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## Short Form Return of Organization Exempt From Income Tax

2008

Open to Public

Inspection

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 \$1,000,000 and total assets less than \$2,500,000 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

| Α                   | \ F           | For the 2008 calendar ye                           | ear, or tax year beginning                                   | 10/01                                  | , 2008, and                               | l ending                   | 9/30             |                 | , 2009                   |
|---------------------|---------------|--|--|--|---|----------------------------|------------------|-----------------|--------------------------|
| В                   |               | Check if applicable                                |  |  |   |                            |                  | nployer         | dentification number     |
| Γ                   | ⊿ [           | Address change use IRS                             | COMMUNICATION WORK   | ERS OF AMERIC                          | A 6016                                    |                            | 7                | 3-0             | 595552                   |
|                     | $\exists$     |  | 5408 N. SANTA FE.  |  |   |                            |                  | _               | number                   |
|                     | ı-            | nitial return type                                 | OKLAHOMA CITY, OK  |  |   |                            | 1                | •               | 528-6016                 |
|                     | ַ⊒ד           | ermination See Specific                            |  |  |   |                            | <del> 3</del>    | .05             | 020 0010                 |
|                     | =             | Amended return Instructions.                       |  |  |   |                            |                  | roup E<br>umber | xemption                 |
|                     |               | • Section 501(c)(3)                                | organizations and 4947(a)(1)<br>th a completed Schedule A (  | ) nonexempt charital                   | le trusts                                 |                            | ccounting metho  | od: 🛭 🗎         | Cash Accrual             |
| _                   |               | must attac   | h a completed Schedule A (                                   | Form 990 or 990-EZ).                   |   |                            | ther (specify) > |                 | <del></del>              |
| D :                 |               | 4/ 1 *** - NT / 7                                  |  |  |   |                            |                  |                 | ganization is <b>not</b> |
| Ď.                  |               | Vebsite: ► <u>N/A</u>                              | one) - X 501(c) ( 5 )  | 4047                                   | (a)(1) or 52                              | _   ~                      | 90-EZ, or 990-P  |                 | edule B (Form 990,       |
| ⊵ K<br>⊵ ¬          |               | Organization type (check only of the organization) | one) — [A] 501(c) ( 5 )<br>nization is not a section 509(a   |  | (+)( ·) · · · · · · · · · · · · · · · · · |                            |                  |                 | ot more than             |
| AZZNI               |               | 625.000 A return is not r                          | required, but if the organizat                               | ion chooses to file a                  | return, be sure                           | e to file a                | complete return  | ialiy II<br>I.  | ot more man              |
| ₩ -                 |               |  | , to line 9 to determine gross                               |  |   |                            |                  |                 |                          |
| J -                 |               | nstead of Form 990-EZ                              |  |  |   |                            |                  | ►\$             | 397,112.                 |
| _ [                 | ar            | t Revenue, Ex                                      | xpenses, and Change  | s in Net Assets o                      | r Fund Bal                                | ances (                    | See the inst     | ructio          | ons for Part I.)         |
| A N %<br>. A        | П             |  | , grants, and similar amount                                 |  |   |                            |                  | 1               |                          |
| <u> </u>            |               | 2 Program service re                               | evenue including governmen                                   | fees and contracts                     |   |                            |                  | 2               |                          |
| : ``<br><b>&gt;</b> |               | 3 Membership dues a                                |  |  |   |                            |                  | 3               | 384,703.                 |
|                     |               | 4 Investment income                                |  |  | 1 -                                       | 1                          |                  | 4               | 443.                     |
| <b>2</b> 019        |               |  | n sale of assets other than in                               | ventory                                | 5   | <del></del>                |                  |                 |                          |
|                     | _             |  | basis and sales expenses                                     |  | 5   | b                          |                  | _               |                          |
|                     | Ë             | ` ,  | of assets other than inventory (Sub-                         |  | •   | hoek horo                  | ▶ [~]            | 5c              |                          |
|                     | Ě             | •  | vities (complete applicable parts of S                       |  |   | леск пеге                  | - 🗀              |                 |                          |
| į                   | REVENU        | a Gross revenue (not                               | t including \$   | of contributi                          | ons                                       | اء                         |                  |                 |                          |
|                     |               | reported on line 1)                                | ses other than fundraising ex                                | 1800                                   | 1-10 6                                    |                            |                  |                 |                          |
|                     |               |  | m special events and activities (Sub                         |  | ,   | <u> </u>                   |                  | 6c              |                          |
|                     |               | · · ·  | entory, less returns and allow                               |  | 7:  | al                         | <u> </u>         |                 |                          |
|                     |               | <b>b</b> Less cost of goods                        | • •  |  | 71  |                            |                  |                 |                          |
|                     |               | -  | s) from sales of inventory (S                                | ubtract line 7b from I                 | ıne 7a)                                   |                            |                  | 7с              |                          |
|                     |               |  | ► SEE STATEMENT  |  |   |                            | )                | 8               | 11,966.                  |
|                     |               |  | I lines 1, 2, 3, 4, 5c, 6c, 7c,                              |  |   |                            | <b>-</b>         | 9               | 397,112.                 |
|                     |               |  | amounts paid (attach sched                                   |  | SEE                                       | STATE                      | MENT 2           | 10              | 1,564.                   |
|                     | _             | 11 Benefits paid to or                             | · · · · · · · · · · · · · · · · · · ·                        | ,                                      |   |                            |                  | 11              | 5,215.                   |
|                     | E<br>X<br>P   | 12 Salaries, other com                             | npensation, and employee b                                   | enefits                                |   |                            |                  | 12              | 262,630.                 |
|                     | Εl            | 13 Professional fees a                             | and other payments to indep                                  | endent contractors                     |   |                            |                  | 13              | 19,007.                  |
|                     | = 1           |  | itilities, and maintenance                                   |  |   |                            |                  | 14              | 34,869.                  |
|                     | s             | <b>V.</b> (  | ns, postage, and shipping                                    | _                                      |   |                            |                  | 15              | 6,689.                   |
| $\forall$           | t             |  | e > SEE STATEMENT  | 3                                      |   |                            | ) _              | 16              | 87,500.                  |
| ₹ —                 | +             | 17 Total expenses (ad                              | dd lines 10 through 16)                                      |  | <del></del>                               |                            | <b>•</b>         | 17              | 417,474.                 |
|                     |               | 18 Excess or (deficit)                             | for the year (Subtract line 17                               | from line 9)                           |   |                            |                  | 18              | -20,362.                 |
| 3/50                | ŝ             | 19 Net assets or fund                              | balances at beginning of year                                | ar (from line 27, colui                | nn (A)) (must                             | agree wit                  | h end-of-year    | 10              | 204 465                  |
| <b>1</b> 77         | Ē             | figure reported on p                               | •  | attach avalanation)                    |   |                            |                  | 19<br>20        | 204,465.                 |
| <b>,</b>            | s             | 21 Net assets or fund                              | net assets or fund balances (<br>balances at end of year. Co |  | ıh 20                                     |                            | <b>&gt;</b>      | 21              | 184,103.                 |
| 110202 THE          | 222           | H Ralance She                                      | eets. If Total assets on line                                |  |   | nore file                  |                  |                 |                          |
| ے∠                  | - <del></del> | th   Dalatice Stit                                 | (See the instructions for F                                  |  | 2,500,000 01 1                            | $\overline{}$              | Beginning of ye  |                 | (B) End of year          |
|                     | 22            | Cash, savings, and inve                            |  | wi v (11,)                             |   | \ \(\frac{\lambda}{\chi}\) | 66,814           |                 | 51,297.                  |
| 6                   |               | Land and buildings                                 |  |  |   |                            | 137,651          |                 | 132,806.                 |
| เก                  |               | Other assets (describe                             | <b>&gt;</b>  | )                                      |   |                            | , , , , , ,      | 24              | ,                        |
| 4                   |               | Total assets                                       |  | ······································ |   |                            | 204,465          | . 25            | 184,103.                 |
| 0                   | 26            | Total liabilities (describ                         |  | )                                      |   |                            | 0                | . 26            | 0.                       |
| 3                   | 27            | Net assets or fund bala                            | ances (line 27 of column (B)                                 | must agree with line                   | 21)                                       |                            | 204,465          | . 27            | 184,103.                 |

TEEA0803L 09/18/08

TBAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

|            | 1990-EZ (2008) COMMUNICATION W   |  |  |  | -059          | 95552 Page <b>2</b>  |
|------------|--|--|--|--|---------------|--|
| Par        |  |  | s (See the instruct  | ions.)   |               | Expenses   |
| Desc       | s the organization's primary exempt purpose?  LP  ribe what was achieved in carrying out th  ribe the services provided, the number of  ram title. | BOR UNION e organization's exempt purpo<br>persons benefited, or other r | oses. In a clear and cor<br>elevant information for  | ncise manner,  | and (<br>4947 | uired for 501(c)(3)<br>(4) organizations and<br>(a)(1) trusts, optional<br>thers.) |
|            | CDC CM3 MD1/M1/M 4   |  |  |  |               | uicis.y  |
| 29         | (Grants \$ ) If th   | is amount includes foreign gr  | ants, check here   | <u> </u>   | 28 a          |  |
|            |  |  |  |  |               |  |
| 30         | (Grants \$ ) If th   | ıs amount ıncludes foreign gr  | ants, check here   |  | 29 a          |  |
|            |  | is amount includes foreign gr  | ants, check here   |  | 30 a          |  |
| 31         | Other program services (attach schedule (Grants \$ ) If the  | )<br>is amount includes foreign gra                                      | ants, check here   | <b>►</b> □   | 31 a          |  |
| 32         | Total program service expenses (add lin  |  |  | •  | 32            |  |
| Par        | t IV List of Officers, Directors   | , Trustees, and Key Em   | iployees. (List each o   | one even if not com  | npens         | sated. See the instrs)   |
|            | (a) Name and address   | (b) Title and average hours<br>per week devoted<br>to position           | not paid, enter -0)  | (d) Contributions t<br>employee benefit plans<br>deferred compensati | s and         | (e) Expense account and other allowances   |
| 134        | HAEL AHERN<br>9 OSWEGO DR.<br>ON, OK 73099   | VICE PRESIDENT<br>0  | 7,420.   |  | 0.            | 140.   |
| 210        | ICA EASON<br>O ANDOVER COURT<br>AHOMA CITY, OK 73120   | VICE PRESIDENT<br>0  | 31,009.  |  | 0.            | 534.   |
| 890        | NITA FINE<br>9 S. VILLA<br>AHOMA CITY, OK 73159  | SECRETARY<br>0   | 37,895.  |  | 0.            | 140.   |
| AUD<br>P.O | REY BROWN . BOX 633 OND, OK 73083  | VICE PRESIDENT<br>0  | 17,202.  |  | 0.            | 485.   |
| RON<br>145 | DYE<br>BLAKE<br>WEST CITY, OK 73130  | GRP VICE PRES<br>0   | 27,032.  |  | 0.            | 140.   |
| DON<br>870 | ALD POE 4 S. FAIRVIEW AHOMA CITY, OK 73159   | GRP VICE PRES<br>0   | 14,211.  |  | 0.            | 0.   |
| MIK<br>911 | E GOODALL<br>5 BOBWHITE RD<br>ON, OK 73099   | VICE PRESIDENT<br>0  | 11,874.  |  | 0.            | 533.   |
| KAR<br>131 | EN MATHEWS<br>6 N. SPG RD<br>AHOMA CITY, OK 73127  | VICE PRESIDENT<br>0  | 8,294.   |  | 0.            | 140.   |
|            |  |  |  |  |               |  |
| <br>       |  |  |  |  |               |  |
|            |  |  |  |  |               |  |
|            |  |  |  |  |               |  |
| BAA        |  | TEEA0812L 0  | 1/14/09  |  | 1             | Form <b>990-EZ</b> (2008)  |
|            |  |  | The state of the s |  |               | · ()   |

| 1   | 17 4 1 Other mormation (Note the statement requirement in General instruction V.)   |          |                |         |
|-----|---|----------|----------------|---------|
|     |   |          | Yes            | No      |
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of  |          | 1              |         |
|     | each' activity  | 33       | <u> </u>       | X       |
| 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  | 34       |                | X       |
| 35  |   |          | ፟፞፟፟፟          | 1       |
|     | attach a statement explaining your reason for not reporting the income on Form 990-T  |          | 1              |         |
|     | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and  |          |                |         |
|     | proxy tax requirements?   | 35 a     |                | X       |
|     | b If 'Yes,' has it filed a tax return on Form 990-T for this year?  | 35 b     |                |         |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year?  |          | İ              | 1       |
|     | If 'Yes,' complete applicable parts of Schedule N   | 36       |                | X       |
| 37  | a Enter amount of political expenditures, direct or indirect, as described in the instructions  | _        | 1              |         |
|     | b Did the organization file Form 1120-POL for this year?  | 37 Ь     |                | X       |
| 38  | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  | 38a      |                | Х       |
|     | b If 'Yes,' complete Schedule L, Part II and enter the total  | -        |                |         |
|     | amount involved 38b N/A   | 4        |                |         |
| 39  | 501(c)(7) organizations Enter.  |          | •              |         |
|     | a Initiation fees and capital contributions included on line 9  | -        |                |         |
|     | b Gross receipts, included on line 9, for public use of club facilities.  39b  N/A  | 4        |                |         |
| 40  | a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.   |          |                |         |
|     | section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>   |          |                | ļ       |
| l   | o 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,' complete Schedule L, Part I   | 40 b     |                | ļ       |
| •   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |          | TOTAL          |         |
|     | Enter amount of tax on line 40c 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? If 'Yes,' complete Form 8886-T  | 40 e     |                | x       |
|     | List the states with which a copy of this return is filed ► NONE  |          |                |         |
|     | Telephone no   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.  If 'Yes,' enter the name of the foreign country.  | 28-6<br> | 016<br><br>Yes | No<br>X |
| Ć   | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts:  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: | 42c      |                | X       |
|     |   |          |                |         |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here   | ı        |                | N/A     |
|     | and enter the amount of tax-exempt interest received or accrued during the tax year   |          |                | N/A     |
|     |   | ı        | Yes            | No      |
|     |   |          | 162            | 140     |
| 44  | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  | 44       |                | Х       |
| 4-  |   |          |                |         |
| 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       |                | х       |
| BAA |   |          | F7 (           | 2008)   |

|                 | -EZ (2008) COMMUNICATION WORKE   |   |  | 73-0595   | 5552                              | F            | age <b>4</b> |
|-----------------|--|---|--|---|-----------------------------------|--------------|--------------|
| Part VI         | Section 501(c)(3) organization and complete the tables for lin   | i <b>s only.</b> All section 5<br>es 50 and 51                          | 501(c)(3) organiza   | itions must answer o  | question:                         | s 46-        | 49           |
| <b>46</b> Did   | the organization engage in direct or indirect  |   | vities on behalf of or in                                    | opposition to candidates  |                                   | Yes          | No           |
| for p           | oublic office? If 'Yes,' complete Schedule C   | C, Part I   |  | opposition to carialactor   | 46                                |              |              |
|                 | the organization engage in lobbying activiti   |   | ·  |   | 47                                |              |              |
|                 | e organization operating a school as descr<br>the organization make any transfers to an i                        |   |  | ete Schedule E  | 48<br>49 a                        |              |              |
|                 | es,' was the related organization(s) a section   |   | iated organization:  |   | 49a                               |              |              |
| <b>50</b> Com   | plete this table for the five highest comperived more than \$100,000 of compensation                             | nsated employees (other   | than officers, directors                                     | s, trustees and key emplo   | L                                 | each         |              |
|                 | n) Name and address of each employee paid<br>more than \$100,000   | (b) Title and average<br>hours per week<br>devoted to position          | (c) Compensation   | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp<br>accour<br>other allo   | nt and       | ;            |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   | -            |              |
|                 |  |   |  |   |                                   |              | <del></del>  |
| Total number    | of other employees paid over \$100,000   |   |  |   |                                   |              |              |
| 51 Comp<br>from | plete this table for the five highest compen<br>the organization. If there is none, enter 'No                    | sated independent contra<br>one.'                                       | actors who each receiv                                       | ved more than \$100,000 c   | of compens                        | sation       |              |
|                 | (a) Name and address of each independent contra  | actor paid more than \$100,000  |  | (b) Type of service   | (c) Compe                         | nsation      |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              | —            |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  |   |  |   |                                   |              |              |
|                 |  | ······································                                  |  |   |                                   |              |              |
|                 |  |   | <del>-</del>   |   |                                   |              |              |
| otal numb       | er of other independent contractors receive  | ing over \$100,000  | <b>&gt;</b>  |   |                                   |              |              |
|                 | Under penalties of perjury, I declare that I have examing true, correct, and complete Declaration of preparer (o | ned this return, including accomp<br>ther than officer) is based on all | panying schedules and staten<br>information of which prepare | nents, and to the best of my know<br>r has any knowledge              | wledge and be                     | elief, it is | ,            |
| Sign            | - Juntontine   |   |  | 1 2.11-20,  | <del> </del>                      |              |              |
| lere            | Signature of officer   |   |  | Date  |                                   |              |              |
|                 | Type or print name and title   |   |  | SECRETARY   |                                   |              |              |
| Paid<br>Pre-    | Preparer's DEBRA G. MOREHEA  | D   | Date 2-15-10   | Check if See Self-employed N/A  | arer's Identifyi<br>instructions) | ng Num       | ber          |
| arer's          | Firm's name (or DEBRA G. MOREHEA   | D, CPA, P.C.  |  |   |                                   |              |              |
| Jse             | yours if self employed), address, and STA E. MEMORIAL  | RD.   |  | EIN ► N,  |                                   |              |              |
| Only            | ZIP+4 EDMOND, OK /3013   |   |  | Phone no ► (405)  | <u>478−3</u>                      | _            | <del></del>  |
| lay the IRS     | S discuss this return with the preparer show   | wn above? See instructio  | ns   |   | X  Yes<br>Form 990-               | F7 (2)       |              |
|                 | TAX FA   | 1 -1 10   |  |   | . omii <b>334-</b>                | <u></u> (∠'  | 500)         |

TAX FAILING COPY

TEEA0812L 01/14/09

#### Form . 4562 `

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No

67

| Name     | e(s) shown on return   |  |   |                     |                     |                | lde         | entifying r                           | number   |
|----------|--|--|---|---------------------|---------------------|----------------|-------------|---------------------------------------|--|
| CC       | MMUNICATIONS WORKERS   | S OF AMERICA                                   |   |                     |                     |                |             |                                       |  |
| Busin    | ess or activity to which this form relates   |  |   |                     |                     |                |             |                                       |  |
| _A]      | l Business Activitie   | ≥s   |   |                     |                     |                |             |                                       |  |
| P        | int 🖭 Election To Expe   | ense Certain Pro                               | perty Under S   | ectio               | n 179               |                |             |                                       |  |
|          | Note: If you have  | any listed property                            | , complete Par  | t V be              | fore you co         | mplete P       | art I.      |                                       |  |
| 1        | Maximum amount See the instruc   | ctions for a higher limit f                    | or certain busines:   | ses                 |                     |                |             | 1                                     | 250,000.00   |
| 2        | Total cost of section 179 property   | placed in service (see                         | instructions)   |                     |                     |                |             | 2                                     |  |
| 3        | Threshold cost of section 179 property before reduction in limitation (see instructions) |  |   |                     |                     |                |             |                                       | 800,000.00   |
| 4        | Reduction in limitation Subtract   | line 3 from line 2 If ze                       | ero or less, enter -  | 0-                  |                     |                |             | 4                                     |  |
| _5       | Dollar limitation for tax year Subtract lin  | ne 4 from line 1. If zero or le                | ess, enter -0- If marrie                                      | d filing s          | eparately, see 1    | nstructions    |             | 5                                     | Late a proper service and a proper of the service of   |
| •        | (a) Descripti  | on of property                                 |   | (b) Co              | st (business use    | e only)        | (c) Elected | cost                                  |  |
| 6        |  |  |   |                     |                     |                |             | <del></del>                           |  |
|          |  |  |   | <u> </u>            |                     | <del></del>    |             |                                       |  |
| 7        | Listed property Enter the amour  |  |   |                     |                     | 7              |             | - I                                   |  |
| 8        | Total elected cost of section 179  |  |   | nes 6 a             | nd 7                |                |             | 8                                     |  |
| 9        | Tentative deduction Enter the sm   |  |   |                     |                     |                |             | 9                                     |  |
| 10       | Carryover of disallowed deduction  | •  |   | -                   |                     |                | _           | 10                                    |  |
| 11       | Business income limitation Enter   |  | •   |                     | ,                   | e instruction  | 18)         | 11                                    |  |
| 12       | Section 179 expense deduction  |  |   | ore than            | i line 11           | 40             | <del></del> | 12                                    | The Control of the State of the |
| 13       | Carryover of disallowed deduction  |  |   |                     |                     | 13             | <del></del> |                                       | Cardina Cardina  |
|          | : Do not use Part II or Part III belo  |  |   |                     | 4: (D               | -4 inaluda     | listed pr   |                                       | (Coo instructions)   |
|          | nt II Special Deprecia   |  |   |                     |                     |                |             | operty.)                              | (See instructions.)  |
| 14       | Special depreciation allowance   | for qualified property (                       | otner tnan listed p   | roperty             | ) praced in Se      | ervice durinț  | J           | 144                                   |  |
| 4-       | the tax year (see instructions)  | (4) -14  |   |                     |                     |                |             | 15                                    |  |
| 15       | Property subject to section 168(f)(  |  |   |                     |                     |                |             | 16                                    | 4 04E 10   |
| 16<br>De | Other depreciation (including ACR  |  | ido listad prop   | orty ) /            | Soo inetru          | ctione \       |             | 1 10                                  | 4,845.10   |
| <u>}</u> | MACKS Deprecia   | ation (Do not more                             |   | ion A               | OCC IIISU U         | 000113.7       |             |                                       |  |
| 17       | MACRS deductions for assets pla  | cod in conject in tay yes                      |   |                     |                     |                |             | 17                                    | <u> </u>   |
| 18       | If you are electing to group any assets p  |  |   |                     | ral accet accour    | nte chack hard |             | <u> </u>                              |  |
| 10       | · · · · · · · · · · · · · · · · · · ·  | Assets Placed in Ser                           |   |                     | -                   |                |             | 1000 000 200                          |  |
|          | (a) Classification of property   | (b) Month and year placed in service           | (c) Basis for depr<br>(business/investme<br>only-see instruct | eciation<br>ent use | (d) Recovery period | (e) Conven     |             | Method                                | (g) Depreciation deduction   |
| 19a      | 3-year property  | 4 4  |   | ,,,,,               |                     |                |             |                                       |  |
| <u></u>  | 5-year property  | 3. A.  |   |                     | 1                   |                |             |                                       |  |
|          | 7-year property  |  | · · · · · ·   |                     |                     |                | *           |                                       |  |
| d        | 10-year property   |  |   |                     |                     |                |             | · · · · · · · · · · · · · · · · · · · |  |
|          | 15-year property   | 7 - A - 10 10 10 10 10 10 10 10 10 10 10 10 10 |   |                     |                     |                |             |                                       |  |
| f        | 20-year property   |  |   |                     |                     |                |             |                                       | · · · · · · · · · · · · · · · · · · ·  |
| q        | 25-year property   | of the second second                           |   |                     | 25 yrs              |                |             | S/L                                   |  |
|          | Residential rental   |  |   |                     | 27 5 yrs            | ММ             | ,           | <br>S/L                               |  |
|          | property   |  |   |                     | 27 5 yrs            | ММ             | ,           | S/L                                   |  |
| i        | Nonresidential real  |  |   |                     | 39 yrs              | MM             | ,           | S/L                                   |  |
|          | property   |  |   |                     |                     | MM             |             | S/L                                   |  |
| -        | Section C-As   | ssets Placed in Servi                          | ce During 2008 7  | ax Yea              | r Using the         | Alternative    | Depreciati  | on Syste                              | em   |
| 20a      | Class life   |  | <b></b>   |                     |                     |                |             | <br>S/L                               |  |
| b        | 12-year  | and the state of                               |   |                     | 12 yrs              |                | ;           | S/L                                   |  |
| C        | 40-year  |  |   |                     | 40 yrs              | MM             |             | S/L                                   |  |
| Pa       | irttlW Summary (see ins  | tructions)                                     |   |                     |                     |                |             |                                       |  |
| 21       | Listed property Enter amount from  |  |   |                     |                     |                |             | 21                                    |  |
| 22       | Total. Add amounts from line 12  |  | lines 19 and 20 in  | colum               | n (g), and line     | 21             |             |                                       |  |
|          | Enter here and on the appropria  | te lines of your return                        | Partnerships and  | S corpo             | orations-see        | ınstr          |             | 22                                    | 4,845.10   |
| 23       | For assets shown above and pla   | aced in service during                         | the current year,   |                     |                     |                |             |                                       | of the state   |
|          | antar the portion of the book attrib   | outable to control 2024                        | aaata   |                     |                     | 22             |             |                                       | TO SHARE SHOWING THE PARTY OF T |

|           | OMMUNI<br>4562 (2008)                 | CATIONS WOR                                 | KERS OF A                               | MERICA           |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  | 0                |
|-----------|---------------------------------------|---|---|------------------|--------------------|-----------------------|------------------------|------------------------|------------------------|----------------------|-----------------------|-------------------|--------------|--|--|------------------|
| -         | art V                                 | Listed Prope                                | erty (Include a                         | automobile       | es, cert           | ain oth               | ner veh                | icles, c               | ellular                | teleph               | ones,                 | certain           | compi        | iters, a   | nd                                     | Page 2           |
|           | ,                                     | property used                               | d for entertair                         | ıment, rec       | reation            | n, or ar              | nusem                  | ent.)                  |                        | •                    | -                     |                   | •            |  |  |                  |
|           | •                                     | Note: For any ve<br>24a, 24b, colum         | enicle for which y<br>ins (a) through ( | c) of Section    | ne sta<br>A, all c | naara m<br>of Sectio  | ileage ra<br>in B, and | te or aec<br>1 Section | iucung le<br>i C if ap | ease exp<br>plicable | oense, c              | omplete (         | only         |  |  |                  |
| Sec       | tion A-De                             | preciation and O                            | ther Informatio                         | n (Caution:      | See the            | instruct              | ions for               | limits for             | passenç                | er autor             | nobiles               | )                 |              |  |  |                  |
| 24a       | Do you h                              | ave evidence to supp                        | ort the business/in                     | vestment use     | claimed            | 2                     | Yes                    | No                     | 24b                    | If "Yes,             | " is the              | evidence          | written?     |  | Yes                                    | N-               |
| _         | (a)                                   | (b)   | (c)<br>Business/                        | (0               |                    |                       | (e)                    |                        | (f)                    |                      | (g)                   |                   | (h)          |  |  | (i)              |
|           | e of property<br>t vehicles           | Date placed in service                      | investment<br>use                       | Cost o           | r other<br>sıs     | Bas<br>(bu            | is for dep             | reciation<br>vestment  | Recove                 | , I                  | Method/<br>convention |                   | Deprecia     |  |  | ected<br>ion 179 |
|           | first)                                |   | percentage                              |                  |                    |                       | use o                  | <del></del>            | <u> 1.'</u>            |                      |                       |                   |              |  |  | ost              |
| 25        |                                       | depreciation allowa                         | ·                                       |                  |                    |                       |                        | ig the tax             | (                      |                      |                       | _                 |              |  | 78.5                                   |                  |
|           |                                       | used more than 5                            |   |                  |                    | structio              | ns)                    |                        | -                      |                      |                       | 25                |              |  | 10000                                  | 10 1 1 m         |
| 26        | Property                              | used more than 50                           | 7% in a quaimeu                         | Dusiness us      | е                  |                       |                        |                        |                        |                      |                       |                   |              | <del></del> -                                    | т                                      |                  |
|           |                                       |   | %                                       |                  |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
|           |                                       |   | 7.0                                     | ]                |                    |                       |                        |                        |                        |                      |                       | <del></del>       |              |  |  |                  |
|           |                                       |   | %                                       | ļ                |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
| 27        | Property                              | used 50% or less i                          | in a qualified bus                      | iness use        |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
|           |                                       |   |   |                  |                    |                       |                        |                        |                        |                      |                       |                   |              |  | نېرځ پر ر                              |                  |
|           |                                       |   | %                                       |                  |                    |                       |                        |                        |                        | S/                   | L                     |                   |              |  |  |                  |
|           | Ì                                     |   |   |                  |                    |                       |                        |                        |                        | ŀ                    |                       |                   |              |  | ************************************** |                  |
|           |                                       |   | %                                       |                  |                    |                       | <u></u>                |                        | l                      | S/                   |                       |                   |              |  |  |                  |
| 28        |                                       | ounts in column (h                          | -                                       | -                |                    |                       | ne 21, pa              | age 1                  |                        |                      |                       | 28                |              |  | ¢ , % ?                                |                  |
| 29        | Add amo                               | ounts in column (i)                         | , line 26 Enter h                       |                  |                    |                       |                        |                        |                        |                      |                       |                   |              | 29   | L                                      |                  |
| Com       | nloto this                            | section for vehicle                         | as used by a sele                       |                  |                    |                       |                        | Use of                 |                        |                      | to d = ===            |                   |              |  |  |                  |
| If yo     | u providec                            | i vehicles to your e                        | employees, first                        | answer the       | questioi           | , or oure<br>is in Se | ction C                | to see if              | you me                 | et an ex             | ception               | to compl          | etina thi    | s section  | n for tho                              | se vehic         |
| 30        |                                       | siness/investment                           |   |                  | Г                  | a)                    | 1                      | b)                     | т                      | (c)                  |                       | (d)               | T            | e)   | <del></del>                            | (f)              |
|           |                                       | e year (do not incl                         |   |                  |                    | cle 1                 | ,                      | icle 2                 | į.                     | ıcle 3               |                       | nicle 4           | 1            | icle 5   | 1                                      | icle 6           |
|           | miles)                                | , ,   | J                                       |                  |                    |                       |                        |                        |                        | -                    |                       |                   |              |  | 10                                     |                  |
| 31        | Total con                             | nmuting miles drive                         | en during the yea                       | r                |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
| 32        | Total oth                             | er personal (nonco                          | mmuting) miles o                        | friven           |                    |                       | <u> </u>               |                        |                        |                      | <u> </u>              |                   |              |  |  |                  |
| 33        | Total mile                            | es driven during the                        | e year Add                              |                  |                    |                       | 1                      |                        |                        |                      |                       |                   |              |  | j                                      |                  |
|           |                                       | hrough 32                                   |   |                  |                    |                       | ļ                      |                        |                        | <del></del>          | ļ                     | 1                 | ļ <u>.</u>   |  | ļ                                      | <del></del>      |
| 34        |                                       | vehicle available fo                        | r personal                              |                  | Yes                | No                    | Yes                    | No                     | Yes                    | No                   | Yes                   | No                | Yes          | No   | Yes                                    | No               |
| 25        |                                       | ig off-duty hours?<br>vehicle used prima    | mby by a                                |                  | <u> </u>           |                       | <b></b>                |                        |                        | <del> </del>         | -                     | +                 | <del> </del> |  |  | -                |
| 35        |                                       | venicie useu prima<br>in 5% owner or rel    | , ,                                     |                  |                    |                       |                        | 1                      |                        |                      |                       | Ì                 | 1            |  | ļ                                      | }                |
| 36        |                                       | er vehicle available                        |   | 2                |                    |                       |                        |                        | <del></del>            |                      |                       | +                 | <del> </del> | <del>                                     </del> |  |                  |
| <u></u>   | io dilottic                           |   | Section C-Que                           |                  | mplove             | ers Who               | Provid                 | e Vehic                | les for i              | lse by               | Their F               | mnlove            |              | <u>.                                    </u>     |  | L                |
| Ansv      | ver these q                           | uestions to determ                          |   |                  |                    |                       |                        |                        |                        | _                    |                       |                   |              |  |  |                  |
|           |                                       | 5% owners or relate                         | -                                       | •                | •                  |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
|           |                                       |   |   |                  |                    |                       |                        |                        |                        |                      |                       |                   |              |  | Yes                                    | No               |
| 37        | Do you m                              | naintain a written po                       | olicy statement th                      | at prohibits     | all perso          | nal use               | of vehicle             | es, includ             | ding com               | muting,              | by your               | employe           | es?          |  |  |                  |
| <b>38</b> | -                                     | naintain a written po                       | •                                       | •                | •                  |                       |                        |                        |                        | ng, by yo            | our empl              | oyees?            |              |  |  |                  |
|           |                                       | instructions for vel                        |   |                  |                    |                       | or 1% o                | more o                 | wners                  |                      |                       |                   |              |  |  |                  |
| 39        | -                                     | reat all use of vehi                        |   | •                |                    |                       |                        | ,                      |                        |                      |                       |                   |              |  |  | -                |
| 40        |                                       | rovide more than                            |   |                  |                    | tain into             | rmation                | mom you                | ur empio               | yees at              | oout                  |                   |              |  |  |                  |
| 41        |                                       | of the vehicles, and<br>neet the requiremer |   |                  |                    | monetr                | ation use              | 2 (See ir              | setructio              | ne I                 |                       |                   |              |  |  |                  |
| 71        |                                       | our answer to 37,                           |   |                  |                    |                       |                        | -                      |                        |                      | les                   |                   |              |  |  | . "              |
| Pa        | art VI                                | Amortization                                |   | 110 100, 0       | 10 1101 01         | onipioto.             | COOLON                 | D lot ale              | 3 00 010               | a voino              |                       |                   |              |  | <u>'</u>                               |                  |
|           | · · · · · · · · · · · · · · · · · · · |   |   |                  |                    |                       |                        |                        | -                      |                      | ]                     | (e)               | 1            |  |  |                  |
|           |                                       | (a)   |   | (b)<br>Date amor |                    |                       |                        | (c)<br>rtizable        |                        | (d<br>Co             | ,                     | Amortiza          | tion         | ۸m   | ( <b>f)</b><br>ortization f            | or               |
|           |                                       | Description of costs                        |   | begir            |                    |                       |                        | nount                  |                        | sect                 |                       | period<br>percent |              |  | this year                              |                  |
| 42        | Amortizat                             | tion of costs that be                       | egins during your                       | 2008 tax ye      | ar (see i          | nstructio             | ons)                   |                        |                        |                      |                       |                   |              |  |  |                  |
|           |                                       |   |   |                  |                    |                       |                        |                        |                        |                      |                       |                   |              |  |  |                  |
|           |                                       |   |   |                  |                    |                       |                        |                        |                        | <u> </u>             |                       |                   |              |  |  |                  |
| 43        |                                       | tion of costs that b                        | ,                                       |                  | •                  | 4                     | 1                      |                        |                        |                      |                       |                   | 43           |  |  |                  |
| <u>44</u> | i otal. Ac                            | dd amounts in colu                          | mm (i) See the                          | msuuctions       | ior whe            | <u>ге (о</u> ге       | וסרנ                   |                        |                        |                      |                       |                   | 44           |  |  |                  |

| 2008 F  | FEDERAL STATEMENTS                             |       |    | PAGE 1  |  |
|---|--|-------|----|---|--|
| CLIENT 600 COMMU  | NICATION WORKERS OF AMERICA 6016               |       | _  | 73-0595552  |  |
| 11/12/10  | <del></del>                                    |       |    | 11.13PM   |  |
| STATEMENT 1<br>FORM 990-EZ, PART I, LINE 8<br>OTHER REVENUE   |  |       |    |   |  |
| EXP REIMB NATIONAL ORGAN  |  | TOTAL | \$ | 11,966.<br>11,966.  |  |
| STATEMENT 2<br>FORM 990-EZ, PART I, LINE 10<br>GRANTS AND SIMILAR AMOUNTS P   | AID  |       |    |   |  |
| DONEE'S NAME:   | CWA PEDIATRI AIDS FOUNDATION OKLAHOMA CITY, OK |       |    |   |  |
| CASH AMOUNT GIVEN:  | OKLAHOMA CIII, OK                              |       | \$ | 804.  |  |
| DONEE'S NAME:   | SUSAN G KOMEN RACE FOR THE CURE                |       |    |   |  |
| CASH AMOUNT GIVEN:  | OKLAHOMA CITY, OK,                             |       | \$ | 100.  |  |
| DONEE'S NAME:   | MISCELLANEOUS                                  |       |    |   |  |
| CASH AMOUNT GIVEN:  | OKLAHOMA CITY, OK, AMOUNT GIVEN:               |       |    |   |  |
| STATEMENT 3 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  CONFERENCES, CONVENTIONS, AND CONSTITUTIONAL OBLIGATIONS DEPRECIATION DOOR PRIZES FLOWER FUND INFORMATION TECHNOLOGY OFFICE EXPENSES STRIKE PREPARATION TRAVEL | MEETINGS                                       | TOTAL | \$ | 13,721.<br>17,150.<br>4,845.<br>1,200.<br>537.<br>1,604.<br>32,988.<br>845.<br>14,610.<br>87,500. |  |

# STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CWA LOCAL 6016 REPRESENTS ITS MEMBERS AS AN EMPLOYEE LABOR UNION. IT NEGOTIATES BARGAINING AGREEMENTS REPRESENTS MEMBERS IN GRIEVANCES AND PERFORMS OTHER DUTIES AS REQUIRED FOR ITS MEMBERSHIP.

### Form 8868

Department of the Treasury Internal Revenue Service

#### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| <ul> <li>If you are</li> </ul>                                    | filing for an Automatic 3-Month Extension, complete only Part I and check this bounding for an Additional (Not Automatic) 3-Month Extension, complete only Part II (  | on page 2                                  |   |
|---|---|--|---|
|   | plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee   |  | ed Form 8868  |
|   | on required to file Form 990-T and requesting an automatic 6-month extension—check  | •  | nd complete   |
|   | rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.   | 7004 to req                                | uest an extension of  |
| one of the r<br>electronically<br>returns, or a                   | Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed arone details on the electronic filing of this form, visit www.irs. gov/efile and click on e-file. | ver, you ca<br>s 990-BL, 6<br>id signed pa | nnot file Form 8868<br>069, or 8870, group<br>ige 2 (Part II) of Form |
| Type or   | Name of Exempt Organization   | Employer i                                 | dentification number 0595552  |
| <b>print</b><br>File by the                                       | COMMUNICATION WORKERS OF AMERICA 6016  Number, street, and room or suite no. If a P.O. box, see instructions  | /3   | 0595552   |
| due date for<br>filing your<br>return See                         | 5408 N. SANTA FE  |  |   |
| instructions  | City, town or post office, state, and ZIP code. For a foreign address, see instructions  OKLAHOMA CITY, OK 73118  |  |   |
| Check type Form 990 Form 990 Form 990 Form 990                    | 0-BL  |  | Form 4720<br>Form 5227<br>Form 6069<br>Form 8870                      |
| • The books   | s are in the care of ▶ SAME   |  |   |
| <ul> <li>If the orga</li> <li>If this is for the whole</li> </ul> | No ▶ ( 405 ) 528-6016 FAX No. ▶ ( )  Iniziation does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN).  The group, check this box ▶ ☐ If it is for part of the group, check this box the names and EINs of all members the extension will cover   |  | . ▶ □   |
| 1 I requirement of the  | est an automatic 3-month (6 months for a corporation required to file For 5-15 , 20 10 , to file the exempt organization return for the organization organization's return for calendar year 20 or tax year beginning   | named abo                                  |   |
| 2 If this t   | ax year is for less than 12 months, check reason.   Initial return   Final return [   | Change                                     | n accounting period   |
|   | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.  | κ,<br>3a_                                  | \$  |
|   | application is for Form 990-PF or 990-T, enter any refundable credits and estimated taints made. Include any prior year overpayment allowed as a credit   | x<br>3b                                    | \$  |
| c Balanc<br>deposit   | te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer) See instructions  | l,<br>nt 3c                                | \$  |
| Caution. If y   | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions  |  | <del></del>   |