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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning Oct 1 , 2006, and ending September 30 , 20 07

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNICATION WORKERS OF AMERICA 7076 LOCAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
460 ST MICHAELS DRIVE, BUILDING 1000 1001

City or town, state or country, and ZIP + 4
SANTA FE, NM 87505

D Employer identification number
20 1408132

E Telephone number
(505) 955-8534

F Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) ▶

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

H *and I are not applicable to section 527 organizations.*
H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) If "Yes," enter number of affiliates ▶ .....
H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☑ Yes ☐ No

G Website: ▶ WWW.SEA-CWA.ORG

J Organization type (check only one) ▶ ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ 1102

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 368685

M Check ▶ ☑ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $_____ noncash $_____)		1e	0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	0
	3	Membership dues and assessments		3	368685
	4	Interest on savings and temporary cash investments		4	0
	5	Dividends and interest from securities		5	0
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	0
	7	Other investment income (describe ▶)		7	0
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	0
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	0
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	0
	11	Other revenue (from Part VII, line 103)		11	0
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	368685
Expenses	13	Program services (from line 44, column (B))		13	397537
	14	Management and general (from line 44, column (C))		14	0
	15	Fundraising (from line 44, column (D))		15	0
	16	Payments to affiliates (attach schedule)		16	0
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	397537
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	-28852
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	134199
	20	Other changes in net assets or fund balances (attach explanation)		20	10423
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	115770

19NE

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a	0			
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	1300			
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	250			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	78064			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	95026			
27 Pension plan contributions not included on lines 25a, b, and c	27	0			
28 Employee benefits not included on lines 25a – 27	28	26750			
29 Payroll taxes	29	26778			
30 Professional fundraising fees	30	0			
31 Accounting fees	31	7324			
32 Legal fees	32	0			
33 Supplies	33	3777			
34 Telephone	34	13179			
35 Postage and shipping	35	1382			
36 Occupancy	36	26118			
37 Equipment rental and maintenance	37	9751			
38 Printing and publications	38	0			
39 Travel	39	59680			
40 Conferences, conventions, and meetings	40	23153			
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	3675			
43 Other expenses not covered above (itemize):					
a Per Capita Dues-CWA-State, NMCLC,CLC	43a	18526			
b Misc-Bank Fees/Holiday Party	43b	2804			
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	397537			

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $_____; **(ii)** the amount allocated to Program services $_____; **(iii)** the amount allocated to Management and general $_____; and **(iv)** the amount allocated to Fundraising $_____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ **To Represent State Workers' Contract**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **Local 7076 represents state employees in bargaining units in the state of New Mexico promoting fair labor practices on behalf of the Local's constituency.**

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

b

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		116527	45	98772
	46	Savings and temporary cash investments		0	46	0
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable		0	49	0
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b	0
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use		0	52	0
	53	Prepaid expenses and deferred charges		0	53	0
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		0	54a	0
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		0	54b	0
	55a	Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57a	Land, buildings, and equipment: basis	57a 21377			
	b	Less: accumulated depreciation (attach schedule)	57b 4379	17673	57c	16998
	58	Other assets, including program-related investments (describe ▶)		0	58	0
	59	**Total assets** (must equal line 74). Add lines 45 through 58		134199	59	115770
Liabilities	60	Accounts payable and accrued expenses		0	60	0
	61	Grants payable		0	61	0
	62	Deferred revenue		0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe ▶)		0	65	0
	66	**Total liabilities.** Add lines 60 through 65		0	66	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		134199	67	115770
	68	Temporarily restricted		0	68	0
	69	Permanently restricted		0	69	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		134199	73	115770
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		134199	74	115770

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4			b
c	Subtract line b from line a			c
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			d
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 plans	(E) Expense account and other allowances
Robin Gould 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	President-40	39000	0	3600
Phil Sweeney 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	EVP-3	2862	0	3600
Mary Hilbert 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Secretary-20	15217	0	1800
Cindy Loretto 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Treasurer-20	12528	0	1950
Dan Secrist 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Reg 1 VP-2	1506	0	1200
Carl Reed 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	GSD Agency VP-1	158	0	1300
Richard Asbury 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Region 3 VP-1	722	0	1200
Caroline Jaramillo-Crone 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	PED Agency VP-1	227	0	0
Thomas Schramen 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	DOH Agency VP-1	272	0	800
Additional Officers See attached Schedule				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 16			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		✓
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b	If "Yes," enter the name of the organization ▶ ..... and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		✓

Part VI Other Information *(continued)*

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	✓	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		✓
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		✓
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	*501(c)(3) and 501(c)(4) orgs.* 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 a statement explaining each transaction	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, 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?	89e		✓
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		

90a List the states with which a copy of this return is filed ▶ None

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 16

91a The books are in care of ▶ Organization Telephone no. ▶ (505) 955-8534

Located at ▶ 460 St Michaels Dr, Bldg 1000, Ste 1001, SF, NM ZIP + 4 ▶ 87505

		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)?	91b		✓
	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.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					368685
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))					368736
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					368736

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	**Membership dues support bargaining and union representation for state employees, including grievances, arbitration and Employee/Employer relations**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☑ No

Note: *If "Yes" to* ***(b)****,* ***file Form 8870 and Form 4720*** *(see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		✓

Please Sign Here

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 — Date: 7/7/11

Michelle M. Lewis President CWA Local 7076

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Dale K Welsh	Date: 7/6/11	Check if self-employed ▶ ☑	Preparer's SSN or PTIN (See Gen. Inst. X): P01491885	
Firm's name (or yours if self-employed), address, and ZIP + 4: **Dale K Welsh**, **4 Buffalo Canyon, Santa Fe, NM 87505**		EIN ▶		
		Phone no. ▶ (505) 603-9690		

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances
Line 20 Other Changes in Net Assets Explanation: Prior Period Adjustment (Addn Revenue recorded)

Part II: Statement of Functional Expenses
Line 22b Other Grants and allocations

Somos Un Pueblo Unido	250
Santa Fe Living Wage Network	500
Thomas Scharmen - Public Health Meeting	100
Health Security for New Mexico	250
March of Dimes	200
	1,300

Part II: Statement of Functional Expenses
Line 24 Benefits Paid to or for members

Individual Members (2) -Bereavement	150
Individual Members - Savings Bonds - New babies	100
	250

Part IV Balance Sheet
Assets
Line 57

Schedule of Assets and Accumulated Depreciation	Cost	Dep Method/Life	A/D at 9/30/06	Depreciation Expense 2007	A/D at 9/30/07	Book Value at 9/30/07
Land	3,000					3,000
Equipment	18,377	SL 5 Yr	704	3,675	4,379	13,998
Total	21,377		704	3,675	4,379	16,998

Part V-A Current Officers, Directors, Trustees, and Key Employees
Continued

(A) Name and Address	(B) Title/Avg Hrs per Week	(C) Compensation	(D) Contributions-EE Benefit Plans/Def Comp Plans	(E) Expense account and other allowances
Norman Norvelle 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Wkrs Comp Agency VP-1	655	-	400
Anselm Emeanuwa 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Environ Dept Agency VP-1	750	-	1,100
Leona Maes 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	St Treas Office Agency VP-1	186	-	-
Ann Weisman 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Dep Cultural Affairs Agency VP-1	165	-	1,300
Gary Goss 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	TWSD Agency VP-2	504	-	100
Michelle Lewis 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Region 2 VP-2	2,165	-	1,300
Bertha Terrazas 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Comm for Status of Women Agency VP-1	-	-	1,300
Zachary Bangel 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Comm for Blind Agency VP-1	-	-	700
Paula Hopper 460 St Michaels, Bldg 1000, Ste 1001, SF, NM	Region 4 VP-1	1,147	-	1,200