS	1949.11	2	2 & 93
SOCIAL EVENTS (Gross Receipts)		8	11/103
INTEREST	445.21	4	4 & 95/96
FUND RAISING		6a	9a
MISCELLANEOUS	106.00		
TOTAL INCOME	71405.88	K	K
EXPENSES			
UNIT REBATES	34782.17	16	16
MEMBER BENEFITS *	2010.00	11	24
HONORARIUMS	3600.00	16	25
SALARY & BENEFITS	0.00	12	26-29
PROFESSIONAL FEES	0.00	13	31-32
SUPPLIES	90.31	16	33
TELEPHONE	970.67	16	34
POSTAGE & SHIPPING	0.00	15	35
RENT & UTILITIES	5400.00	14	36
EQUIPMENT RENT & MAINTENANCE	0.00	16	37
PRINTING & PUBLICATIONS	0.00	15	38
OFFICER'S EXPENSE	0.00	16	39
DELEGATES	14854.09	16	40
WORKSHOPS / EDUCATION	2063.88	16	40
COMMITTEES	1604.14	16	40
EXECUTIVE BOARD / MEMBER MEETINGS	5488.52	16	40
SOCIAL EVENTS (Gross Expense) *	0.00	16	43
EQUIPMENT PURCHASES	0.00		
Job Security Campaigns	338.29	16	
Miscellaneous	150.00	16	
Region Assessments	1056.10	16	
TOTAL EXPENSE	72408.17	17	17
NET PROFIT (LOSS)	(1002.29)	18	18
OPENING BALANCE 10/1:			
Checking	2499.57		
Savings	40441.79		
TOTAL OPENING BALANCE . . .	42941.36	19/27A	19/73A
CLOSING BALANCE 9/30:			
Checking	3137.27		
Savings	38801.80		
TOTAL CLOSING BALANCE . . .	41939.07	21/27B	21/73B

The above Report prepared by and attested to by: [Signature] AND [Signature] 10-31-02
Region / Local / Unit PRESIDENT / DATE Region / Local / Unit TREASURER / DATE

The Region/Local rebate is issued when the Annual Financial Report, Annual Audit Report, Annual Budget, IRS Form 990/990EZ (if applicable) and Labor Dept. Report LM 2, 3 or 4 (if applicable) are filed with the Statewide Treasurer. (Units file all reports with their Local Treasurer.) The filing deadline is January 1st.
 (Annual Budget is due November 1st.)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>member services</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 job security and collective bargaining support (Grants \$)	28a
29 labor/management problem solving (Grants \$)	29a
30 grievance support (Grants \$)	30a
31 Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a) ▶	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Michael Jones Canandaigua, NY 14424	President / 2	0	0	1400.00
Rosemary VanSavage Clifton Springs, NY 14432	Secretary / 1	0	0	1000.00
David Bloom Canandaigua, NY 14424	Treasurer / 2	0	0	1200.00

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39a n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ n/a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42 The books are in care of ▶ David A. Bloom Telephone no. ▶ (585) 394-3500 7535 Located at ▶ 4355 Lakeshore Drive, Canandaigua, NY ZIP + 4 ▶ 14424-8395		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		

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.

Please Sign Here	Signature of officer David A. Bloom, Local Treasurer Type or print name and title.	Date 10-31-02
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. W) EIN ▶ : Phone no. ▶ ()

