



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009 06

Open to Public  
InspectionUnder 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.

A For the 2009 calendar year, or tax year beginning October 1, 2005, 2009, and ending September 30, 20 06

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type. See  
Specific  
Instructions.

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

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

Beckley, WV 25802-1930

D Employer identification number

55-6024825

E Telephone number

F Group Exemption  
Number 1102Section 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 ▶ \$ 66280

## 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 contracts	2	
3	Membership dues and assessments	3	65588 05185
4	Investment income	4	43
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 (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G. If none, check here) <input type="checkbox"/>		
a	Gross revenue (not including \$ 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	4000
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	700
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	66331 66280
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	52272
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	23040
17	Total expenses. Add lines 10 through 16	17	75312
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(8981) (8824)
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	90689 93503
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	81708 84479

## 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 Cash, savings, and investments	84768 94009	81979 75787
23 Land and buildings		
24 Other assets (describe ▶)	2500	2500
25 Total assets	87268 93503	84479 77287
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87268 93503	84479 78287

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

13 NE

## Expenses

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

(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 . . . . ▶ <input type="checkbox"/>	28a
29		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a
31	Other program services (attach schedule) . . . . .	
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶	32

[illegible]

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If Yes attach a conformed copy of the changes		✓
<b>35</b>	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		
<b>a</b>	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?		✓
<b>b</b>	If Yes has it filed a tax return on <b>Form 990 T</b> for this year?		✓
<b>36</b>	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		
<b>37a</b>	Enter amount of political expenditures direct or indirect as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120 POL</b> for this year?		✓
<b>38a</b>	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?		✓
<b>b</b>	If Yes complete Schedule L Part II and enter the total amount involved <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>a</b>	Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts included on line 9 for public use of club facilities <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶		
<b>b</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		✓
<b>c</b>	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 ▶		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b>	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		✓
<b>41</b>	List the states with which a copy of this return is filed ▶		
<b>42a</b>	The organization's books are in care of ▶ Telephone no ▶ Located at ▶ ZIP + 4 ▶		
<b>b</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)?	Yes	No
	If Yes enter the name of the foreign country ▶		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90 22.1 Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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 ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of <b>Form 1041</b> — Check here ▶ <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If Yes Form 990 must be completed instead of Form 990 EZ		✓
<b>45</b>	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		✓

**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

- 46** 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 **Yes** **No**
- 47** Did the organization engage in lobbying activities? If **Yes** complete Schedule C Part II **46** **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 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

**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.			
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Signature of officer         </div> <div style="text-align: center;">           11/8/10            Date         </div> </div>			
	<div style="text-align: center;">             Type or print name and title         </div>			
<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 <span style="float: right;">▶ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			