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Form **990** 

## **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)

2009

OMB No 1545-0047

|                                | nent of the<br>Revenue | Treasury<br>Service    | ► The or                 | ganızatıon may have to                                       | use a copy o       | of this return to satisfy   | state reporting     | g requirement                    | s        | Open to Public Inspection             |
|--------------------------------|------------------------|------------------------|--------------------------|--|--------------------|-----------------------------|---------------------|----------------------------------|----------|---------------------------------------|
| A Fo                           | r the 2                | 2009 ca                | lendar yea               | r, or tax year beginning                                     | 06-01-2009         | and ending 05-31-20         | 010                 |                                  |          | •                                     |
| <b>B</b> Che                   | eck ıf a <sub>l</sub>  | pplicable              | Please                   | C Name of organization<br>COMMUNICATIONS WORK                | (ERS OF AMERI      | CA AFL-CIO CLC              |                     | D Employer                       | identi   | fication number                       |
|                                | dress ch               | -                      | use IRS<br>label or      | Doing Business As  |                    |                             |                     | 53-0246<br>E Telephone           |          | oer                                   |
| ∏ Nar                          | me chai                | nge                    | print or<br>type. See    | Daining Business / is  |                    |                             |                     | ·                                |          |                                       |
| _                              | tial retui             |                        | Specific<br>Instruc-     | Number and street (or P (<br>501 3RD STREET NW               | O box if mail is   | not delivered to street add | Iress) Room/suite   | (202) 43<br><b>G</b> Gross recei |          | ,288,361,352                          |
|                                | mınated                |                        | tions.                   |  |                    |                             |                     |                                  | · ·      | , , , , , , , , , , , , , , , , , , , |
| _                              | ended i                |                        |                          | City or town, state or cou<br>WASHINGTON, DC 20001           |                    | 4                           |                     |                                  |          |                                       |
| J App                          | olication              | pending                |                          |  |                    |                             |                     | J                                |          |                                       |
|                                |                        |                        |                          | ne and address of princi<br>EY A RECHENBACH                  | pal officer        |                             |                     | nis a group ret<br>ates?         | urn fo   | r<br>┌Yes 🔽 No                        |
|                                |                        |                        |                          | RD STREET NW<br>NGTON, DC 20001                              |                    |                             |                     | utes.                            |          |                                       |
|                                |                        |                        | WASHI                    | .NGTON,DC 20001  |                    |                             | 1 ' '               | III affiliates inc               |          | ·                                     |
| <b>I</b> Ta                    | x-exem                 | pt status              | ▼ 501(c)                 | ) (5) ◀ (insert no )   | 947(a)(1) or \( \) | 527                         |                     | io," attach a i<br>up exemption  |          | ee instructions)<br>er <b>►</b>       |
|                                | ebsite                 | : F www                | v cwa-unio               | n org  |                    |                             | <b>-</b>            |                                  |          |                                       |
|                                |                        |                        |                          | tion Trust 🔽 Association                                     | Other 🕨            |                             | l Year of fo        | ormation 1949                    | M St     | ate of legal domicile DC              |
|                                | rt I                   | Sumr                   |                          | tion ( Trust ) Association (                                 | other <b>F</b>     |                             | E rear or it        | Jilliation 1545                  | 111 30   | ate of legal dofficie. De             |
|                                | 1                      | Briefly d              | escribe th               | e organization's mission                                     | _                  |                             |                     |                                  |          |                                       |
| 8                              |                        | EXEMP                  | <u> </u>                 | ORGANIZATION UNDE  | RINTERNA           | L REVENUE CODE SE           | CTION 501(C         | (5)                              |          |                                       |
| Governance                     |                        |                        |                          |  |                    |                             |                     |                                  |          |                                       |
| ΘĒ                             |                        | Charlet                |                          | £.b  |                    |                             |                     | 250/ -5:1                        |          | -1-                                   |
| ည်<br>သ                        |                        |                        | •                        | — if the organization disc<br>nembers of the governin        |                    |                             |                     |                                  |          |                                       |
|                                |                        |                        | -                        | ndent voting members of                                      | •                  | •                           |                     |                                  |          | 23                                    |
| Ĕ                              |                        |                        |                          | nployees (Part V, line 2:                                    |                    |                             | ,                   | ·                                |          | 600                                   |
| Activities &                   | 6                      | Total nu               | ımber of vo              | olunteers (estimate if ne                                    | cessary) .         |                             |                     |                                  | 6 _      | 0                                     |
| ₹                              | 7a                     | Total gr               | oss unrela               | ted business revenue fr                                      | om Part VIII       | , column (C), line 12       |                     |                                  | 7a _     | -212,069                              |
|                                | b                      | Net unre               | elated busi              | ness taxable income fro                                      | m Form 990         | -T, line 34                 |                     |                                  | 7b       | -212,069                              |
|                                |                        | C 1 - 1                |                          | l (DIVIII l  | 413                |                             | Pric                | or Year                          | _        | Current Year                          |
| ₫                              | 9                      |                        |                          | d grants (Part VIII, line<br>revenue (Part VIII, line        | •                  |                             | •                   | 40,218                           | _        | 89,429<br>137,476,447                 |
| Rayenue                        | 10                     | _                      |                          | ne (Part VIII, column (A                                     |                    |                             |                     | -23,071,114                      | +        | 12,132,824                            |
| 歪                              | 11                     |                        |                          | art VIII, column (A), lin                                    |                    |                             |                     | 6,371,915                        | +        | 6,991,479                             |
|                                | 12                     |                        |                          | dd lines 8 through 11 (m                                     |                    |                             | ine                 | 125,379,179                      |          | 156,690,179                           |
|                                | 13                     |                        |                          | ar amounts paid (Part IX                                     |                    |                             |                     | 1,085,015                        | +        | 5,438,974                             |
|                                | 14                     |                        |                          | or for members (Part IX,                                     |                    |                             |                     | 4,563                            | +        | 138,513                               |
| ch.                            | 15                     | Salarıe                | s, other co              | ompensation, employee  | benefits (Pai      | t IX, column (A), lines     | 5 5 -               |                                  |          |                                       |
| <u>v</u>                       | 16-                    | 10)                    |                          |  |                    | - 4.4\                      |                     | 85,480,266                       | -        | 74,522,114                            |
| Expenses                       | 16a<br>b               |                        |                          | raising fees (Part IX, co                                    |                    | elle)                       |                     |                                  |          |                                       |
| Δ                              | 17                     |                        |                          | enses (Part IX, column (D), lı<br>(Part IX, column (A), lını |                    | 11f-24f)                    |                     | 77,971,309                       | ,        | 67,340,725                            |
|                                | 18                     |                        |                          | Add lines 13-17 (must  |                    |                             |                     | 164,541,153                      | +        | 147,440,326                           |
|                                | 19                     | Revenu                 | ue less exp              | penses Subtract line 18                                      | from line 12       |                             |                     | -39,161,974                      | ı        | 9,249,853                             |
| <b>8</b> 8                     |                        |                        |                          |  |                    |                             | _                   | g of Current                     |          | End of Year                           |
| Not Assets or<br>Fund Balances | 20                     | Totala                 | ssete (Dar               | rt X, line 16)   |                    | _                           |                     | <b>Year</b><br>506,929,498       | 1        | 561,530,894                           |
| A B                            | 21                     |                        |                          | Part X, line 26)   |                    |                             |                     | 276,882,918                      | +        | 309,606,519                           |
| 훒                              | 22                     |                        |                          | d balances Subtract lin                                      |                    |                             |                     | 230,046,580                      | _        | 251,924,375                           |
| Pai                            | rt II                  | Sign                   | ature Blo                | ock  |                    |                             |                     |                                  | •        |                                       |
|                                |                        |                        |                          | erjury, I declare that I have excorrect, and complete Declar |                    |                             |                     |                                  |          |                                       |
|                                |                        |                        |                          | , ,  |                    | ,                           |                     | •                                | •        |                                       |
| Sign<br>Here                   |                        | Signa                  | nture of office          | ar .   |                    |                             | 2011<br>Date        | -04-17                           |          |                                       |
| 1101                           | <b>C</b>               | [                      |                          |  |                    |                             | Date                |                                  |          |                                       |
|                                |                        |                        | or print nam             | pach Secretary-Treasurer<br>he and title                     |                    |                             |                     |                                  |          |                                       |
|                                |                        | Preparer'              | s <b>k</b> .             |  |                    | Date                        | Check If            | Preparer's ide                   |          | g number                              |
| Paid                           |                        | signature              |                          | Hallberg   |                    | 2011-04-15                  | self-<br>empolyed • | (see instructi                   | ons)     |                                       |
| Prepa                          | arer's                 |                        | me (or yours             | S CALIBRE CPA GROUP PL                                       | TC                 |                             | <u>'</u>            | ETNI M                           |          |                                       |
| Use (                          | Only                   | ıf self-em<br>address, | nployed),<br>and ZIP + 4 | 1850 K STREET NW   | ETIN L             | EIN ▶                       |                     |                                  |          |                                       |
|                                |                        |                        |                          | WASHINGTON, DC 200   | 06                 |                             |                     | Phone no 🕨                       | (202)    | 331-9880                              |
| May                            | the IR                 | S discus               | s this retu              | rn with the preparer sho                                     |                    | see instructions) .         |                     |                                  | <u> </u> | Yes No                                |

#### Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission

SEE SCHEDULE O FOR DETAILS THE OBJECTS OF THE UNION IS A) TO UNITE THE WORKERS WITHIN ITS JURISDICTION IN SINGLE COHESIVE LABOR UNION FOR THE PURPOSE OF COLLECTIVE EFFORT B) TO IMPROVE THE CONDITIONS OF THE WORKERS WITH RESPECT TO WAGES, HOURS, WORKING CONDITIONS AND OTHER CONDITIONS OF EMPLOYMENTC) TO DISSEMINATE INFORMATION AMONG THE WORKERS RESPECTING ECONOMIC, SOCIAL, POLITICAL, AND OTHER MATTERS AFFECTING THEIR LIVES AND WELFARED) TO ADVANCE THE INTERESTS OF THE WORKERS BY ADVOCATING THE ENACTMENT OF LAWS BENEFICIAL TO THEM AND THE DEFEAT OR REPEAL OF LAWS DETRIMENTAL TO THEME) AND TO DO ALL THINGS WHICH MAY BE NECESSARY OR PROPER TO SECURE FOR THE WORKERS THE ENJOYMENT OF THEIR NATURAL RIGHTS

| 4e     | Total program service e                            | xpenses <b>)-</b> \$               |  |                                 |                   |
|--------|--|------------------------------------|--|---------------------------------|-------------------|
| 4d     | Other program services<br>(Expenses \$             | (Describe in Schedule<br>including |  | ) (Revenue \$                   | )                 |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
|        | (-500  | , (_nponooo y                      | g grante or \$   | , (                             | ,                 |
| <br>4с | (Code  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                   | )                 |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
|        |  |                                    |  |                                 |                   |
| 4b     | (Code  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                   | )                 |
|        | TO ORGANIZE WORKERS FOI<br>ECONOMIC ASSISTANCE DUE |                                    | ND SOCIAL ADVANCEMENT OF THEIR COND  | OTTION AND STATUS TO ASSIST WOR | KERS BY PROVIDING |
| 4a     | (Code  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                   | )                 |
| 4      | Section 501(c)(3) and 5                            | 01(c)(4) organizations a           | each of the organization's three larg<br>and section 4947(a)(1) trusts are r<br>venue, if any, for each program serv | equired to report the amount o  |                   |
|        | If "Yes," describe these                           |                                    |  |                                 |                   |
| 3      | Did the organization ceases services?              |                                    | significant changes in how it condu  |                                 | es 🔽 No           |
|        | If "Yes," describe these                           | new services on Schedu             | le O   |                                 |                   |
| 2      | the prior Form 990 or 99                           |                                    | ogram services during the year whi   |                                 | es 🔽 No           |

| Part TV | Check | list of  | Peguired | Schedules         |
|---------|-------|----------|----------|-------------------|
|         | CHECK | IIISL UI | Reuulleu | <b>Juliculies</b> |

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   | Yes |    |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4   |     |    |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-<br>endowments? If "Yes," complete Schedule D, Part V   | 10  |     | No |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable   | 11  | Yes |    |
|     | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   |     |     |    |
|     | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |     |     |    |
|     | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  |     |     |    |
|     | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   |     |     |    |
|     | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  |     |     |    |
|     | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.             |     |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   | 12  | Yes |    |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No  |     |     |    |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  |     |     | [  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | Yes |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                             | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II   | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III  | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II   | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | No |

| Par | t IV Checklist of Required Schedules (continued)  |     |                 |        |
|-----|---|-----|-----------------|--------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes             |        |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |                 | No     |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                | 23  | Yes             |        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a |                 | No     |
| Ь   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |                 |        |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |                 |        |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |                 |        |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |                 |        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       | 25b |                 |        |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                    | 26  |                 | Νο     |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  |                 | Νο     |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |                 |        |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |                 |        |
|     | <i>IV</i>   | 28a |                 | Νο     |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |                 | Νο     |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV  | 28c |                 | No     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |                 | Νο     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |                 | Νο     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |                 | Νο     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |                 | No     |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |                 | No     |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  | Yes             |        |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35  |                 | No     |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |                 |        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |                 | Νο     |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes             |        |
|     |   | F   | orm <b>99</b> 0 | (2009) |

|          | 990 (2009)   |          |     | Page         |
|----------|--|----------|-----|--------------|
| Pa       | rt V Statements Regarding Other IRS Filings and Tax Compliance   |          |     | l <u>.</u> . |
| 1a       | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal  |          | Yes | No           |
|          | of U.S. Information Returns. Enter -0- if not applicable   |          |     |              |
|          | 1a 436   |          |     |              |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0   |          |     |              |
| c        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  |          |     |              |
| <b>-</b> | gaming (gambling) winnings to prize winners?   | 1c       | Yes |              |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this   |          |     |              |
| h        | return   |          |     |              |
| U        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  | 2b       | Yes |              |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a       | Yes |              |
| b        | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>  | 3b       | Yes |              |
| 4a       | 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)? | 4a       | Yes |              |
| b        | If "Yes," enter the name of the foreign country ▶CA, UK, GM  |          |     |              |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   |          |     |              |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | No           |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | No           |
| c        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  | 5c       |     |              |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a       | Yes |              |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b       | Yes |              |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |          |     |              |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |     |              |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |              |
| c        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |     |              |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  |          |     |              |
| e        | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |     |              |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     |              |
| _        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     |              |
| h        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7h       |     |              |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess                     |          |     |              |
|          | business holdings at any time during the year?   | 8        |     |              |
| 9 _      | Sponsoring organizations maintaining donor advised funds.  | 0-       |     |              |
| a<br>b   | Did the organization make any taxable distributions under section 4966?  | 9a<br>9b |     |              |
| 10       | Section 501(c)(7) organizations. Enter   |          |     |              |
|          | Initiation fees and capital contributions included on Part VIII, line 12   10a   |          |     |              |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |     |              |
| 11       | Section 501(c)(12) organizations. Enter  |          |     |              |
| а        | Gross income from members or shareholders  |          |     |              |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |          |     |              |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     |              |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |     |              |

501 3RD STREET NW Washington, DC 20001 (202) 434-1100

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se  | ction A. Governing Body and Management  |        |          |     |
|-----|---|--------|----------|-----|
|     |   |        | Yes      | No  |
|     |   |        |          |     |
| 1a  | Enter the number of voting members of the governing body   1a   23  |        |          |     |
| ь   | Enter the number of voting members that are independent 1b 23   |        |          |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any  |        |          |     |
|     | other officer, director, trustee, or key employee?  | 2      |          | Νo  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                 | 3      |          | Νο  |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   | 4      | Yes      |     |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?   | 5      |          | Νο  |
| 6   | Does the organization have members or stockholders?   | 6      | Yes      |     |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 7a     | Yes      |     |
| ь   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7b     | Yes      |     |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |        |          |     |
| а   | The governing body?   | 8a     | Yes      |     |
| ь   | Each committee with authority to act on behalf of the governing body?   | 8b     | Yes      |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9      |          | Νο  |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal   |        |          | 110 |
|     | evenue Code.)   |        |          |     |
|     |   |        | Yes      | No  |
| 10a | Does the organization have local chapters, branches, or affiliates?   | 10a    | Yes      |     |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                  | 10b    | Yes      |     |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  |        | V        |     |
| 118 | Describe in Schedule O the process, if any, used by the organization to review the Form 990   | 11     | Yes      |     |
| IIM | Describe in Schedule of the process, if any, used by the organization to review the Form 990  |        |          |     |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    | Yes      |     |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise   |        |          |     |
|     | to conflicts?   | 12b    |          | Νο  |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  | 12c    |          | Νo  |
| 13  | Does the organization have a written whistleblower policy?  | 13     | Yes      |     |
| 14  | Does the organization have a written document retention and destruction policy?   | 14     | Yes      |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                |        |          |     |
| а   | The organization's CEO, Executive Director, or top management official  | 15a    | Yes      |     |
| b   | Other officers or key employees of the organization   | 15b    | Yes      |     |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions)  |        |          |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a    | Yes      |     |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the                      |        |          |     |
|     | organization's exempt status with respect to such arrangements?   | 16b    | Yes      |     |
| Se  | ection C. Disclosure  |        |          |     |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶   |        |          |     |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. |        |          |     |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table  |        |          |     |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the   | e orga | nızatıor | n 🕨 |
|     | JEFFREY RECHENBACH SECRETARY-TREAS  |        |          |     |

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if the organization did i | not compen              | sate any   | y curi                       | rent    | or fo        | rmer                         | ffice  | r, dırector, trustee                         | or key employee                                       |  |
|--|-------------------------|--|------------------------------|---------|--------------|------------------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title             | (B)<br>Average<br>hours | Posi<br>t  | <b>(C</b><br>tion (<br>hat a | ched    | ckal<br>)    | I                            |        | ( <b>D)</b><br>Reportable<br>compensation    | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b><br>Estimated<br>amount of other                               |
|  | per<br>week             | Institutional Trustee Individual trustee or director |                              | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| See add'l data                           |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |
|  |                         |  |                              |         |              |                              |        |  |   |  |

| 1b Total . |  |  |  |  |  |  |  |  | <br>Þ | 4,437,1 | 00 | 0 | 843,004 |
|------------|--|--|--|--|--|--|--|--|-------|---------|----|---|---------|
|            |  |  |  |  |  |  |  |  |       |         |    |   |         |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 28

|   |   |   | Yes | No             |
|---|---|---|-----|----------------|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                      | 3 | Yes |                |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such |   |     |                |
|   | ındıvıdual  | 4 | Yes |                |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                          | 5 |     | N <sub>O</sub> |

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address   | <b>(B)</b> Description of services | <b>(C)</b><br>Compensation |
|---|------------------------------------|----------------------------|
| METRO K LLC<br>FIRST TENNESSEE BANK PO BOX 1000<br>MEMPHIS, TN 38148                        | RENTAL AGENT                       | 2,191,857                  |
| NORTHWEST AIRLINES INC<br>2700 LONE OAK PARYWAY<br>EAGAN, MN 55121                          | AIRLINE                            | 1,506,256                  |
| UNITED AIRLINES INC PO BOX 74688 CHICAGO, IL 60675  | AIRLINE                            | 1,342,947                  |
| WEISSMAN & MINTZ LAW FIRM ONE EXECUTIVE DRIVE SUITE 200 SOMERSET, NJ 08873                  | LAW FIRM                           | 1,180,940                  |
| AUTOMOTIVE RENTAL INC 9000 MIDLANTIC DRIVE MOUNT LAUREL, NJ 08054                           | CAR RENTAL                         | 1,013,584                  |
| 2 Total number of independent contractors (including but not limited to those listed above) | who received more than             |                            |

\$100,000 in compensation from the organization ► 5

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| Form 99  |          |   |   |                                       |                      |  |   | Page <b>9</b>   |
|--|----------|---|---|---------------------------------------|----------------------|--|---|---|
|  | <b>/</b> | Statement o   |   |                                       | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts<br>nts   | 1a       | Federated cam   | <u>-</u>  |                                       |                      |  |   |   |
| gra  | Ь        | Membership du   | es 1b   |                                       |                      |  |   |   |
| ts,<br>ar  | C        | _   | ents <b>1c</b>  |                                       |                      |  |   |   |
| <u> </u>   | d        |   | rations 1d  |                                       |                      |  |   |   |
| A<br>A<br>A<br>A                                       | e        | Government grants   |   |                                       |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts | f<br>g   | sımılar amounts no  | ons, gifts, grants, and <b>1f</b> ot included above butions included in | 89,429                                |                      |  |   |   |
| Sont   | h        |   | s 1a-1f   | ▶                                     | 89,429               |  |   |   |
|  |          |   |   | Business Code                         |                      |  |   |   |
| in the   | 2a       | MEMBERSHIP DUE  | S   | 900,099                               | 137,476,447          | 137,476,447                            |   |   |
| 99<br>84   | ь        |   | _   |                                       |                      |  |   |   |
| 9 G  | c        |   |   |                                       |                      |  |   |   |
| er<br>M  | d        |   |   |                                       |                      |  |   |   |
| S ∈  | e        |   |   |                                       |                      |  |   |   |
| Program Service Revenue                                | f        | All other progra  | am service revenue  |                                       |                      |  |   |   |
| ř  | g        | Total. Add lines  | s 2a-2f   | ▶                                     | 137,476,447          |  |   |   |
|  | 3        | Investment inc  | ome (including dividen  | ds, interest                          |                      |  |   |   |
|  |          |   | aramounts)  |                                       | 10,807,754           |  |   | 10,807,754  |
|  | 4        |   | stment of tax-exempt bond   | · · · · · · · · · · · · · · · · · · · | 1,555,423            |  |   | 1,555,423   |
|  | 5        | Royalties   | () Pool   | (II) Personal                         | 1,333,423            |  |   | 1,555,425   |
|  | 6a       | Gross Rents   | (ı) Real<br>7,076,697   | (II) Personal                         |                      |  |   |   |
|  | ь        | Less rental   | 6,673,346   |                                       |                      |  |   |   |
|  | l c      | expenses<br>Rental income                                       | 403,351   |                                       |                      |  |   |   |
|  | d        | or (loss)<br>Net rental inco                                    | me or (loss)  |                                       | 403,351              |  | -212,069                                | 615,420   |
|  |          |   | (ı) Securities  | (II) O ther                           |                      |  |   |   |
|  | 7a       | Gross amount<br>from sales of<br>assets other<br>than inventory | 2,126,322,897   |                                       |                      |  |   |   |
|  | ь        | Less cost or<br>other basis and<br>sales expenses               | 2,124,997,827   |                                       |                      |  |   |   |
|  | c        | Gain or (loss)  | 1,325,070   |                                       |                      |  |   |   |
|  | d<br>8a  | Net gain or (los  |   |                                       | 1,325,070            | 1,325,070                              |   |   |
| Other Revenue  | 04       | events (not inc<br>\$   | reported on line 1c)  |                                       |                      |  |   |   |
| фe   | ь        |   | penses <b>b</b>   |                                       |                      |  |   |   |
| 0  | c        |   | (loss) from fundraising   | events 📴                              |                      |  |   |   |
|  | 9a       | Gross income f<br>See Part IV, lin                              | rom gaming activities<br>ie 19<br>a                                     |                                       |                      |  |   |   |
|  | b<br>c   |   | penses <b>b</b><br>(loss) from gamıng actı                              | vities                                |                      |  |   |   |
|  | 10a      | Gross sales of<br>returns and allo                              |   |                                       |                      |  |   |   |
|  | b<br>c   |   | oods sold <b>b</b><br>(loss) from sales of inve                         | entory 🗠                              |                      |  |   |   |
|  |          | Miscellaneous   | Revenue   | Business Code                         |                      |  |   |   |
|  | 11a      | MISC RECEIP   | _   | 900,099                               | 5,030,970            | 5,030,970                              |   |   |
|  | Ь        | ANNUAL CON  | FERENCE CONT  | 900,099                               | 1,735                | 1,735                                  |   |   |
|  | c<br>d   | All other reven   | ue  |                                       |                      |  |   |   |
|  | e        | Total. Add lines  |   |                                       | 5,032,705            |  |   |   |
|  | 12       | Total revenue.  | See Instructions .  | ▶                                     | 156,690,179          | 143,834,222                            | -212,069                                | 12,978,597  |
|  |          |   |   |                                       | 130,030,179          | 143,034,222                            | ·                                       | 12,978,597<br>Form <b>990</b> (2009)                          |

## Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. |  |                       |                             |                                 |                         |
|--|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
|  | l other organizations must complete column (A) but are not required to   | complete column       | s (B), (C), and<br>(B)      | (D).<br>(C)                     | (D)                     |
|  | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1  | Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$  | 5,438,974             |                             |                                 |                         |
| 2  | Grants and other assistance to individuals in the U S See Part IV, line 22   |                       |                             |                                 |                         |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                             |                                 |                         |
| 4  | Benefits paid to or for members  | 138,513               |                             |                                 |                         |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 3,877,038             |                             |                                 |                         |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$                 |                       |                             |                                 |                         |
| 7  | Other salaries and wages   | 38,645,292            |                             |                                 |                         |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  | 6,632,319             |                             |                                 |                         |
| 9  | Other employee benefits  | 22,493,619            |                             |                                 |                         |
| 10   | Payroll taxes  | 2,873,846             |                             |                                 |                         |
| 11   | Fees for services (non-employees)  |                       |                             |                                 |                         |
| а  | Management   |                       |                             |                                 |                         |
| ь  | Legal  | 4,952,666             |                             |                                 |                         |
| c  | Accounting   |                       |                             |                                 |                         |
| d  | Lobbying   |                       |                             |                                 |                         |
| e  | Professional fundraising See Part IV, line 17  |                       |                             |                                 |                         |
| f  | Investment management fees   | 17,787                |                             |                                 |                         |
| g  | Other  | 2,547,941             |                             |                                 |                         |
| 12   | Advertising and promotion  |                       |                             |                                 |                         |
| 13   | Office expenses  | 3,767,087             |                             |                                 |                         |
| 14   | Information technology   | 780,791               |                             |                                 |                         |
| 15   | Royalties  |                       |                             |                                 |                         |
| 16   | Occupancy  | 6,959,175             |                             |                                 |                         |
| 17   | Travel   | 6,098,091             |                             |                                 |                         |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                             |                                 |                         |
| 19   | Conferences, conventions, and meetings   | 1,358,057             |                             |                                 |                         |
| 20   | Interest   | 2,540,266             |                             |                                 |                         |
| 21   | Payments to affiliates   |                       |                             |                                 |                         |
| 22   | Depreciation, depletion, and amortization  | 1,684,375             |                             |                                 |                         |
| 23   | Insurance  | 17,798                |                             |                                 |                         |
| 24   | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) |                       |                             |                                 |                         |
| а  | STRATEGIC INDUSTRY FUND  | 13,838,252            |                             |                                 |                         |
| Ь  | AFA MEC ADMIN  | 9,810,374             |                             |                                 |                         |
| c  | AFFILIATION DUES   | 5,646,700             |                             |                                 |                         |
| d  | ORGANIZING   | 4,957,811             |                             |                                 |                         |
| e  | MERGER   | 120,001               |                             |                                 |                         |
| f  | All other expenses   | 2,243,553             |                             |                                 |                         |
| 25   | Total functional expenses. Add lines 1 through 24f   | 147,440,326           |                             |                                 |                         |
| 26   | Joint costs. Check here ► ☐ If following SOP 98-2  |                       |                             |                                 |                         |
|  | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                   |                       |                             |                                 |                         |

| Pa           | rt X | Balance Sheet  |            |                   |                          |          |                    |
|--------------|------|--|------------|-------------------|--------------------------|----------|--------------------|
|              |      |  |            |                   | (A)<br>Beginning of year |          | (B)<br>End of year |
|              | 1    | Cash—non-interest-bearing  |            |                   | 3,531,800                |          | 3,977,159          |
|              | 2    | Savings and temporary cash investments   | 75,111,603 | 2                 | 27,306,308               |          |                    |
|              | 3    | Pledges and grants receivable, net   |            |                   |                          | 3        |                    |
|              | 4    | Accounts receivable, net   |            |                   | 16,947,870               | 4        | 16,977,109         |
|              | 5    | Receivables from current and former officers, directors, trustees  | s. kev     | emplovees, and    |                          |          |                    |
|              |      | highest compensated employees Complete Part II of  | , ,        |                   |                          |          |                    |
|              |      | Schedule L   |            |                   |                          | 5        |                    |
|              | 6    | Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of |            | n 4958(f)(1)) and |                          |          |                    |
| 76           |      | Schedule L   |            |                   |                          | 6        |                    |
| ssets        | 7    | Notes and loans receivable, net  |            |                   | 15,191,358               | 7        | 13,922,818         |
| 8            | 8    | Inventories for sale or use  |            |                   |                          | 8        |                    |
| ⋖            | 9    | Prepaid expenses and deferred charges  |            |                   |                          | 9        |                    |
|              | 10a  | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D   | 10a        | 74,488,320        |                          |          |                    |
|              | ь    | Less accumulated depreciation  | 10b        | 29,841,654        | 45,915,425               | 10c      | 44,646,666         |
|              | 11   | Investments—publicly traded securities   |            |                   | 263,068,319              | 11       | 289,094,726        |
|              | 12   | Investments—other securities See Part IV, line 11  | 82,977,583 | 12                | 162,611,076              |          |                    |
|              | 13   | Investments—program-related See Part IV, line 11   |            | 13                | _                        |          |                    |
|              | 14   | Intangible assets  |            | 14                |                          |          |                    |
|              | 15   | Other assets See Part IV, line 11  | 4,185,540  | 15                | 2,995,032                |          |                    |
|              | 16   | Total assets. Add lines 1 through 15 (must equal line 34) .  |            |                   | 506,929,498              | 16       | 561,530,894        |
|              | 17   | Accounts payable and accrued expenses .  |            |                   | 27,858,076               | 17       | 25,843,264         |
|              | 18   | Grants payable   |            |                   |                          | 18       |                    |
|              | 19   | Deferred revenue   |            |                   | 411,892                  | 19       | 317,065            |
| , 4          | 20   | Tax-exempt bond liabilities  |            |                   |                          | 20       |                    |
| <u>a</u>     | 21   | Escrow or custodial account liability Complete Part IV of Schedul  |            | 21                |                          |          |                    |
| Liabilities  | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified     |            |                   |                          |          |                    |
| Ë            |      | persons Complete Part II of Schedule L   |            |                   |                          | 22       |                    |
|              | 23   | Secured mortgages and notes payable to unrelated third parties   |            |                   |                          | 23       | 40,501,648         |
|              | 24   | Unsecured notes and loans payable to unrelated third parties   |            |                   |                          | 24       |                    |
|              | 25   | Other liabilities Complete Part X of Schedule D  |            |                   | 248,612,950              | 25       | 242,944,542        |
|              | 26   | Total liabilities. Add lines 17 through 25   |            |                   | 276,882,918              | 26       | 309,606,519        |
| ري<br>داد    |      | Organizations that follow SFAS 117, check here ▶ 🔽 and comp  | olet e l   | ines 27           |                          |          |                    |
| ည            |      | through 29, and lines 33 and 34.   |            |                   | 000 040 500              |          | 054 004 075        |
| <u> </u>     | 27   | Unrestricted net assets  |            |                   | 230,046,580              |          | 251,924,375        |
| Fund Balance | 28   | Temporarily restricted net assets  |            |                   |                          | 28       |                    |
| ĭ            | 29   | Permanently restricted net assets  |            |                   |                          | 29       |                    |
| Ť            |      | Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.  | ia con     | ipiete            |                          |          |                    |
| o.           | 30   | Capital stock or trust principal, or current funds   | _          |                   |                          | 30       |                    |
| Assets       | 31   | Paid-in or capital surplus, or land, building or equipment fund  |            |                   |                          | 31       |                    |
| ass.         | 32   | Retained earnings, endowment, accumulated income, or other fu  |            | •                 |                          | 32       |                    |
| Net /        | 33   | Total net assets or fund balances  |            |                   | 230,046,580              | $\vdash$ | 251,924,375        |
| ž            | 34   | Total liabilities and net assets/fund balances   |            |                   | 506,929,498              | $\vdash$ | 561,530,894        |
|              |      |  |            |                   | 1 000,020,490            | J+       |                    |

### Part XI Financial Statements and Reporting

|    |   |    | Yes | No |
|----|---|----|-----|----|
| L  | Accounting method used to prepare the Form 990  |    |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both   |    |     |    |
|    | ☐ Separate basis  |    |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a |     | No |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | 3b |     |    |

Form **990** (2009)

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DLN: 93493107004011

OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

exempt funtion activities

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

|     |                    |   |                 |             | Inspe       | ction   |
|-----|--------------------|---|-----------------|-------------|-------------|---------|
|     | _                  | nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line          | 46 (Political   | Campa       | aign Activi | ties),  |
| the |                    |   |                 |             |             |         |
|     |                    | ganizations Complete Parts I-A and B Do not complete Part I-C                       |                 |             |             |         |
|     |                    | r than section 501(c)(3)) organizations Complete Parts I-A and C below Do not c     | omplete Part I- | В           |             |         |
|     | -                  | ations Complete Part I-A only   |                 |             |             |         |
|     | _                  | nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line          | •               | _           | •           | n       |
|     | , , , ,            | ganizations that have filed Form 5768 (election under section 501(h)) Complete Pa   |                 | •           |             |         |
|     | , , , ,            | ganizations that have NOT filed Form 5768 (election under section 501(h)) Comple    |                 |             | •           |         |
|     | _                  | nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ,             | iine 35a (reg   | arding      | proxy tax   | ), then |
|     | ame of the organiz | 5), or (6) organizations Complete Part III  | Employer id     | t · f ·     | . +         |         |
|     |                    | KERS OF AMERICA AFL-CIO CLC   | Employeria      | entinca     | ition numb  | er      |
|     |                    |   | 53-024670       | 9           |             |         |
| Par | rt I-A Comple      | ete if the organization is exempt under section 501(c) or is a                      | section 52      | 27 org      | janizatio   | n.      |
| 1   | Provide a descr    | iption of the organization's direct and indirect political campaign activities in P | art IV          |             |             |         |
| 2   | Political expend   | litures   | <b>F</b>        | \$          |             |         |
| 3   | V olunteer hours   |   |                 | _           |             |         |
| Pai | rt I-B Comple      | ete if the organization is exempt under section 501(c)(3).                          |                 |             |             |         |
| 1   | Enter the amou     | nt of any excise tax incurred by the organization under section 4955                | <b>•</b>        | \$ <u>_</u> |             |         |
| 2   | Enter the amou     | nt of any excise tax incurred by organization managers under section 4955           | <b>•</b>        | \$ <u>_</u> |             |         |
| 3   | If the organizati  | on incurred a section 4955 tax, did it file Form 4720 for this year?                |                 |             | ☐ Yes       | ┌ No    |
| 4a  | Was a correctio    | n made?   |                 |             | ☐ Yes       | ┌ No    |
| ь   | If "Yes," descri   | be in Part IV   |                 |             |             |         |
| Pai | rt I-C Comple      | ete if the organization is exempt under section 501(c) excep                        | t section 5     | 01(c)       | (3).        |         |

| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  | <b>-</b> | \$       |          |        |    |
|---|---|----------|----------|----------|--------|----|
| 4 | Did the filing organization file Form 1120-POL for this year?   |          | Г        | Yes      | Г      | No |
| 5 | State the names, addresses and employer identification number (EIN) of all section 527 political organization were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enterontributions received that were promptly and directly delivered to a separate political organization, such a | tertl    | he amour | nt of po | litica | al |

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (a) Name   | (b) Address                               | (c) EIN    | (d) A mount paid from<br>filing organization's<br>funds If none, enter -<br>0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0- |
|------------|---|------------|--|--|
| CWA - COPE | 501 3RD STREET NW<br>WASHINGTON, DC 20001 | 52-0246709 |  | 252,060  |
|            |   |            |  |  |
|            |   |            |  |  |
|            |   |            |  |  |
|            |   |            |  |  |
|            |   |            |  |  |

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

| Pa       | rt II-A Complete if the organization under section 501(h)).                                    | is exempt under                                  | section 501(c                      | )(3) and file               | d Form 5768                            | (election                         |
|----------|--|--|------------------------------------|-----------------------------|--|-----------------------------------|
|          | Check   If the filing organization belongs to a Check   If the filing organization checked box |  | d" provisions apply                | ,                           |  |                                   |
| <u> </u> | Limits on Lobbying E  (The term "expenditures" means ar  | Expenditures                                     |                                    |                             | (a) Filing<br>Organization's<br>Totals | (b) Affiliated<br>Group<br>Totals |
| 1a       | Total lobbying expenditures to influence public o  | ppinion (grass roots lob                         | bying)                             |                             |  |                                   |
| b        | Total lobbying expenditures to influence a legisla   | ative body (direct lobby                         | yıng)                              |                             |  |                                   |
| c        | Total lobbying expenditures (add lines 1a and 18   | b)   |                                    |                             |  |                                   |
| d        | Other exempt purpose expenditures  |  |                                    |                             |  |                                   |
| e        | Total exempt purpose expenditures (add lines 1   | c and 1d)  |                                    |                             |  |                                   |
| f        | Lobbying nontaxable amount Enter the amount f  | from the following table                         | ın both                            |                             |  |                                   |
|          | If the amount on line 1e, column (a) or (b) is:<br>Not over \$500,000                          | The lobbying nontaxa<br>20% of the amount on lir |                                    |                             |  |                                   |
|          | Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the                        | e excess over \$500,00             | 0                           |  |                                   |
|          | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the                        | e excess over \$1,000,0            | 000                         |  |                                   |
|          | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the                         | excess over \$1,500,00             | 00                          |  |                                   |
|          | Over \$17,000,000  | \$1,000,000                                      |                                    |                             |  |                                   |
|          |  | •  |                                    |                             |  |                                   |
| g        | Grassroots nontaxable amount (enter 25% of lin   | ne 1 f)  |                                    |                             |  |                                   |
| h        | Subtract line 1g from line 1a If zero or less, enter   | er -0-   |                                    |                             |  |                                   |
| i        | Subtract line 1f from line 1c If zero or less, ente  | er - 0 -   |                                    |                             |  |                                   |
| j        | If there is an amount other than zero on either li<br>section 4911 tax for this year?          | ne 1h or line 1ı, did the                        | organization file F                | orm 4720 repoi              | rtıng                                  | ┌ Yes ┌ No                        |
|          | (Some organizations that made a columns below. See the   | he instructions fo                               | ection do not l<br>r lines 2a thro | nave to com<br>ugh 2f on pa |  | ne five                           |
|          | Lobbying Exp   | enditures During                                 | 4-Year Averag                      | ing Period                  | I                                      | ı                                 |
|          | Calendar year (or fiscal year<br>beginning in)   | (a) 2006   | <b>(b)</b> 2007                    | <b>(c)</b> 2008             | ( <b>d)</b> 2009                       | <b>(e)</b> Total                  |
| 2a       | Lobbying non-taxable amount  |  |                                    |                             |  |                                   |
| b        | Lobbying ceiling amount<br>(150% of line 2a, column(e))  |  |                                    |                             |  |                                   |
| c        | Total lobbying expenditures  |  |                                    |                             |  |                                   |
| d        | Grassroots non-taxable amount  |  |                                    |                             |  |                                   |

| · · · · · · · · · · · · · · · · · · · | 01111 3 3 0 1 3 3 0 1 2 7 2 0 0 3                                      |              | rage    |
|---------------------------------------|--|--------------|---------|
| Part II-B                             | Complete if the organization is exempt under section 501(c)(3) and has | NOT filed Fo | rm 5768 |
|                                       | (election under section 501(h)).                                       |              |         |
|                                       |  |              |         |

|    |  | (a) |    | (b)     |  |
|----|--|-----|----|---------|--|
|    |  | Yes | No | A mount |  |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |  |
| а  | Volunteers?  |     |    |         |  |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |         |  |
| c  | Media advertisements?  |     |    |         |  |
| d  | Mailings to members, legislators, or the public?   |     |    |         |  |
| е  | Publications, or published or broadcast statements?  |     |    |         |  |
| f  | Grants to other organizations for lobbying purposes?   |     |    |         |  |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |         |  |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |         |  |
| i  | Other activities? If "Yes," describe in Part IV  |     |    |         |  |
| j  | Total lines 1c through 1i  |     | •  |         |  |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |         |  |
| ь  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |  |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |  |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     | 1  |         |  |

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1 | Yes |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2 |     | Νo |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 |     | Νo |

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
|---|--|----|--|
| а | Current year   | 2a |  |
| b | Carryover from last year   | 2b |  |
| c | Total  | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Ident if ier                          | Return Reference              | Explanat ion  |
|---------------------------------------|-------------------------------|---|
| · · · · · · · · · · · · · · · · · · · | Political Campaign Activities | THE ORGANIZATION COLLECTED POLITICAL CONTRIBUTIONS FROM THE LOCAL'S DUES COLLECTION AND FROM EMPLOYEE'S PAYROLL AND WAS PROMPTLY TRANSFERRED TO THE SEPARATE POLITICAL ORGANIZATION |

1

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OMB No 1545-0047

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC 53-0246709 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation

- easement on the last day of the tax year Held at the End of the Year
- Total number of conservation easements

- 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located 🛌
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
  - Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

| Part   | <b>444</b> Organizations Maintaining Co   | ollections of Ar     | t, His   | tori            | <u>cal Tre</u>            | asu   | res, or C                         | <u>)the</u> | <u>r Similar As</u>                | sets     | <u>(conti</u> | nued)       |
|--------|---|----------------------|----------|-----------------|---------------------------|-------|-----------------------------------|-------------|------------------------------------|----------|---------------|-------------|
| 3      | Using the organization's accession and othe items (check all that apply)                        | r records, check ar  | ny of th | ne foll         | owing th                  | at ar | e a significa                     | ant u       | se of its collect                  | ion      |               |             |
| а      | Public exhibition   |                      | d        | $\sqcap$        | Loan or                   | excl  | hange progi                       | rams        |                                    |          |               |             |
| b      | Scholarly research  |                      | e        | Γ               | Other                     |       |                                   |             |                                    |          |               |             |
| c      | Preservation for future generations   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| 4      | Provide a description of the organization's co  | ollections and expla | aın hov  | w they          | y further                 | the o | organizatior                      | ı's ex      | empt purpose i                     | n        |               |             |
| 5      | During the year, did the organization solicit of assets to be sold to raise funds rather than t |                      |          |                 |                           |       |                                   |             |                                    | ┌ Yes    | Г             | No          |
| Par    | t IV Escrow and Custodial Arrang  |                      |          |                 |                           |       | answere                           | d "Y        | es" to Form 9                      | 90,      |               |             |
|        | Part IV, line 9, or reported an ar  |                      | •        |                 | •                         |       |                                   |             |                                    |          |               |             |
|        | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?                  |                      |          |                 |                           | ons c | or other ass                      | etsı        |                                    | ┌ Yes    | Г             | No          |
| Ь      | If "Yes," explain the arrangement in Part XI  | V and complete the   | follow   | ing ta          | able                      |       | Г                                 |             |                                    |          |               |             |
| _      |   |                      |          |                 |                           |       | -                                 | •           | An                                 | nount    |               |             |
| C<br>_ | Beginning balance   |                      |          |                 |                           |       | _                                 | 1c          |                                    |          |               |             |
| d      | Additions during the year   |                      |          |                 |                           |       | -                                 | 1d          |                                    |          |               |             |
| e      | Distributions during the year   |                      |          |                 |                           |       | -                                 | 1e          |                                    |          |               |             |
| f      | Ending balance  |                      |          |                 |                           |       | L                                 | 1f          |                                    |          |               |             |
| 2a     | Did the organization include an amount on Fo  | •                    | ne 21?   |                 |                           |       |                                   |             |                                    | Yes      |               | No          |
|        | If "Yes," explain the arrangement in Part XIV   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| Pa     | rt V Endowment Funds. Complete  | If the organizatio   |          | Were<br>Prior \ |                           |       | F <b>orm 990,</b><br>o Years Back |             | t IV, line 10.<br>Three Years Back | (e)Fou   | Year          | s Back      |
| 1a     | Beginning of year balance   | (a) carrein rear     | (2)      | <b>,</b>        |                           | (0)   | o rearo back                      | (4)         | Timee rears back                   | (0). 04. | reare         | , Back      |
| ь      | Contributions   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| c      | Investment earnings or losses   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| d      | Grants or scholarships  |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| e      | Other expenditures for facilities   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
|        | and programs  |                      |          |                 |                           |       |                                   | _           |                                    |          |               |             |
| f      | Administrative expenses   |                      |          |                 |                           |       |                                   | -           |                                    |          |               |             |
| g      | End of year balance   |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| 2      | Provide the estimated percentage of the year  | ir end balance held  | as       |                 |                           |       |                                   |             |                                    |          |               |             |
| а      | Board designated or quasi-endowment 🕨   | %                    |          |                 |                           |       |                                   |             |                                    |          |               |             |
| b      | Permanent endowment 🕨 %   | )                    |          |                 |                           |       |                                   |             |                                    |          |               |             |
| c      | Term endowment ► %  |                      |          |                 |                           |       |                                   |             |                                    |          |               |             |
| 3a     | Are there endowment funds not in the posse organization by                                      | ssion of the organiz | ation    | that a          | are held a                | and a | dministere                        | d for       | the                                | Ye       | <u> </u>      | No.         |
|        | (i) unrelated organizations   |                      |          |                 |                           |       |                                   |             | 3a(                                |          | <b>-</b>      | <del></del> |
|        | (ii) related organizations  |                      |          |                 |                           |       |                                   |             | 3a(                                |          | $\top$        | _           |
| b      | If "Yes" to 3a(II), are the related organizatio   |                      |          |                 |                           |       |                                   |             | 3t                                 | ,        | T             |             |
| 4      | Describe in Part XIV the intended uses of th  | ne organization's en | dowme    | ent fu          | nds                       |       |                                   |             |                                    |          |               |             |
| Par    | t VI Investments—Land, Building   | s, and Equipme       | ent. S   | ee F            | orm 99                    | 0, Pa | art X, line                       | 10.         |                                    | _        |               |             |
|        | Description of investment   |                      |          |                 | Cost or ot<br>s (investme |       | ( <b>b)</b> Cost or o             |             | (c) Accumulated depreciation       | (d)      | Book          | value       |
| 1a     | Land  |                      |          |                 |                           |       | 12,276                            | ,522        |                                    |          | 12,2          | 76,522      |
| Ь      | Buildings   |                      | •        |                 |                           |       | 50,447                            | ,102        | 23,263,43                          | 7        | 27,1          | 83,665      |
| c      | Leasehold improvements  |                      |          |                 |                           |       | 939                               | ,340        | 889,27                             | 3        |               | 50,067      |
| d l    | Equipment   |                      |          |                 |                           |       | 9,976                             | ,848        | 4,987,45                           | 9        | 4,9           | 89,389      |
| e      | Other   |                      |          |                 |                           |       | 848                               | 3,508       | 701,48                             | 5        | 1.            | 47,023      |

44,646,666

| (a) Description of security or category  |                |     | d of valuation     |
|--|----------------|-----|--------------------|
| (including name of security)   | (b)Book value  |     | year market value  |
| Financial derivatives  |                |     |                    |
| Closely-held equity interests  |                |     |                    |
| Other INSURANCE COMPANY CONTRACTS  | 704,504        |     | F                  |
|  |                |     |                    |
| PARTNERSHIPS AND OTHER INVESTMENTS   | 74,787,213     |     | F                  |
| HEDGE FUND   | 41,026,348     |     | F                  |
|  |                |     |                    |
| COMMON COLLECTIVE TRUST  | 46,093,011     |     | F_                 |
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|  | 140 411 074    |     |                    |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See | 162,611,076    | 1.2 |                    |
|  |                |     | d of valuation     |
| (a) Description of investment type   | (b) Book value |     | -year market value |
|  |                |     |                    |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶  |                |     |                    |
| Part IX Other Assets. See Form 990, Part X, lin  | e 15.          |     |                    |
| (a) Descrip  |                |     | (b) Book value     |
|  |                |     |                    |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  | 5.)            |     |                    |
| Part X Other Liabilities. See Form 990, Part X   | , line 25.     |     |                    |
| 1 (a) Description of Liability   | (b) A mount    |     |                    |
| Federal Income Taxes   |                |     |                    |
| ACCRUED POSTRETIREMENT BENEFIT COST  | 160,790,734    |     |                    |
| DEFERRED RENT  | 38,813         |     |                    |
| STRIKE FUNDS   | 646,500        |     |                    |
| SEVERANCE PAYABLE  | 150,422        |     |                    |
| Accrued pension liability  | 61,053,916     |     |                    |
| OTHER LIABILITIES  | 24             |     |                    |
| DUE TO BROKERS   | 20,264,133     |     |                    |
|  |                |     |                    |
|  |                |     |                    |
|  |                |     |                    |
|  |                |     |                    |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )  |                |     |                    |

| Pai  | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme                 | nts          |             |
|------|--|--------------|-------------|
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1            | 156,690,179 |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2            | 147,440,326 |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3            | 9,249,853   |
| 4    | Net unrealized gains (losses) on investments   | 4            | 19,839,077  |
| 5    | Donated services and use of facilities   | 5            |             |
| 6    | Investment expenses  | 6            |             |
| 7    | Prior period adjustments   | 7            |             |
| 8    | Other (Describe in Part XIV)   | 8            | -7,211,135  |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9            | 12,627,942  |
| 10   | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9               | 10           | 21,877,795  |
|      | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue                  |              |             |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1            | 183,865,349 |
| 2    | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |              |             |
| а    | Net unrealized gains on investments  |              |             |
| ь    | Donated services and use of facilities   | 1            |             |
| с    | Recoveries of prior year grants  | 1            |             |
| d    | Other (Describe in Part XIV)   | 1            |             |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e           | 27,175,170  |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3            | 156,690,179 |
| 4    | A mounts included on Form 990, Part VIII, line 12, but not on line 1                           |              |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                          |              |             |
| b    | Other (Describe in Part XIV) 4b  | 1            |             |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c           | С           |
| 5    | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)  | 5            | 156,690,179 |
| Part | <b>XIIII</b> Reconciliation of Expenses per Audited Financial Statements With Expense          | s per Re     | turn        |
| 1    | Total expenses and losses per audited financial  | <sub>1</sub> | 154,113,672 |
| 2    | statements   | +            |             |
| a    | Donated services and use of facilities   |              |             |
| b    | Prior year adjustments   | 1            |             |
| c    | Other losses   | 1            |             |
| d    | Other (Describe in Part XIV)   | <del> </del> |             |
| e    | Add lines 2a through 2d  | 2e           | 6,673,346   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3            | 147,440,326 |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line 1:                            |              |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   4a                          |              |             |
| ь    | Other (Describe in Part XIV) 4b  | 1            |             |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c           | C           |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5            | 147,440,326 |
| Pai  | t XIV Supplemental Information   | 1 1          | · · · · · · |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| <b>Ident if ier</b>                       | Return Reference | Explanation  |
|---|------------------|--|
| Part XI, Line 8 - Other Adjustments       |                  | IUE TRANSFER 662747 Effect of adoption of SFAS 158 - 7873882 |
| Part XII, Line 2d - Other<br>Adjustments  |                  | IUE TRANSFER 662747 BUILDING OPERATIONS<br>6673346           |
| Part XIII, Line 2d - Other<br>Adjustments |                  | BUILDING OPERATIONS 6673346                                  |

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2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals . .

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Internal Revenue Service Name of the organization Employer identification number COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC 53-0246709 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed ) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region offices in the fundraising, program services, employees or describe specific type of grants to recipients located in region agents in region service(s) in region the region) PER CAPITA TAX EUROPE 2 O PROGRAM SERVICES REIMBURSEMENT 45,013 PAYMENTS TO REGIONAL COUNCIL MEMBERS

45,013

| Part IV                       | , line 15, for an                                     | sistance to Orgar<br>y recipient who recensional | eived more than \$5                       | es Outside the Ur<br>,000. Check this box  | nited States. Composite of the composite | plete if the organiza<br>received more that | tion answered "Yes'<br>n \$5,000             | 'to Form 990,<br>► 厂   |
|-------------------------------|---|--|---|--|--|---|--|--|
| 1 (a) Name of organization    | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region                                       | (d) Purpose of<br>grant                   | (e) A mount of<br>cash grant               | (f) Manner of<br>cash<br>disbursement  | (g) A mount of<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|                               |   |  |   |  |  |   |  |  |
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| 2 Enter total n<br>tax-exempt | number of recipions<br>by the IRS, or f               | ent organizations lis<br>or which the grante     | ted above that are<br>e or counsel has pr | recognized as chari<br>ovided a section 50 | ties by the foreign o<br>1(c)(3) equivalency   | country, recognized<br>letter               | as<br>. ►                                    |  |
| 3 Enter total n               | umber of other  | organizations or en                              | tities                                    |  |  |   |  | : (Earm 990) 2009  |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

| Identifier                               | ReturnReference | in Part I, line 2, and any additional information.  Explanation                             |
|--|-----------------|---|
| Method Used to Acccount for Expenditures | KETUINKETERENCE | Schedule F, Part I, Line 3 BANK FEES AND REIMBURSEMENT PAYMENTS TO REGIONAL COUNCIL MEMBERS |
|  |                 | EXPENDITURES WERE ACCOUNTED THROUGH THE ORGANIZATION'S CASH DISBURSEMENT PROCESS            |
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COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

DLN: 93493107004011

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

|                       |  |                                |  |   | 53-0246709  |  |
|-----------------------|--|--------------------------------|--|---|---|--|
| on on Grants an       | d Assistance   |                                |  |   |   |  |
| ward the grants or as | ssistance?   |                                |  |   |   | ☐ Yes ☑  |
| ne 21 for any recip   | pient that received r  | nore than \$5,000. Ch          | eck this box if no one   | recipient receive   | ed more than \$5,000  | . Use  |
| <b>(b)</b> EIN        | (c) IRC Code<br>section<br>if applicable   | (d) A mount of cash<br>grant   | (e) A mount of non-<br>cash<br>assistance  | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other)   | (g) Description of non-cash assistance  | (h) Purpose of gra<br>or assistance  |
|                       |  |                                |  |   |   |  |
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|                       |  |                                |  |   | <b>&gt;</b> _   | 13   |
|                       | n records to substant ward the grants or as zation's procedures for the procedure of the pr | ward the grants or assistance? | records to substantiate the amount of the grants or assistance, the ward the grants or assistance? | Arecords to substantiate the amount of the grants or assistance, the grantees' eligibility for ward the grants or assistance? | Arecords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?  Assistance to Governments and Organizations in the United States. Complete if the organe 21 for any recipient that received more than \$5,000. Check this box if no one recipient received in the United States. Complete if the organe 21 for any recipient that received more than \$5,000. Check this box if no one recipient received in the United States. Complete if the organe 21 for any recipient that received more than \$5,000. Check this box if no one recipient received in the United States.  (b) EIN (c) IRC Code (d) Amount of cash grant | on on Grants and Assistance  records to substantate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ward the grants or assistance?  sation's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered TY ne 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.  I-1 (Form 990) if additional space is needed.  (b) EIN (c) IRC Code section grant gran |

|          | · · · · · · · · · · · · · · · · · · ·                                 |   |
|----------|---|---|
| Part III | Grants and Other Assistance to Individuals in the United States. Comp | plete if the organization answered "Yes" to Form 990, Part IV, line 22. |
|          | Use Schedule I-1 (Form 990) if additional space is needed.            |   |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   |  |                                       |
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|                                |                                  |                             |                                   |  |                                       |
|                                |                                  |                             |                                   | <u> </u>   | ·                                     |

| Part IV      | Supplemental Informa | ation. Complete this j | part to provide the infor | mation required in Part | t I, line 2, and any other a | additional information. |  |
|--------------|----------------------|------------------------|---------------------------|-------------------------|------------------------------|-------------------------|--|
| Ident if ier | Return Referen       | nce Exp                | planation                 |                         |                              |                         |  |
|              |                      |                        |                           |                         |                              |                         |  |
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Software ID: Software Version:

**EIN:** 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| Form 990,Schedule I, Par   | <u>t 11, Grants an</u> | <u>a Other Assistance</u>             | <u>to Governments</u>        | <u>and Organization</u>                   | <u>s in the United Sta</u>                                     | tes                                    |  |
|--|------------------------|---------------------------------------|------------------------------|---|--|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN         | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance  |
| AMERICAN RIGHTS AT<br>WORK1100 17TH STREET<br>NW SUITe 950<br>Washington, DC 20036               | 45-0518844             | 501(c)(4)                             | 611,000                      |   |  |  | ORGANIZING -<br>PRINTING &<br>RESEARCH |
| A PHILIP RANDOLPH INSTITUTE815 16TH STREET NW 4TH FLOOR WAshington, DC 20006                     | 13-0548181             | 501(c)(4)                             | 18,000                       |   |  |  | GENERAL SUPPORT                        |
| CENTER FOR AMERICAN PROGRESS ACTION FUND 1333 H STREET NW 10TH FLOOR Washington, DC 20005        | 30-0192708             | 501(c)(4)                             | 10,000                       |   |  |  | GENERAL SUPPORT                        |
| ECONOMIC POLICY INSTITUTE133 H STREET NW SUITE 300 WAShington, DC 20005                          | 52-1368964             | 501(C)(3)                             | 80,000                       |   |  |  | GENERAL SUPPORT                        |
| FAITH & POLITICAL INSTITUTE110 MARYLAND AVE NE SUITE 504 WASHington, DC 20002                    | 52-1759052             | 501(C)(3)                             | 10,100                       |   |  |  | GENERAL SUPPORT                        |
| AFL-CIO ORGANIZING<br>INSTITUTE815 16TH<br>STREET NW<br>WAShington, DC 20006                     | 52-1649557             | 501(C)(5)                             | 51,000                       |   |  |  | VOTER A WARENESS                       |
| THE AMERICAN FRIENDS OF YITZHAK RABIN CENTER866 SECOND AVENUE 10TH FLOOR NEW YORK, NY 10017      | 13-3962392             | 501(C)(3)                             | 30,000                       |   |  |  | GENERAL SUPPORT                        |
| THEODORE ROOSEVELT CONSERVATION PARTNERSHIP555 ELEVENTH STREET NW 6TH FLOOR WAShington, DC 20004 | 04-3706385             | 501(C)(3)                             | 43,750                       |   |  |  | GENERAL SUPPORT                        |
| US ACTION1825 K STREET<br>NW SUITE 210<br>WAShington, DC 20006                                   | 52-2214305             | 501(C)(3)                             | 10,000                       |   |  |  | GENERAL SUPPORT                        |
| WORKING AMERICA 815<br>16TH STREET NW<br>Washington, DC 20006                                    | 20-2035052             | 501(C)(3)                             | 300,000                      |   |  |  | GENERAL SUPPORT                        |

| Form 990,Schedule I, Part   | t II, Grants and | d Other Assistance                    | to Governments                      | and Organizations                         | s in the United Sta  | tes                                    |                                       |
|---|------------------|---------------------------------------|-------------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government  | <b>(b)</b> EIN   | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| HEALTH CARE FOR<br>AMERICA NOW1825 K<br>STREET NW SUITE 400<br>WAShington, DC 20006                   | 52-1861766       | 501(C)(4)                             | 150,000                             |   |  |  | GENERAL SUPPORT                       |
| AMERICA'S AGENDA EDUCATION FUND1150 CONNECTICUT AVENUE NW SUITE 1020 Washington, DC 20036             | 20-0682634       | 501(C)(4)                             | 40,000                              |   |  |  | GENERAL SUPPORT                       |
| JOBS WITH JUSTICE1325 MASSACHUSETTS AVE NW SUITE 200 200 WAShington, DC 20005                         | 52-1865575       | 501(C)(3)                             | 33,000                              |   |  |  | GENERAL SUPPORT                       |
| THE BLUE GREEN ALLIANCE FOUNDATION 2828 UNIVERSITY AVENUE SE SUITE 200 200 MINNEAPOLIS, MN 55414      | 26-4086284       | 501(c)(4)                             | 30,000                              |   |  |  | GENERAL SUPPORT                       |
| CITIZENS FOR TAX JUSTICE1616 P STREET NW SUITE 200 WAshington, DC 20036                               | 52-1156415       | 501(C)(4)                             | 16,000                              |   |  |  | GENERAL SUPPORT                       |
| NEW MEXICO COALITION OF PUBLIC SAFETY OFFICERS701 JEFFERSON NE SUITE A ALBUQUERQUE,NM 87109           | 93-1212082       | 501(C)(5)                             | 12,000                              |   |  |  | GENERAL SUPPORT                       |
| CONNECTICUT WORKING<br>FAMILIES30 ARBOR STREET<br>2ND FLOOR<br>HARTFORD,CT 06106                      | 20-4994004       | 501(c)(4)                             | 10,000                              |   |  |  | GENERAL SUPPORT                       |
| PENNSYLVANIA ALLIAN<br>FOR RETIRED AMERICANS<br>319 MARKET STREET 3RD<br>FLOOR<br>HARRISBURG,PA 17101 | 57-1169373       | 501(c)(4)                             | 7,000                               |   |  |  | GENERAL SUPPORT                       |
| AFL-CIO 815 16TH STREET<br>NW 3RD FLOOR<br>WAshington, DC 20006                                       | 53-0228172       | 501(C)(3)                             | 6,500                               |   |  |  | GENERAL SUPPORT                       |
| NATIONAL CONSUMERS<br>LEAGUE1701 K STREET NW<br>SUITE 1200<br>Washington, DC 20006                    | 53-0242038       | 501(C)(3)                             | 5,200                               |   |  |  | GENERAL SUPPORT                       |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)(3) MASSACHUSETTS JOBS 22-2604923 GENERAL SUPPORT WITH JUSTICE3353 5,000 WASHINGTON STREET BOSTON, MA 02130 AFA SCHOLARSHIP FUND2 52-1908779 501(C)(3) GENERAL SUPPORT EAGLE BLUFF STREET 5,000 FREDERICKSBURG, VA 22406 AMERICAN RED CROSS250 25-1691821 501(C)(3) GENERAL SUPPORT JARI DRIVE 5,000 JOHNSTOWN, PA 15904 501(C)(4) CAMPAIGN FOR AMERICA'S 52-1861766 GENERAL SUPPORT FUTURE1825 K STREET NW 5,000 SUITE 400 WAShington, DC 20006 CITIZEN ACTION400 MAIN 22-2395222 501(C)(4) GENERAL SUPPORT STREET 5,000 HACKENSACK, NJ 07601 84-0457306 COLORADO AFL-CIO140 501(C)(5) GENERAL SUPPORT SHERIDAN BLVD SUITE 201 5,000 DENVER, CO 80226 55-0725474 DRWV FOUNDATION405 501(C)(3) GENERAL SUPPORT CAPITOL STREET SUITE 5,000 512 CHARLESTON, WV 25301 501(C)(3) FRIENDS OF THE LABOR 94-6090626 GENERAL SUPPORT CENTER2521 CHANNING 5,000 WAY 5555 BERKELEY, CA 94720 13-5678984 NEW YORK CITY CENTRAL 501(C)(5) GENERAL SUPPORT LABOR COUNCIL275 7TH 5,000 AVENUE 18TH FLOOR NEW YORK, NY 10001 501(C)(4) PUBLIC INTEREST 80-0444461 GENERAL SUPPORT PROJECTS ACTION FUND45 5,000 W 36TH STREET 6TH FLOOR NEW YORK, NY 100187904

| Form 990,Schedule 1, Pai   | rt II, Grants an | <u>d Otner Assistance</u>             | to Governments                      | <u>and Organizations</u>                  | s in the United Sta   | tes                                    |                                       |
|--|------------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government                   | <b>(b)</b> EIN   | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| WOMENS CAMPAIGN FORUM1900 L STREET NW SUITE 500 WASHINGTON, DC 20036 | 20-3846776       | 501(C)(4)                             | 5,000                               |   |   |  | GENERAL SUPPORT                       |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493107004011

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| CON | MUNICATIONS WORKERS OF AMERICA AFL-CIO CLC  | 53-0246709   |    |     |    |
|-----|---|--|----|-----|----|
| Pa  | rt I Questions Regarding Compensation   | 53-0246709   |    |     |    |
|     | Questions regulating compensation   |  |    | Yes | Νo |
| 1a  |   | ded any of the following to or for a person listed in Form<br>o provide any relevant information regarding these items |    |     |    |
|     | First-class or charter travel   | Housing allowance or residence for personal use  |    |     |    |
|     | Travel for companions   | Payments for business use of personal residence  |    |     |    |
|     | Tax idemnification and gross-up payments  | Health or social club dues or initiation fees  |    |     |    |
|     | Discretionary spending account  | Personal services (e g , maid, chauffeur, chef)  |    |     |    |
| b   | If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ                    |  | 1b |     |    |
| 2   | Did the organization require substantiation prior to rei<br>officers, directors, trustees, and the CEO/Executive D                    |  | 2  |     |    |
| 3   | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee |  |    |     |    |
|     | Independent compensation consultant   | Compensation survey or study   |    |     |    |
|     | Form 990 of other organizations   | A pproval by the board or compensation committee   |    |     |    |
| 4   | During the year, did any person listed in Form 990, Pa<br>or a related organization   | irt VII, Section A, line $f 1a$ with respect to the filing organization  |    |     |    |
| а   | Receive a severance payment or change-of-control pa   | ayment?  | 4a |     | Νo |
| b   | Participate in, or receive payment from, a supplement   | al nonqualified retirement plan?   | 4b |     | Νo |
| c   | Participate in, or receive payment from, an equity-bas  | ed compensation arrangement?   | 4c |     | Νo |
|     | If "Yes" to any of lines 4a-c, list the persons and prov  | ride the applicable amounts for each item in Part III  |    |     |    |
|     | Only 501(c)(3) and 501(c)(4) organizations only must  | complete lines 5-9.  |    |     |    |
| 5   | For persons listed in form 990, Part VII, Section A, li<br>compensation contingent on the revenues of                                 | ne 1a, did the organization pay or accrue any  |    |     |    |
| а   | The organization?   |  | 5a |     |    |
| b   | Any related organization?   |  | 5b |     |    |
|     | If "Yes," to line 5a or 5b, describe in Part III  |  |    |     |    |
| 6   | For persons listed in form 990, Part VII, Section A, lin<br>compensation contingent on the net earnings of                            | ne 1a, did the organization pay or accrue any  |    |     |    |
| а   | The organization?   |  | 6a |     |    |
| b   | Any related organization?   |  | 6b |     |    |
|     | If "Yes," to line 6a or 6b, describe in Part III  |  |    |     |    |
| 7   | For persons listed in Form 990, Part VII, Section A, li<br>payments not described in lines 5 and 6? If "Yes," des                     |  | 7  |     |    |
| 8   | Were any amounts reported in Form 990, Part VII, par<br>subject to the initial contract exception described in F<br>in Part III       |  | 8  |     |    |
| 9   | If "Yes" to line 8, did the organization also follow the r  | ebuttable presumption procedure described in Regulations   |    |     |    |

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name  (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp |                           |                          |                    |   |                    |          |                      |             |
|--|---------------------------|--------------------------|--------------------|---|--------------------|----------|----------------------|-------------|
| (i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ   | (A) Name                  | (B) Breakdown of         | W-2 and/or 1099-MI |   | (C) Retirement and |          | (E) Total of columns |             |
| See Additional Data Table  | _                         | (i) Base<br>compensation | ıncentive          | (iii) Other<br>reportable<br>compensation |                    | benefits | (B)(ı)-(D)           | Form 990 or |
|  | See Additional Data Table |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |
|  |                           |                          |                    |   |                    |          |                      |             |

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| ] | Ident if ier | Ret urn<br>Ref erence | Explanation |
|---|--------------|-----------------------|-------------|
| ] | Ident if ier | Reference             | Explanation |

Schedule J (Form 990) 2009

Software ID: Software Version:

**EIN:** 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

| Form 990, Schedule J, F | Part II     | [ - Officers, Direct     | ors, Trustees, Ke                         | y Employees, and            | Highest Compens | sated Employees | <b>,</b>             |  |
|-------------------------|-------------|--------------------------|---|-----------------------------|-----------------|-----------------|----------------------|--|
| (A) Name                |             | (B) Breakdown of         | W-2 and/or 1099-MIS                       | C compensation              | (C) Deferred    | (D) Nontaxable  | (E) Total of columns | <b>(F)</b> Compensation reported in prior Form |
|                         |             | (i) Base<br>Compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation    | benefits        | (B)(ı)-(D)           | 990 or Form 990-EZ                             |
| JUDITH DENNIS           | (ı)<br>(ıı) | 134,830<br>0             | 0   | 0                           | 11,928<br>0     | 11,434<br>0     | 158,192<br>0         | 0  |
| ANN HILL                | (ı)<br>(ıı) | 165,220<br>0             | 0   | 0                           | 16,500<br>0     | 11,434          | 193,154<br>0         | 0  |
| JAMES CLARK             | (ı)<br>(ıı) | 157,084<br>0             | 0   | 0                           | 16,500<br>0     | 17,309<br>0     | 190,893              | 0  |
| LA WRENCE COHEN         | (ı)<br>(ıı) | 193,096<br>0             | 0   | 0                           | 15,306<br>0     | 11,434          | 219,836              | 0  |
| WILLIAM BOARMAN         | (ı)<br>(ıı) | 153,100<br>0             | 0   | 0                           | 14,140<br>0     | 11,434          | 178,674<br>0         | 0  |
| JEFFREY<br>RECHENBACH   | (1)         | 173,246<br>0             | 0<br>0                                    | 0                           | 22,000<br>0     | 17,161<br>0     | 212,407<br>0         | 0  |
| JASPER GURGANUS         | (ı)<br>(ıı) | 155,841<br>0             | 0   | 0                           | 7,470<br>0      | 17,161<br>0     | 180,472<br>0         | 0  |
| CAROLROTHMAN            | (ı)<br>(ıı) | 137,685<br>0             | 0   | 0                           | 12,733<br>0     | 17,161<br>0     | 167,579<br>0         | 0  |
| BERNARD LUNZER          | (ı)<br>(ıı) | 153,611<br>0             | 0   | 0                           | 7,470<br>0      | 20,411          | 181,492<br>0         | 0  |
| CHRISTOPHER<br>SHELTON  | (I)<br>(II) | 158,633<br>0             | 0<br>0                                    | 0                           | 16,500<br>0     | 17,161<br>0     | 192,294<br>0         | 0  |
| CLARENCE MILBURN        | (ı)<br>(ıı) | 150,885<br>0             | 0   | 0                           | 13,446<br>0     | 18,591<br>0     | 182,922<br>0         | 0  |
| EDWARD MOONEY           | (ı)<br>(ıı) | 152,467<br>0             | 0   | 0                           | 2,318<br>0      | 14,720<br>0     | 169,505<br>0         | 0  |
| JAMES WEITKAMP          | (ı)<br>(ıı) | 150,964<br>0             | 0   | 0                           | 13,374<br>0     | 11,434<br>0     | 175,772<br>0         | 0  |
| RALPH MALY              | (ı)<br>(ıı) | 151,899<br>0             | 0   | 0                           | 16,500<br>0     | 17,161<br>0     | 185,560<br>0         | 0  |
| RONALD COLLINS          | (ı)<br>(ıı) | 150,958<br>0             | 0   | 0                           | 8,964<br>0      | 11,434<br>0     |                      | 0  |
| SETH ROSEN              | (ı)<br>(ıı) | 150,868<br>0             | 0   | 0                           | 8,964<br>0      | 17,161<br>0     | 176,993<br>0         | 0  |
| BROOKS SUNKETT          | (ı)<br>(ıı) | 153,869<br>0             | 0   | 0                           | 14,941<br>0     | 17,161<br>0     | 185,971<br>0         | 0  |
| MARY TAYLOR             | (ı)<br>(ıı) | 135,201<br>0             | 0   | 0                           | 7,996<br>0      | 17,161<br>0     | 160,358              | 0  |
| MARY O'MELVENY          | (ı)<br>(ıı) | 167,935<br>0             | 0   | 0                           | 16,500<br>0     | 17,161<br>0     | 201,596<br>0         | 0  |
| PETER MITCHELL          | (ı)<br>(ıı) | 158,714<br>0             | 0<br>0                                    | 0                           | 16,500<br>0     | 18,201<br>0     | 193,415<br>0         | 0  |
| GEORGE KOHL             | (ı)<br>(ıı) | 147,512<br>0             | 0<br>0                                    | 0                           | 7,054<br>0      | 17,161<br>0     | 171,727<br>0         | 0  |
| EDWARD SABOL            | (ı)<br>(ıı) | 140,643<br>0             | 0<br>0                                    | 0                           | 16,500<br>0     | 17,161<br>0     | 174,304<br>0         | 0  |
| YVETTE HERRERA          | (ı)<br>(ıı) | 145,148<br>0             | 0<br>0                                    | 0                           | 13,831          | 17,161<br>0     | 176,140<br>0         | 0  |
| THERESA PLUTA           | (ı)<br>(ıı) | 135,453<br>0             | 0   | 0                           | 12,733<br>0     | 17,161<br>0     | 165,347<br>0         | 0  |
| JOHN CLARK              | (ı)<br>(ıı) | 150,141<br>0             | 0<br>0                                    | 0                           | 20,500<br>0     | 17,199<br>0     | 187,840<br>0         | 0  |
| BEVERLY HICKS           | (ı)<br>(ıı) | 108,119<br>0             | 0   | 0                           | 0               | 10,605          | 118,724<br>0         | 0  |
| LOUISE CADDELL          | (I)<br>(II) | 131,169<br>0             | 0   | 0                           | 0               | 16,884<br>0     | 148,053              | 0  |

Software ID: Software Version:

**EIN:** 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO

CLC

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493107004011

2009

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Employer identification number

53-0246709

Name of the organization COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

| ldentifier                              | Return<br>Reference | Explanation  |
|---|---------------------|--|
| Form 990, Part VI, Section<br>A, line 4 |                     | COMMUNICATION WORKERS OF AMERICA MADE CHANGES TO THEIR CONSTITUTION IN THE FISCAL YEAR ENDING MAY 31, 2010 |

| ldentifier                                 | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part<br>VI, Section A,<br>line 6 |                     | THE MEMBERS OF THE ORGANIZATION ARE THE DELEGATES ELECTED BY THE LOCAL IN ACCORDANCE WITH THEIR RESPECTIVE BY LAWS OR RULES EACH LOCAL MAY ELECT AN ALTERNATE DELEGATE FOR EACH DELEGATE ELECTED WHO SHALL ATTEND THE CONVENTION IN THE EVENT THE DELEGATE IS UNABLE TO ATTEND |

| ldentifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7a |                  | A LOCAL DELEGATE HAVE ONE VOTE BY SECRET BALLOT IN THE CONVENTION |

| ldentifier                            | Return<br>Reference | Explanation   |
|---------------------------------------|---------------------|---|
| Form 990, Part VI, Section A, line 7b |                     | DURING THE CONVENTION, THE LOCAL DELEGATE(S) HAVE ONE VOTE ON DECISIONS OF THE GOVERNING BODY |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section B, line 11 |                     | Form 990 is drafted through a collaborative effort of the Organization's outside audit firm and in-house financial and legal professionals. The draft is distributed to the CWA Executive Committee for review prior to filing. The form is then finalized and submitted. |

| ldentifier                               | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI,<br>Section B, line 15 |                     | THE COMPENSATION OF THE TOP OFFICIALS AND OTHER OFFICERS ARE DETERMINED BY COMPARABILITY DATA AND REVIEWED BY THE BOARD APPOINTED BUDGET COMMITTEE |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section C, line 19 |                     | THE ORGANIZATION'S DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC THE ORGANIZATION MAKES DOCUMENTS AVAILABLE TO MEMBERS UPON REQUEST |

| ldentifier | Return<br>Reference | Explanation  |
|------------|---------------------|--|
|            |                     | THE SELECTION OF AN INDEPENDENT ACCOUNTANT AND THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR FISCAL YEAR |

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DLN: 93493107004011

OMB No 1545-0047

2009

Open to Public Inspection

## **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

| Name of the<br>COMMUNICAT | e organization<br>IONS WORKERS OF AMERICA AFL-CIO CLC  |                                       |   |                            | <b>Employer ident</b> 53-0246709               | ification number                     |
|---------------------------|--|---------------------------------------|---|----------------------------|--|--------------------------------------|
| Part I                    | Identification of Disregarded Entities (Comple   | ete if the organization               | answered "Yes" or                                   | n Form 990, Pari           | <u> </u>                                       |                                      |
|                           | <b>(a)</b><br>Name, address, and EIN of disregarded entity   | <b>(b)</b><br>Primary activity        | (c)<br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets               | <b>(f)</b> Direct controlling entity |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
| Part II                   | Identification of Related Tax-Exempt Organia or more related tax-exempt organizations during the second control of the second contro | zations (Complete ıf<br>ne tax year.) | the organization ai                                 | nswered "Yes" o            | n Form 990, Part                               | IV, line 34 because it had one       |
|                           | <b>(a)</b><br>Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity        | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e) On Public charity stat (if section 501(c)( | tus Direct controlling (3)) entity   |
| See Additiona             | Data Table   |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
|                           |  |                                       |   |                            |  |                                      |
| Far Private               | Act and Daneswork Deduction Act Notice and the Instruction   |                                       | Cat No E013   | - L                        | L  | Schodulo B (Form 000) 2000           |

| (a)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of total income          | (g)<br>Share of end<br>asset                  |                | (h<br>Disprop<br>allocat | ortionate  | Code<br>amount II<br>Sched           | (i)<br>V—UBI<br>n box 20 of<br>ule K-1<br>n 1065) | <b>(j</b><br>Gener<br>mana<br>partr | al or<br>Iging |
|--|--------------------------------|---|-------------------------------------|--|---------------------------------------|---|----------------|--------------------------|------------|--------------------------------------|---|-------------------------------------|----------------|
|  |                                |   |                                     |  |                                       |   |                | Yes                      | No         |                                      |   | Yes                                 | No             |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     | s a Corporation of treated as a corpo  |                                       |   |                | nswer                    | ed "Y      | es" on F                             | orm 990, P  | art IV,                             |                |
|  | cause it had one t             |   | ciacca organización.                |  |                                       |   | (f)            | )                        | Ī          | (a)                                  | (h)   |                                     |                |
| (a)<br>Name, address, and EIN o                          | f related organization         | <b>(b)</b><br>Primary ad                      | ctivity                             | (c)<br>Legal domicile<br>(state or<br>foreign<br>country)                              | ( <b>d)</b> Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | Share of incor | f total                  | Sh<br>end- | (g)<br>nare of<br>-of-year<br>issets | (h)<br>Percentag<br>ownership                     |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          | 1          |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          | 1          |                                      |   |                                     |                |
|  |                                |   |                                     |  |                                       |   |                |                          |            |                                      |   |                                     |                |

| Pa  | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin                                       | e 34, 35, or 36.)      |            |                 |    |  |  |  |  |  |
|---|--|------------------------|------------|-----------------|----|--|--|--|--|--|
|   | Note. Complete line 1 if any entity is listed in Parts II, III or IV   |                        |            | Yes             | No |  |  |  |  |  |
| <b>1</b> D  | Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |                        |            |                 |    |  |  |  |  |  |
| а   | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity  |                        | 1a         |                 | No |  |  |  |  |  |
| ь   | Gift, grant, or capital contribution to other organization(s)  |                        | 1b         |                 | No |  |  |  |  |  |
| c   | Gift, grant, or capital contribution from other organization(s)  |                        | <b>1</b> c |                 | No |  |  |  |  |  |
| d   | Loans or loan guarantees to or for other organization(s)   |                        | 1d         |                 | No |  |  |  |  |  |
| e   | Loans or loan guarantees by other organization(s)  |                        | 1e         |                 | No |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| f   | Sale of assets to other organization(s)  |                        | 1f         |                 | No |  |  |  |  |  |
| g   | Purchase of assets from other organization(s)  |                        | <b>1</b> g |                 | No |  |  |  |  |  |
| h   | Exchange of assets   |                        | 1h         |                 | No |  |  |  |  |  |
| i Lease of facilities, equipment, or other assets to other organization(s)                    |  |                        |            |                 |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| j   | Lease of facilities, equipment, or other assets from other organization(s)   |                        | <b>1</b> j |                 | No |  |  |  |  |  |
| k   | k Performance of services or membership or fundraising solicitations for other organization(s)   |                        |            |                 |    |  |  |  |  |  |
| l Performance of services or membership or fundraising solicitations by other organization(s) |  |                        |            |                 |    |  |  |  |  |  |
| m Sharing of facilities, equipment, mailing lists, or other assets                            |  |                        |            |                 |    |  |  |  |  |  |
| n Sharing of paid employees   |  |                        |            |                 |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| 0   | Reimbursement paid to other organization for expenses  |                        | 10         |                 | No |  |  |  |  |  |
| р   | Reimbursement paid by other organization for expenses  |                        | <b>1</b> p | Yes             |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| q   | O ther transfer of cash or property to other organization(s)   |                        | <b>1</b> q | Yes             |    |  |  |  |  |  |
| r   | O ther transfer of cash or property from other organization(s)   |                        | 1r         |                 | No |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships     | and transaction thresh | olds       |                 |    |  |  |  |  |  |
|   | (a) Name of other organization   | (b)<br>Transaction     |            | (c)<br>t involv | ed |  |  |  |  |  |
| (1) Se  | See Additional Data Table  | type(a-r)              |            |                 |    |  |  |  |  |  |
| (2)   |  |                        |            |                 |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| (3)   |  |                        |            |                 |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| (4)   |  |                        |            |                 |    |  |  |  |  |  |
|   |  |                        |            |                 |    |  |  |  |  |  |
| (5)   |  |                        |            |                 |    |  |  |  |  |  |
| (6)   |  |                        |            |                 |    |  |  |  |  |  |
| (6)   |  |                        |            |                 |    |  |  |  |  |  |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| <b>(a)</b><br>Name, address, and EIN of entity | (state or foreign partners end-of-year country) section assets  501(c)(3) organizations? |  | <b>(e)</b><br>Share of<br>end-of-year<br>assets | (f) Disproprtionate allocations? |  | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h<br>Gene<br>mana<br>part | agın<br>tner? |     |           |
|--|--|--|---|----------------------------------|--|---|----------------------------|---------------|-----|-----------|
|  |  |  | Yes   | No                               |  | Yes   | No                         |               | Yes | N         |
|  |  |  |   |                                  |  |   |                            |               | +-  | ╁         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     | 1         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     | +         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     | T         |
|  |  |  |   |                                  |  |   |                            |               |     | 1         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               | +-  | t         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     | Ī         |
|  |  |  |   |                                  |  |   |                            |               |     | 1         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               | +   | $^{+}$    |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     | T         |
|  |  |  |   |                                  |  |   |                            |               |     | -         |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               | +-  | $\dagger$ |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  |   |                                  |  |   |                            |               |     |           |
|  |  |  | <u> </u>  |                                  |  |   |                            |               |     | +         |
|  |  |  |   |                                  |  |   |                            |               |     |           |

Software ID: Software Version:

**EIN:** 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

| Form 990, Schedule R, Part II - Identification of Relate                    | ed Tax-Exempt Organizat  | țions   |                               |  |  |
|---|--|---|-------------------------------|--|--|
| <b>(a)</b><br>Name, address, and EIN of related organization                | <b>(b)</b><br>Primary Activity   | (c) Legal Domicile (State or Foreign Country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if 501(c)(3)) | <b>(f)</b><br>Direct Controlling<br>Entity |
| CWA Plan for Employees' Pensions  | Benefit Plan   | DC  | 6047(E)                       |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>53-0246709                      |  |   |                               |  |  |
| CWA 401(k) Tax Deferred Savings Plan  | Benefit Plan   | DC  | 6047(E)                       |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>53-0246709                      |  |   |                               |  |  |
| Communications Workers Relief Committee                                     | TO PROVIDE TEMPORARY RELIEF FOR CWA  | DC  | 501(c)(5)                     |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-6049044                      | MEMBERS AND FAMILIES   |   |                               |  |  |
| CWA Savings and Retirement Trust  | To PROVIDE A SAVINGS PLAN FOR CWA MEMBERS                                    | DC  | 6047(E)                       |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-1137722                      |  |   |                               |  |  |
| CWA Health and Welfare Trust  | benefit Plan   | DC  | 6047(E)                       |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-1899918                      |  |   |                               |  |  |
| CWA Disaster Relief Fund  501 3RD STREET NW WASHINGTON, DC20001             | TO PROVIDE DISASTER ASSISTANCE TO CURRENT AND FUTURE MEMBERS OF CWA          | DC  | 501(c)(3)                     | 509(a)(3) Type 1                         |  |
| 52-2128973  | TO DROVIDE TEM DELICE  | D.C.  | (047/5)                       |  |  |
| IUE-CWA Retiree program  501 3RD STREET NW  WASHINGTON, DC20001  53-0246709 | TO PROVIDE TEM RELIEF THROUGH RECEIPT OF DONATIONS, CONTRIBUTIONS, AND GIFTS | DC  | 6047(E)                       |  |  |
| CWA Joe Beirne Foundation   | TO DEVELOP, ESTABLISH<br>AND FINANCE PROGRAMS                                | DC  | 501(c)(3)                     | 509(a)(3) Type 1                         |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-2298284                      | TO PROVIDE AND ADVANCE   |   |                               |  |  |
| CWA - COPE  | PAC FUND   | DC  | 527                           |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-0246709                      |  |   |                               |  |  |
| CWA Non-Federal Separate Segregated Fund                                    | PAC FUND   | DC  | 527                           |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>13-4128960                      |  |   |                               |  |  |
| CWA - COPE VA   | PAC FUND   | DC  | 527                           |  |  |
| 501 3RD STREET NW<br>WASHINGTON, DC20001<br>52-2331196                      |  |   |                               |  |  |

Form 990, Schedule R, Part V - Transactions With Related Organizations

(11)

CWA 401(k) Tax Deferred Savings Plan

|      | (a)<br>Name of other organization       | <b>(b)</b><br>Transaction<br>type(a-r) | (c)<br>A mount Involved<br>(\$) |
|------|---|--|---------------------------------|
| (1)  | CWA Plan for Employees' Pensions        | М                                      | 99,000                          |
| (2)  | CWA 401(k) Tax Deferred Savings Plan    | М                                      | 99,000                          |
| (3)  | COMMUNICATIONS WORKERS RELIEF COMMITTEE | М                                      | 33,000                          |
| (4)  | CWA HEALTH AND WELFARE TRUST            | М                                      | 16,000                          |
| (5)  | CWA DISASTER RELIEF FUND                | М                                      | 16,000                          |
| (6)  | IUE-CWA RETIREE PROGRAM                 | М                                      | 16,000                          |
| (7)  | CWA JOE BEIRNE FOUNDATIONS              | М                                      | 16,000                          |
| (8)  | CWA - COPE                              | М                                      | 66,000                          |
| (9)  | CWA - COPE                              | Р                                      | 118,000                         |
| (10) | CWA - SAVINGS AND RETIREMENT TRUST      | P                                      | 13,200                          |

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1,011,465

Software ID: Software Version:

**EIN:** 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO

CLC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F) |   |   |   |   |                              |        |  |   |   |  |
|---|---|---|---|---|------------------------------|--------|--|---|---|--|
| A verage<br>hours   |   | tion (  | che   |   | II                           |        | Reportable<br>compensation                   | Reportable compensation                               | (F)<br>Estimated<br>amount of other   |  |
| per<br>week   | Individual trustee<br>or director   | Institutional Trustee   | Officei   | Key employee  | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations  |  |
| 40 00   |   |   | х   |   |                              |        | 134,830                                      | 0   | 23,362  |  |
| 40 00   |   |   | х   |   |                              |        | 90,628                                       | 0   | 38,289  |  |
| 40 00   |   |   | х   |   |                              |        | 96,961                                       | 0   | 20,835  |  |
| 40 00   |   |   | х   |   |                              |        | 113,671                                      | 0   | 27,595  |  |
| 40 00   |   |   | х   |   |                              |        | 165,220                                      | 0   | 27,934  |  |
| 40 00   |   |   | х   |   |                              |        | 157,084                                      | 0   | 33,809  |  |
| 40 00   |   |   | х   |   |                              |        | 193,096                                      | 0   | 26,740  |  |
| 40 00   |   |   | х   |   |                              |        | 153,100                                      | 0   | 25,574  |  |
| 40 00   |   |   | х   |   |                              |        | 173,246                                      | 0   | 39,161  |  |
| 40 00   |   |   | х   |   |                              |        | 155,841                                      | 0   | 24,631  |  |
| 40 00   |   |   | х   |   |                              |        | 137,685                                      | 0   | 29,894  |  |
| 40 00   |   |   | х   |   |                              |        | 153,611                                      | 0   | 27,881  |  |
| 40 00   |   |   | х   |   |                              |        | 158,633                                      | 0   | 33,661  |  |
| 40 00   |   |   | х   |   |                              |        | 150,885                                      | 0   | 32,037  |  |
| 40 00   |   |   | х   |   |                              |        | 152,467                                      | 0   | 17,038  |  |
| 40 00   |   |   | х   |   |                              |        | 150,964                                      | 0   | 24,808  |  |
| 40 00   |   |   | х   |   |                              |        | 151,899                                      | 0   | 33,661  |  |
| 40 00   |   |   | х   |   |                              |        | 150,958                                      | 0   | 20,398  |  |
| 40 00   |   |   | х   |   |                              |        | 150,868                                      | 0   | 26,125  |  |
| 40 00   |   |   | х   |   |                              |        | 153,869                                      | 0   | 32,102  |  |
| 1 00  |   |   | х   |   |                              |        | 0  | 0   | 0   |  |
| 1 00  |   |   | х   |   |                              |        | 624  | 0   | 0   |  |
| 40 00   |   |   | х   |   |                              |        | 70,925                                       | 0   | 0   |  |
| 40 00   |   |   | х   |   |                              |        | 135,201                                      | 0   | 25,157  |  |
| 1 00  |   |   | х   |   |                              |        | 0  | 0   | 0   |  |
|   | (B) Average hours per week  40 00 | (B) Average hours per week  40 00 | (B) A verage hours per week  40 00 | (B) Average hours per week         Position (cherthat apply)           40 00         X           40 00         X </td <td>  C</td> <td>  C</td> <td>  C</td> <td>  RB</td> <td>  Compensation (check all that apply)   Position (check all that apply)  </td> | C                            | C      | C  | RB  | Compensation (check all that apply)   Position (check all that apply) |  |

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                                | (B)<br>Average<br>hours |                                   | (C<br>tion (<br>:hat a | che     |              | II                           |        | ( <b>D)</b><br>Reportable<br>compensation    | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b> Estimated amount of other                                     |
|--|-------------------------|-----------------------------------|------------------------|---------|--------------|------------------------------|--------|--|---|--|
|  | per<br>week             | Individual trustee<br>or director | Institutional Trustee  | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| CLAUDE CUMMINGS<br>AT LARGE DIVERSITY                | 1 00                    |                                   |                        | х       |              |                              |        | 0  | 0   | 0  |
| AMBER ARNOLD<br>AT LARGE DIVERSITY                   | 1 00                    |                                   |                        | х       |              |                              |        | 0  | 0   | 0  |
| MARY O'MELVENY<br>GENERAL COUNSEL                    | 40 00                   |                                   |                        |         |              | х                            |        | 167,935                                      | 0   | 33,661   |
| PETER MITCHELL<br>MANAGING GENERAL COUNSEL           | 40 00                   |                                   |                        |         |              | х                            |        | 158,714                                      | 0   | 34,701   |
| GEORGE KOHL<br>SR DIR - COLLECTIVE BARG              | 40 00                   |                                   |                        |         |              | х                            |        | 147,512                                      | 0   | 24,215   |
| EDWARD SABOL<br>SR DIR - ORGANIZING                  | 40 00                   |                                   |                        |         |              | х                            |        | 140,643                                      | 0   | 33,661   |
| YVETTE HERRERA<br>SR DIR - EDUCATION COMM            | 40 00                   |                                   |                        |         |              | х                            |        | 145,148                                      | 0   | 30,992   |
| THERESA PLUTA<br>ASSISTANT TO SECRETARY<br>TREASURER | 40 00                   |                                   |                        |         |              | х                            |        | 135,453                                      | 0   | 29,894   |
| JOHN CLARK<br>Former NABET PRESIDENT                 | 40 00                   |                                   |                        |         |              |                              | х      | 150,141                                      | 0   | 37,699   |
| BEVERLY HICKS<br>Former VICE PRESIDENT               | 40 00                   |                                   |                        |         |              |                              | х      | 108,119                                      | 0   | 10,605   |
| LOUISE CADDELL<br>Former VICE PRESIDENT              | 40 00                   |                                   |                        |         |              |                              | х      | 131,169                                      | 0   | 16,884   |

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line<br>6b, 8b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| STRATEGIC INDUSTRY FUND  | 13,838,252            |                                    |   |                                |
| AFA MEC ADMIN  | 9,810,374             |                                    |   |                                |
| AFFILIATION DUES   | 5,646,700             |                                    |   |                                |
| ORGANIZING   | 4,957,811             |                                    |   |                                |
| MERGER   | 120,001               |                                    |   |                                |