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Department of the Treasury Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Committee   Comm	Α	For th	he 2010 ca	lendar year, or tax year beginning 10/01 , 2010, and ending	9/30			2011
Programs develope   AMERICA 6316   E Telephone number   Telephone number   CAR   C				С		D En	nployer iden	tification number
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Table   Tabl				AMERICA 6316		_		
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\$50,000 Å Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.  Ladd lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Sept II), line 25 column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ at assets (Sept III), line 25 column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ at assets (Sept III).  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I  I Contributions, gifts, grants, and small armounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Instrument income  4 Sa Gross amount from sale of assets other than inventory  5 Less cost or other basis and sales expenses  5 Less on or other basis and sales expenses  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  6 Cass income from gaming (attach Schedule G if greater than \$15,000)  6 Cass income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7 Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b From line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8 Profits in the sum of the revenue (describe in Schedule O)  10 Grants and similar amounts paid (light in Schedule O)  10 Grants and similar amounts paid (light in Schedule O)  11 Cocupancy, rent, utilities, and maintendance  12 86, 696.  13 3, 800.  15 Printing, publications, postage, and shepping 16  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year	J	Tax-ex	xempt status	(ck only one) — $501(c)(3)$ $X 501(c) (5)$ (insert no) $4947(a)(1)$ or $527$	990, 9	790-62	2, 01 990-	
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,542.		3 -	6b and si	ubtract line 6c)			6d	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24,542.	į	7 a	Gross sal	es of inventory, less returns and allowances 7a			}	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			Less: cos	t of goods sold.			]	
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8							7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, Zo and 8 1 1 1 1 3, 718.  10 Grants and similar amounts paid (list in Schedule 0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ule O		8	23,334.
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at end of year Combine lines 18 through 20  10 3,718.  10 3,718.  11 Benefits paid to or for members  12 86,696.  13 Professional fees and other payments to independent contractors  14 12 86,696.  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 24,542.		•				· ▶	-	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments of independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 542.	_			de amalar amarinta naid (lat a CC)			<del></del>	
See Schedule 0  12 86,696.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year Combine lines 18 through 20.				id similar amounts paid (issum schedule b)				3,710.
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	F	1	O de la como	baid to or for members			<del></del>	96 606
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	ž	1	Salaries,	other compensation, and employee benefits				
Frinting, publications, postage, and shipping  15  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	Ę	1						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  16 29, 219.  17 139, 394.  18 25, 016.	S	14					<del></del>	<u>15,961.</u>
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	E S	15	Printing,				15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	,	16	Other exp	penses (describe in Schedule O) See Sched	ule O			
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  24, 542.	_	17	Total exp	enses. Add lines 10 through 16		<b>&gt;</b>	17	139,394.
figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  19		18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)			18	-474.
figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  19	4	10			with and a	f-vear		
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 24, 542.	N S	פו ו	figure rer	is or rund barances at beginning or year (from line 27, column (A)) (must agree v ported on prior year's return)	viui eliu-o	ı-year	19	25,016.
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 24, 542.	ŤÌ	20					-	
		S1				<b>•</b>		24.542
	BA			······································				

	S20-EZ (2010) COMMUNICATIONS			43-	-063	5762 Page <b>2</b>
Par	Balance Sheets. (see the ins Check if the organization used Sche	structions for Part II.)	antion in this Dort II			X
	Check if the organization used Sche	edule O to respond to any qu		(A) Beginning of yea	ır T	(B) End of year
22	Cash, savings, and investments			22,692.		23,245.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	See Schedule O	)	2,324.		1,297.
	Total assets			25,016.		24,542.
	Total liabilities (describe in Schedule O)		———)	<u>0.</u>	26	0.
27	Net assets or fund balances (line 27 of			25,016.	. 27	24,542.
Par	till Statement of Program Service Check if the organization used Sc				(Pegu	Expenses ired for section
What					501(c)	(3) and 501(c)(4)
Desc	s the organization's primary exempt purpose? See ribe what was achieved in carrying out th ribe the services provided, the number of	e organization's exempt purp	oses In a clear and	concise manner,	organ	izations and section a)(1) trusts, optional
prog	ribe the services provided, the number of ram title	persons benefited, and other	r relevant information	for each	for oth	
	OPERATE A LOCAL UNION OF	THE COMMUNICATIONS	WORKERS OF A	MERICA,		
	HOLD REGULAR MEETINGS OF					
	MEMBERS AND PERFORM OTHER		. <i>– – – – – – – –</i>			
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		28 a	109,169.
29					- 1	
	(Grants \$ ) If th	is amount includes foreign gr	ants check here		29 a	
30	(Grants V	is amount includes loreign gr	arts, check here		234	
•					}	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<u> </u>	30 a	
31	Other program services (describe in Sch	edule O)				
		is amount includes foreign gr	ants, check here		31 a	
	Total program service expenses (add lin			<u> </u>	32	109,169.
Par	t IV List of Officers, Directors,				(see the	e instructions for Part IV)
	Check if the organization used So	(b) Title and average hours			to T	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0	employee benefit plans	s and	and other allowances
ED.	N HALL	to position President	21,350	deferred compensati	0.	828.
	N KINGSHIGHWAY SUITE 2C	14	21,330		١٠٠	020.
	E GIRARDEAU, MO 63701	1.				
	IN LONG	Vice President	13,678		0.	423.
	1 N KINGSHIGHWAY SUITE 2C	9				
	E GIRARDEAU, MO 63701					···
JE	ANNE LONG	Treasurer	17,079	· · [	0.	565.
	11 N KINGSHIGHWAY SUITE 2C	12				
	PE GIRARDEAU, MO 63701	Comptoni	20,345	_		1,625.
	RA HUTCHASON B1 N KINGSHIGHWAY SUITE 2C	Secretary 14	20,343	' <b>·</b>	0.	1,025.
	PE GIRARDEAU, MO 63701	+-1				
<u> </u>	B CITALOBIO, NO CO.CI		<del></del>			
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					- 1	
BAA		TEEA0812L 0			1	Form <b>990-EZ</b> (2010)

Pa	Check if the organization used Schedule O to respond to any question in this Part V.)				
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of	33	Yes	No X	
34	each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	34		_ <u>^</u> _	
35	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  f the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T.				
	explain in Schedule 0 why the organization did not report the income on Form 990-T  a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or				
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 a 35 b		<u>X</u>	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the				
37	year? If 'Yes,' complete applicable parts of Schedule N  a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0.	36		X	
	<b>b</b> Did the organization file Form 1120-POL for this year?	37 b		X	
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X	
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A				
39	Section 501(c)(7) organizations Enter		ļ		
	a Initiation fees and capital contributions included on line 9			1	
	b Gross receipts, included on line 9, for public use of club facilities  N/A				
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A; section 4955 ► N/A				
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b			
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		$\overline{\mathbf{x}}$	
42	List the states with which a copy of this return is filed ► None  42a The organization's books are in care of ► JEANNE LONG Located at ► 1131 N KINGSHIGHWAY SUITE 2C CAPE GIRARDEAU MO ZIP + 4 ► 63701  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If 'Yes,' enter the name of the foreign country.	42c		X	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► ☐	N/A N/A No	
44	1a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	162	X	
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		х	
	c Did the organization receive any payments for indoor tanning services during the year?	44c	L	X	
	<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d			
<u> </u>	TETANNO 0010/11	rm 001			

Form 990-E	z (2010) COMMUNICATIONS	WORKERS OF		43-063576	52	Page 4
AP I					Yes	
-	related organization a controlled e	•	<del>-</del>		45	X
	ne organization receive any payment otion 512(b)(13)? If 'Yes,' Form 990				45 a	X
46 Did th	ie organization engage, directly or indates for public office? If 'Yes,' com	ndirectly, in political campaig plete Schedule C. Part I	gn activities on behalf	f of or in opposition to	46	X
	Section 501(c)(3) organizat	ons and section 4947	(a)(1) nonexempt	charitable trusts only. A		
	501(c)(3) organizations and 47-49b and 52, and complete	section 494/(a)(1) nor e the tables for lines 5	nexempt charitables and 51.	e trusts must answer qu	estions	
	Check if the organization used Sch			/		
	Origin the organization asca our	icadic o to respond to dify	quoquoti iii tino i arc i	·····	Yes	s No
	ne organization engage in lobbying a				47	<del></del>
	organization a school as described	, , , , , , ,			48	<del>↓</del> —
	ne organization make any transfers t s,' was the related organization a se		related organization?		49a 49b	+-
	elete this table for the organization's byees) who each received more than	<del>-</del>	employees (other than	officers, directors, trustees a		
emplo	oyees) who each received more than	1 \$100,000 of compensation (b) Title and average	from the organization (c) Compensation		(e) Expense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(4) 55	(d) Contributions to employee benefit plans and deferred compensation	account and other allowand	j
<del></del>						
					<u></u>	
				<del>                                     </del>		
				<del>                                     </del>	<del></del>	
	number of other employees paid ov			, 	<b>#100</b> 00	0.4
comp	plete this table for the organization's ensation from the organization. If the	iere is none, enter 'None '	ndependent contracto	ors who each received more th	an \$100,00	<u> </u>
	(a) Name and address of each independer	nt contractor paid more than \$100,000	<u>-</u>	(b) Type of service	(c) Compensat	ion
		<del>-</del>				
	· · · · · · · · · · · · · · · · · · ·					
	<del></del>	<del></del>				
- d Total	number of other independent contra	actors each receiving over \$	100 000	<u> </u>		
<b>52</b> Did th	ne organization complete Schedule at table trusts must attach a complete	A? Note All section 501(c)(3		1947(a)(1) nonexempt	Yes	—— ∏No
Under penalti	es of perjury, I declare that I have examined this and complete. Declaration of preparer (other that	return, including accompanying sche	dules and statements, and to of which preparer has any kn	the best of my knowledge and belief, it	ıs	
	X Mann Lo	24		12-28-2011		
Sign	Signature of officer	8 Trans		Date		
Here	Type or print name and title	5 Treasi	Lrev		<del>- "</del>	
	Print/Type preparer's name	Preparer's signature	/ V' L Date	Check If PTIN		
Paid	Catherine A. White, Ch		MATO 12/27	self-employed P006	28325	
Preparer Use Only	Firm's name Begley, Youn Firm's address 2103 THEMIS	<del></del>	White, LLC' /		184438	
out only	Firm's address   2103 THEM1S  CAPE GIRARDE		<u> </u>	Phone no (573)	334-284	5
May the IR	S discuss this return with the prepa		uctions		X Yes	No
BAA			<del></del> _ <del></del> _	Fo	rm <b>990-EZ</b>	(2010)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization COMMUNICATIONS WORKERS OF AMERICA 6316	43-0635762
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
LABOR_UNION	

	) - Supplemental Information MUNICATIONS WORKERS OF AMERICA 6316	Page 2
12/27/11		12.56PM
Form 990-EZ, Part I, Line 8 Other Revenue		
RENTAL REIMB CDC TRAINING REIMB MISCELLANEOUS INCOME	\$ Total <u>\$</u>	11,713. 10,939. 682. 23,334.
Form 990-EZ, Part I, Line 16 Other Expenses		
Conferences, Conventions, and Mee Contributions Depreciation Equipment Rental Insurance Miscellaneous Expenses Office Expenses Promotional Give-Away Items Repairs, Mtce & Web Hosting Retirement Awards Scholarships Social Evts & Meetings	etings \$	400. 899. 1,027. 2,520. 1,799. 292. 3,661. 775. 1,613. 225. 500. 868. 2,848.
Telephone Travel	Total \$	2,648. 11,792. 29,219.
Form 990-EZ, Part II, Line 24 Other Assets		
Furniture and Fixtures		Ending 1,297. 1,297.

. . .