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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

0509  
2005  
Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

October 1, 2004

, 2009, and ending

September 30, 2005

## B Check if applicable.

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

## C Name of organization

CWA Local 2007

## Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 1930

## D Employer identification number

55-6024825

## Room/suite

## City or town, state or country, and ZIP + 4

Beckley, WV 25802-1930

## E Telephone number

## F Group Exemption

Number ► 1102

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ►

J Tax-exempt status (check only one) —  501(c) ( 5 ) □ (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 68448

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

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and grants	2
3	Membership dues and assessments	3 67895
4	Investment income	4 38
5a	Gross amount from sale of assets other than inventory	5a
b	Less: cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory	5c
6	Special events and activities (complete applicable parts of Schedule C if amount is from gaming, check here ► <input type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b	Less: direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ► )	8 515
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 68448
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11 G1 32392
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ► per capita dues, office administration, other)	16 33717
17	<b>Total expenses.</b> Add lines 10 through 16	17 66109
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2339
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 87268
20	Other changes in net assets or fund balances (attach explanation)	20
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21 84929

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
22	82420	22 84728
23		23
24	2500	24 2500
25	84929	25 87268
26		26
27	84929	27 87268

HNE

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? **Labor organization**

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, and other relevant information for each program title.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts; optional  
for others.)

28

**(Grants \$)**

) If this amount includes foreign grants, check here

28

29

**(Grants \$)**

If this amount includes foreign grants, check here

293

30

**(Grants \$)**

If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$

If this amount includes foreign grants, check here

31a

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

Part IV List

**Trustees, and Key Employees.** List each one even if not

82

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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
Annette Y Goad	Vice-President	5377		1278
Stephen A Broughman	Secretary	3481		960
Richard D Mabrey	president	300		387
Nickey Nipper	Treasurer	9013		1709
Faye H Vines	President	2925		1244

## Part V. Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents? If Yes attach a conformed copy of the changes 34  Yes  No

35 If the organization had income from business activities such as those reported on lines 2 6a and 7a (among others) but not reported on Form 990 T attach a statement explaining why the organization did not report the income on Form 990 T 35a  Yes  No

a Did the organization have unrelated business gross income of \$1 000 or more or was it subject to section 6033(e) notice reporting and proxy tax requirements? 35b  Yes  No

b If Yes has it filed a tax return on Form 990 T for this year? 36  Yes  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  Yes  No

37a Enter amount of political expenditures direct or indirect as described in the instructions ► 37a  Yes  No

b Did the organization file Form 1120 POL for this year? 37b  Yes  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 period covered by this return? 38a  Yes  No

b If Yes complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts included on line 9 for public use of club facilities 40a  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 4912 ► 4955 ► 40b  Yes  No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I 40c  Yes  No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 40d  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

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 40f  Yes  No

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ►

Telephone no ►

ZIP + 4 ►

Located at ►

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  Yes  No

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

c At any time during the calendar year did the organization maintain an office outside of the U S? 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

44 Did the organization maintain any donor advised funds? If Yes Form 990 must be completed instead of Form 990 EZ 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes Form 990 must be completed instead of Form 990 EZ 45  Yes  No

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

<b>46</b>	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	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If Yes complete Schedule C Part II	<b>46</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes' complete Schedule E	<b>47</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non charitable related organization?	<b>48</b>	
<b>b</b>	If Yes was the related organization a section 527 organization?	<b>49a</b>	
<b>50</b>	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	<b>49b</b>	

(a) Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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**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 address of each independent contractor paid more than \$100 000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100 000 ► \_\_\_\_\_

<b>Sign Here</b>	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.		
	R D Arrington		11/8/10
► Signature of officer	R Duane Arrington		Date
► Type or print name and title	Treasurer		

<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self employed) address and ZIP + 4 ►		EIN ►	
			Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No