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DLN: 93493100004373

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

	revenue			·	Inspection	
		2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-20	012	D Employer ide	ntification number	
_	ck if ap ress ch	COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC		53-024670		
	ne char	Doing Business As		E Telephone nu		
				(202)434-:	1100	
_	ial retur minated	FOL 2DD STREET NIM	['] suite	G Gross receipts		
_	ended r					
_		WASHINGTON, DC 20001				
, APP	neation	F Name and address of principal officer			_	
		ANN HILL	H(a) Is the	s a group returr tes?	n for	
		501 3RD STREET NW WASHINGTON, DC 20001				
		WASHINGTON, DC 20001		l affiliates includ		
	k-exem	pt status		o," attach a list ip exemption nu	(see instructions)	
J W	ebsite	::▶ WWW CWA-UNION ORG		,		
			1		I Chata and I amount a D	
	n or org rt I	ganization	L Year or to	mation 1949 M	State of legal domicile Do	
Га		-				
		Briefly describe the organization's mission or most significant activities EXEMPT LABOR ORGANIZATION UNDER INTERNAL REVENUE CODE SE	CTION 501(C)((5)		
3						
Ē	_					
<u>.</u>	-					
2	2 (Check this box 🔭 if the organization discontinued its operations or disposed	d of more than 2	5% of its net as	ssets	
5 *	3 1	Number of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$		3	2	
ACUVIUES & SAVVEIII AILLE	4 1	Number of independent voting members of the governing body (Part VI, line 1 $$	b)	. 4	!	
Ĭ	5 1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	514	
3	6 T	Total number of volunteers (estimate if necessary)		6	(
₹	7 a ⊺	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	2,773,36	
	Ь١	Net unrelated business taxable income from Form 990-T, line 34		7b	(
			Prio	r Year	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		0	C	
nue	9	Program service revenue (Part VIII, line 2g)	. 1	131,789,231	132,224,530	
Ravenuk	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,884,278	-73,414,057	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,631,984	11,925,448	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), l		LEE 20E 402	70 725 021	
	42	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		5,163,038	70,735,921 8,705,966	
	13 14	Benefits paid to or for members (Part IX, column (A), line 4)	'	35,364	3,284	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		35,364	3,204	
\$	15	5-10)	•	76,522,588	70,658,470	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	C	
훘	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,553,243	78,963,823	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		153,274,233	158,331,543	
	19	Revenue less expenses Subtract line 18 from line 12		2,031,260	-87,595,622	
8 ያ				of Current	End of Year	
e e e				ear		
Ass HBa	20	Total assets (Part X, line 16)		85,244,530	578,038,379	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		309,767,624	345,713,106	
	22	Net assets or fund balances Subtract line 21 from line 20		275,476,906	232,325,273	
	t II	Signature Block				
		ties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than offi				
nowl	edge.					
		T	<u> </u>			
		Signature of officer)12-09-25 ate		
Sign			De	ite		
Here	5	ANN HILL SECRETARY-TREASURER Type or print name and title				
		<u> </u>		T_		
		Preparer's Scott E HALLBERG	Check if self-	Preparer's taxpa	yer identification number)	
Paid		signature SCOTT E HALLBERG	employed •	P01081188	•	
	arer's	Firm's name (or yours CALIBRE CPA GROUP PLLC	1	FIN 1 47-00009	80	
Use (Only	If self-employed), address, and ZIP + 4 7501 WISCONSIN AVENUE SUITE 1200 WE		EIN • 47-0900880		
		,		Phone no 🕨 (2	02) 331-9880	
May t	he ID	BETHESDA, MD 20814 S discuss this return with the preparer shown above? (see instructions) .			VAS ENO	
∵ıay t	ine IK	o diocupo dino recurit with the preparer Shown abover (see instructions) .			1- 162 NO	

Part I		Program Service e O contains a respons	Accomplishments e to any question in this Part III		г
1 B	riefly describe the org	janization's mission			
SEE SC	HEDULE O FOR DET	AILS			
			program services during the year whi		es 🔽 No
	•	new services on Sched		, .	es /
se	ervices?		e significant changes in how it conduction.		es 🗸 No
4 De	escribe the organizations	on's program service ac (c)(3) and 501(c)(4) org	complishments for each of its three liganizations and section 4947(a)(1) to nses, and revenue, if any, for each pi	rusts are required to report th	
T) (Expenses \$ DR THE ECONOMIC, MORAL, DE TO STRIKES AND DEATHS	including grants of \$ AND SOCIAL ADVANCEMENT OF THEIR COND) (Revenue \$ ITION AND STATUS TO ASSIST WOR) KERS BY PROVIDING
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
- - - - -					
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
- - - -					
- - - -					
	Other program service Expenses \$	es (Describe in Schedul includin) (Revenue \$)
4e 1	Total program service	expenses ► \$			

	art IV	Checklist of	Required	Schedules
--	--------	--------------	----------	-----------

			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 (see instructions)?	2		No
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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	I
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II	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		Νo
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b	Yes	
С	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.	11c		No
	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.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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? <i>If "Yes," complete Schedule F, Part II and IV</i>	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 and IV	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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	
	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
b	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		No
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		No
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check in Schedule O contains a response to any question in this Part V	•	•1	
_			Yes	No
La	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 452			
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 gaming (gambling) winnings to prize winners?	1 c	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			
b	return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l a	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country LCA , UK , GM			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand 13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are					
2	Independent					
	other officer, director, trustee, or key employee?	2		No		
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		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6	Yes			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal					
<u>Re</u>	venue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing					
	the form?	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b		No		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No		
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did 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 15a or 15b, 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	16-	V			
L	taxable entity during the year?	16a	Yes			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164	Vac			
	ection C. Disclosure	16b	Yes			
	List the States with which a copy of this Form 990 is required to be filed.					
	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (50.1(c))					

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 made these available. Check all that apply

Own website Another's website V Upon request

(202) 434-1100

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANN HILL SECRETARY-TREAS
 501 3RD STREET NW
 WASHINGTON, DC 20001

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

- ◆ 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, if any 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Tıtle	(B) A verage hours per week (describe	unles an	on (d e thai	n on son er ai	e bo ıs bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) JUDITH DENNIS ADMIN DIR TO VP	40 00			Х				161,514	0	19,943
(2) DANIEL WASSER AFA	40 00			Х				113,877	0	26,102
(3) VEDA SHOOK AFA INTL VP	40 00			Х				116,077	0	25,744
(4) ANN HILL SECRETARY-TREASURER	40 00			Х				182,268	0	19,391
(5) JAMES CLARK IUE-CWA DIVISION PRES	40 00			Х				159,962	0	26,186
(6) JAMES JOYCE NABET PRESIDENT	40 00			Х				145,245	0	20,743
(7) LAWRENCE COHEN PRESIDENT	40 00			Х				202,872	0	19,943
(8) JEFFREY RECHENBACH FMR SECRETARY-TREASURER	40 00			Х				128,210	0	25,208
(9) KEVIN CREIGHAN AFA INTL SECY-TREAS	40 00			Х				105,777	0	25,113
(10) BERNARD LUNZER TNG-CWA PRESIDENT	40 00			Х				162,981	0	26,186
(11) CAROL ROTHMAN TNG-CWA SECY-TREAS	40 00			Х				142,848	0	26,186
(12) CHRISTOPHER SHELTON VICE PRESIDENT	40 00			Х				166,377	0	26,186
(13) CLARENCE MILBURN VICE PRESIDENT	40 00			Х				107,814	0	24,906
(14) EDWARD MOONEY VICE PRESIDENT	40 00			Х				141,784	0	22,586
(15) JAMES WEITKAMP VICE PRESIDENT	40 00			х				161,756	0	19,943
(16) MARY TAYLOR VICE PRESIDENT	40 00			Х				155,751	0	26,186
(17) RALPH MALY VICE PRESIDENT	40 00			х				164,404	0	26,186

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (describe hours for related organizations in Schedule O)	unles an	on (d e tha	n one son er ar /trus	e bo is bo nd a stee)	x, oth	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) RONALD COLLINS	40 00		œ	×		<u> </u>		163,859	0	19,932
VICÉ PRESIDENT (19) SETH ROSEN								·		
VICÉ PRESIDENT (20) BROOKS SUNKETT	40 00			X				161,930	0	26,186
VICÉ PRESIDENT - PW	40 00			Х				164,462	0	26,186
(21) CLAUDE CUMMINGS VICE PRESIDENT	40 00			x				71,916	0	11,460
(22) CAROLYN WADE AT LARGE DIVERSITY	1 00			х				0	0	0
(23) MADELINE ELDER AT LARGE DIVERSITY	1 00			х				0	0	0
(24) NESTOR SOTO LOPEZ AT LARGE DIVERSITY	1 00			х				0	0	0
(25) MARTIN O'HANLIN AT LARGE DIVERSITY	1 00			х				0	0	0
(26) AMBER ARNOLD AT LARGE DIVERSITY	1 00			Х				0	0	0
(27) MARY O'MELVENY GENERAL COUNSEL	40 00				Х			187,150	0	26,186
(28) PETER MITCHELL	40 00				Х			174,473	0	26,186
MANAGING GENERAL COUNSEL (29) EDWARD SABOL	40 00				Х			155,647	0	26,186
SR DIR - ORGANIZING (30) YVETTE HERRERA								,		·
SR DIR-EDUCATION COMMUNITY	40 00				Х		Ļ	153,937	0	26,186
							•			
c Total from continuation sheets	o Part VII, Sect	ion A	•	•	•			:	_	
d Total (add lines 1b and 1c) .			•		•		•	3,752,891	0	595,246

 $$100,\!000$ of reportable compensation from the organization -26

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
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 individual		\ \ \ \	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," complete Schedule J for such person	5		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED AIRLINES INC 233 S WACKER DR 15TH FL CHICAGO, IL 60606	AIRLINE	3,277,519
BLUE STATE DIGITAL 5 WEST 20TH STREET NEW YORK, NY 10011	STRATEGY AND TECHNOLOGY SERVICES	2,360,004
STEVEN WEISSMAN 80 PINE STREET 3RD FLOOR NEW YORK, NY 10005	LAW FIRM	1,188,000
AUTOMOTIVE RENTAL INC 9000 MIDATLANTIC DRIVE MOUNT LAUREL, NJ 08054	CAR RENTAL	1,014,319
US AIRWAYS 4000 E SKY HARBOR BLVD PHOENIX, AZ 85034	AIRLINE	840,114
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

\$100,000 of compensation from the organization >94

Form 99			f Davis and					Page 9
	/** *	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
芸芸	1a	Federated camp	paigns 1a					
E E	Ь	Membership du	es 1b					
કે. a⊪	c	Fundraising eve	ents 1c					
Æ	d	Related organiz	zations 1d					
Ę,	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and 1f ot included above butions included in					
and	h		s 1a-1f	▶				
				Business Code				
Ī	2a	MEMBERSHIP DUES	S	900099	132,224,530	132,224,530		
Program Service Revenue	b							
ě.	c							
Ě	d							
ऋ	e							
<u></u>	f	All other progra	am service revenue					
္နို	-							
<u></u>	g		s 2a – 2f		132,224,530			
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·	11 175 054			11 175 054
			ar amounts)	-	11,175,954			11,175,954
	4		stment of tax-exempt bond	· · · · ·	1,475,218			1,475,218
	5	Royalties	(1) Pool	-	1,173,210			1,173,210
	6a	Gross rents	(ı) Real 8,465,159	(II) Personal				
	Ь	Less rental	5,691,796					
		expenses Rental income	2,773,363					
	c	or (loss)						
	d	Net rental incor	me or (loss)		2,773,363		2,773,363	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	1,196,465,193					
		assets other than inventory						
	Ь	Less cost or other basis and	1,281,055,204					
		sales expenses						
	c	Gain or (loss)	-84,590,011	<u> </u>	04 500 044	04 500 011		
	d	Net gain or (los			-84,590,011	-84,590,011		
Other Revenue	8a	Gross income fi events (not incl \$	luding					
Š		See Part IV, lin	reported on line 1c)					
Œ			а					
≗	ь	Less direct ex	penses b					
δ	c	Net income or ((loss) from fundraising	events 🟲				
	9a		rom gaming activities					
		See Part IV, lin	ie 19 a					
	ь	less directex	penses b					
	c		(loss) from gaming acti					
	10a	Gross sales of returns and allo	inventory, less owances .					
	b c		a oods sold b (loss) from sales of inv	entory 🏲				
		Miscellaneous		Business Code				
	11a	MISC RECEIP		900099	7,663,247	7,663,247		
	ь	CCCC		900099	13,620	13,620		
	_ c							
	d	All other revenu	ue					
	u	Total. Add lines						
				· · · · •	7,676,867			
	12	Total revenue.	See Instructions .	▶	70,735,921	55,311,386	2,773,363	12 651 172
				L	10,133,921	53,311,300		12,651,172 Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

7b, 8b, 9 1	include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	(A) Total expenses 8,705,966 3,284 4,697,142 36,188,853 3,846,681	Management and general expenses	(D) Fundraising expenses
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,284 4,697,142 36,188,853		
3 0 0 0 S 4 E 5 0 k 6 0 ()	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,284 4,697,142 36,188,853		
6 (organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4,697,142 36,188,853		
4 B 5 C k 6 C	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,697,142 36,188,853		
6 C	Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	36,188,853		
6 (Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	36,188,853		
	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	, ,		
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	, ,		
8 P				
		23,116,328		
	Payroll taxes	2,809,466		
	Fees for services (non-employees)	.,,		
	Vanagement			
	egal	4,684,094		
	Accounting	1,221,221		
	obbying			
	Professional fundraising See Part IV, line 17			
	nvestment management fees	37,677		
	Other	2,445,048		
	Advertising and promotion	, ,		
	Office expenses	2,866,416		
	nformation technology	801,850		
15 R	Royalties			
16 C	Occupancy	6,784,280		
17 T	ravel	6,036,844		
	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 (Conferences, conventions, and meetings	1,506,153		
20 I	nterest	1,738,732		
21 P	Payments to affiliates	22,747		
22 D	Depreciation, depletion, and amortization	1,490,961		
23 I	nsurance	11,169		
n	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			
a <u>S</u>	STRATEGIC INDUSTRY FUND	32,754,228		
b A	AFA MEC ADMIN	10,276,947		
c A	AFFILIATION DUES	4,264,866		
d C	DRGANIZING	3,125,606		
e _				
f A	All other expenses	116,205		
25 T	Total functional expenses. Add lines 1 through 24f	158,331,543		
S	loint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,856,884 1 7,499,652 1 14.306.770 2 10.407.555 2 3 3 14.777.501 4 4 11.183.019 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 13,055,071 13,491,056 7 8 9 9 Prepaid expenses and deferred charges 10a 74,317,504 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 32,392,963 b Less accumulated depreciation 43,421,349 10c 41,924,541 312,690,520 11 300,871,600 11 179,825,617 171,729,334 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3,310,818 15 20,931,622 15 585,244,530 16 578,038,379 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 25,396,582 17 14,903,718 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 43.061.644 23 40,418,339 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 241,309,398 25 290,391,049 D 26 309,767,624 26 345,713,106 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 275,476,906 27 232,325,273 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 275.476.906 33 232,325,273 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 585.244.530 34 578.038.379

FGI	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		70.7	35,921
2	Total expenses (must equal Part IX, column (A), line 25)	2			31,543
3	Revenue less expenses Subtract line 2 from line 1	3		-87,5	595,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		275,4	76,906
5	Other changes in net assets or fund balances (explain in Schedule O)	5		44,4	143,989
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		232,3	325,273
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
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 is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated 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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493100004373

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	, , ,	30 ((c)(3)) organizations complete ran	is the alla c belov	bo not complete fait FB	
	ction 527 organizations Complet	•			
	_	es," to Form 990, Part IV, Line 4, or		, , ,	• •
		at have filed Form 5768 (election under			
		at have NOT filed Form 5768 (election ui			
	-	es," to Form 990, Part IV, Line 5 (Pro	oxy rax) or Forr	n 990-EZ, line 350 (Proxy	rax), then
	ction 501(c)(4), (5), or (6) organ me of the organization	izations Complete Part III		Employeriden	tification number
	MMUNICATIONS WORKERS OF AMERIC	A AFL-CIO CLC		Lilipioyer ideli	tilication number
				53-0246709	
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign acti	vities on behalf of or	
	in opposition to candidates for	•			
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt under s	section 501(c	:)(3).	
L	Enter the amount of any excis	e tax incurred by the organization und	ler section 4955	▶	\$
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	4955	\$
3	If the organization incurred a	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
1 a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
ar	t I-C Complete if the or	ganization is exempt under s	section 501(c	e) except section 501	.(c)(3).
L	Enter the amount directly exp	ended by the filing organization for sec	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing	organization's funds contributed to oth	ner organizations	for section 527	
	exempt funtion activities			►	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	Enter the names, addresses a	nd employer identification number (EI	N) of all section	527 political organizations	to which the filing
		For each organization listed, enter the			
	•	ns received that were promptly and di political action committee (PAC) If a	•		'
	separate segregated fund of a	pointical action committee (I Ac) II a	additional space	is needed, provide informat	ion in raic iv
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politica
	,			filing organization's	contributions received
				funds If none, enter -	and promptly and
				0-	directly delivered to a separate political
					organization If none,
					enter -0-

		, ,	filing organization's funds If none, enter - 0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CWA - COPE	501 3RD STREET NW WASHINGTON,DC 20001	52-0246709		104,642

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 Figure Since Sover \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Figure Since Sover \$1,500,000 Over \$1,000,000 but not over \$1,500,000 In the excess over \$1,500,000 Over \$1,000,000 Figure Since Sover \$1,500,000	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	5225,000 plus 5% of the excess over \$1,500,000			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000	51,000,000			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	Tuge
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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)?			
b	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?			
Dar	+ THE A Complete if the exception is exempt under section E01(c)(4) section	<u> </u>	\/E\ 0	r coction

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".

-	Dues, assessments and similar amounts from members		
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	Tayable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT 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

DLN: 93493100004373

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization MMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC	·	Emp	loyer ident if icat	ion numbe	er
			53-0	0246709		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
		(a) Donor advised funds	((b) Funds and ot	her accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		nor advı	sed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben				_ v	_ N.
-	conferring impermissible private benefit	C Harana and Haran		- 000 D TV	Yes	No No
	rt II Conservation Easements. Complete		to Forn	n 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space	on or pleasure)	certifie	d historic struct	•	a
2	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ified conservation contribution in the forr	n of a co	Held at the	End of the	Voor
а	Total number of conservation easements		2a	neid at the	end or the	Teal
a b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his		2c			
d	Number of conservation easements included in (c) a	, ,	2d			
3	Number of conservation easements modified, transfer the taxable year -	errea, reieasea, extinguisnea, or terminat	ea by th	ie organization d	luring	
4	Number of states where property subject to conserve	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		ndling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments d	uring the year ►		
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during	g the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of se	ction		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia				
ar	Complete if the organization answered	ons of Art, Historical Treasures,	or Otl	her Similar <i>A</i>	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue statem for public exhibition, education or resea	rch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan	cıal gaın, provid	e the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

'ar	Til Organizations Maintaining Co	<u>llections of Art</u>	t, His	<u>tori</u>	<u>cal Tre</u>	<u>easur</u>	es, or O	<u>the</u>	r Similar	· Asse	ts (col	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a significa	nt u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loan or	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	aın hov	v the	y further	the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990),	
	Part IV, line 9, or reported an an											
La	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions oi	rother ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ıng ta	able		_					
							-			Amou	ınt	
c	Beginning balance						-	1 c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
² a	rt V Endowment Funds. Complete	If the organizatio					orm 990, Years Back		t IV, lıne ^{Three Years E}		\Faur Va	ara Da ak
a	Beginning of year balance	(a)Current Year	(B)	Prior `	rear	(c) I Wo	Years Back	(a)	inree Years E	заск (е)Four Ye	ars Back
b	Contributions							+		_		
c	Investment earnings or losses							\vdash				
d	Grants or scholarships											
e	Other expenditures for facilities									_		
_	and programs											
f	Administrative expenses											
g	End of year balance											
<u> </u>	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	that a	are held	and ad	lmınıstered	d for	the			
	organization by (i) unrelated organizations									3a(i)	Yes	No
	(ii) related organizations			•				•		3a(ii)		
b	If "Yes" to 3a(II), are the related organization							•		3b		
Ļ	Describe in Part XIV the intended uses of th											
aı	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	rt X	, line 10	0.						
	Description of property			(a)	Cost or ot s (Investm	ther ((b) Cost or ot basıs (othe		(c) Accumu depreciat		(d) Boo	k value
.a	Land						11,916	,514			11	,916,514
Ь	Buildings						50,164		25,50	02,847		,661,346
	Leasehold improvements						1,222		•	06,408		316,454
d	Equipment						10,151	,391	5,23	34,882	4	,916,509
e	Other						862	,544	74	18,826		113,718

41,924,541

Part VII Investments—Other Securities. See F	Form 990, Part X, line 12		.f.,_l,_s
(a) Description of security or category (including name of security)	(b) Book value	(c) Method (Cost or end-of-y	
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)INSURANCE COMPANY CONTRACTS	747,410		F
(B) PARTNERSHIPS AND OTHER INVESTMENTS	69,939,408		F
(C) HEDGE FUND	43,700,546		F
(D) COMMON COLLECTIVE TRUST	57,765,904		F
(E) OPTIONS / FUTURES	-423,934		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	171,729,334	12	
(a) Description of investment type	(b) Book value	(c) Method (Cost or end-of-y	
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
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) Amount		
Federal Income Taxes	(b) Amount		
ACCRUED POSTRETIREMENT BENEFIT COST	191,742,056		
STRIKE FUNDS	722,586		
SEVERANCE PAYABLE	86,786		
ACCRUED PENSION LIABILITY	94,691,217		
DUE TO BROKERS	3,148,404		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	290,391,049		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	70,735,921
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	158,331,543
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-87,595,622
4	Net unrealized gains (losses) on investments	4	86,927,863
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-42,483,874
9	Total adjustments (net) Add lines 4 - 8	9	44,443,989
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-43,151,633
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	163,365,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	92,629,575
3	Subtract line 2e from line 1	3	70,735,921
4	Amounts 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		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	70,735,921
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	164,023,339
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	5,691,796
3	Subtract line 2e from line 1	3	158,331,543
4	Amounts 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		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	158,331,543
Pai	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		IUE TRANSFER 9,916 BENEFIT COSTS OTHER THAN NET PERIODIC COSTS -42,493,790 TOTAL TO SCHEDULE D, PART XI, LINE 8 -42,483,874
PART XII, LINE 2D - OTHER ADJUSTMENTS		IUE TRANSFER 9,917 BUILDING OPERATIONS 5,691,796
PART XIII, LINE 2D - OTHER ADJUSTMENTS		BUILDING OPERATIONS 5,691,796

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DLN: 93493100004373

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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 **Inspection**

Name of the organization

Employer identification number

J 0 141 14	IUNICATIONS WORKERS OF A	AMERICA AFL-	CIO CLC		53-0246709	
Part	General Informatio "Yes" to Form 990, Pa	n on Activit i rt IV, lıne 14t	ies Outside t	he United States. (Complete if the organiz	ation answered
1	For grantmakers. Does the	organızatıon r	maıntaın record	ds to substantiate the	amount of the grants	or
ä	assistance, the grantees' elig	gibility for the	grants or assi	stance, and the selec	tion criteria used to awa	ard
	the grants or assistance?					│ Yes │ No
	For grantmakers. Describe in Pa United States	irt V the organi	zatıon's procedu	res for monitoring the us	se of grant funds outsıde tl	he
3 /	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the region)		expenditures for region/investments in region
i	EUROPE	2	0	PROGRAM SERVICES	REIMBURSEMENT PAYMENTS TO REGIONAL COUNCIL MEMBERS	13,705
-						
-						
-						
-						
-						
-						
-						
-						
-						
-						
-						
	Sub-total	2	0			13,705
	Total from continuation sheets	0	_			C

c Totals (add lines 3a and 3b)

13,705

Pai	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Part V if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •		
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011	

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		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

Schedule F (Form 990) 2010

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DLN: 93493100004373 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

COMMUNICATIONS WORKERS OF A						53-0246709	
Part I General Information							
1 Does the organization maintain r the selection criteria used to awa	ard the grants or as	sıstance [?]					┌ Yes ┌
2 Describe in Part IV the organiza	*		<u> </u>				
Form 990, Part IV, line Part IV and Schedule 1	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations list	ed in the line 1 table -			<u> </u>	45
3 Enter total number of other organ		_			•	_	26

Use Schedule I-1 (Form 99	0) if additional space	ıs needed.			
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFA SCHOLARSHIP FUND2 EAGLE BLUFF STREET FREDERICKSBURG, VA 22406	52- 1908779	1 501(0)-3	5,000				GENERAL SUPPORT
4 PETES SAKE ALS FOUNDATION1020 CROMWELL BRIDGE RD TOWSON,MD 21286	04- 3462719	1 501(C)-3	9,950				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL-CIO SECRETARY TREASURER815 16TH ST N W WASHINGTON, DC 20006	52- 1107237	501(C)-5	5,000				GENERAL SUPPORT
ALABAMA AFL-CIO 435 S MCDONOUGH ST MONTGOMERY,AL 36104	63- 0005430	501(C)-5	10,000				GENERAL SUPPORT

	<u> </u>						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CONSTITUTION SOCIETY1333 H ST NW 11TH FLOOR WASHINGTON, DC 20005	52- 2313694	501(C)-3	5,000				GENERAL SUPPORT
AMERICAN RIGHTS AT WORK1616 P STREET NW SUITE150 WASHINGTON, DC 20036	86- 1082272	501(0)-3	100,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAS TRUST6 E STREET SE WASHINGTON, DC 20003	20- 0149297	501(C)-3	5,000				GENERAL SUPPORT
APPLE VIA4619 PROSPECT AVE LOS ANGELES,CA 90027	37- 0868702	501(C)-3	5,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA WINS 1450 E INDIAN SCHOOL SUITE 106 PHOENIX, AZ 85014	81- 0668995	1 5017(**)-3	10,000				GENERAL SUPPORT
ATLANTA JOBS WITH JUSTICE 2540 LAKEWOOD AVE SW ALTANTA, GA	20- 2794280	1 5017 (2)-3	18,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO JOBS WITH JUSTICE237 MAIN STREET SUITE 1200 BUFFALO,NY 14203	22- 3037457	501(C)-3	13,000				GENERAL SUPPORT
CAMPAIGN FOR A HEALTHY CALIFORNIA2000 FRANKLIN ST OAKLAND, CA	94- 0362060	501(C)-5	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE MARYLAND MULTICULTURAL CENTER8151 15TH AVENUE HYATTSVILE, MD 20783	52- 1372972	501(C)-3	25,000				GENERAL SUPPORT
CENTRAL FLORIDA JOBS WITH JUSTICE 231 EAST COLONIAL DR 1ST FLOOR ORLANDO FL 32801	20- 1449852	501(C)-3	19,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL INDIANA JOBS WITH JUSTICE 445 N PENNSYLVANIA ST 300 INDIANAPOLIS,IN 46204	52- 1861766	501(C)-3	7,000				GENERAL SUPPORT
CHICAGO JOBS WITH JUSTICE333 S ASHLAND CHICAGO II 60607	80- 0111994	501(C)-3	24,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZEN ACTION OF NEW YORK94 CENTRAL AVENUE ALBANY, NY 12206	11- 2644562		116,200				GENERAL SUPPORT
CITIZENS FOR A BETTER ARIZONA 1615 N 36TH ST PHOENIX, AZ 85008	86- 0103192		5,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND JOBS WITH JUSTICE 20525 CENTER RIDGE RD STE700 ROCKY RIVER, OH 44116	34- 1850535	I 501(C)-3	18,000				GENERAL SUPPORT
COALITION FOR ECONOMIC JUSTICE237 MAIN STREET SUITE 1200 BUFFALO, NY	22- 3037457	1 5017(**)-31	11,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO JOBS WITH JUSTICE2840 SOUTH VALLEJO STREET ENGLEWOOD, CO 80110	52- 2082139	501(C)-3	11,000				GENERAL SUPPORT
COLUMBUS JOBS WITH JUSTICE27 EUCLID AVE COLUMBUS, OH 43201	06- 1790688	501(C)-3	7,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT WORKING FAMILIES 30 ARBOR ST 2ND FLOOR HARTFORD, CT 06106	06- 0872695	501(C)-3	65,000				GENERAL SUPPORT
COUNCIL FOR A LIVEABLE WORLD 322 4TH STREET NE WASHINGTON, DC 20002	52- 0746112	501(C)-4	5,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC JOBS WITH JUSTICE316 F STREET NE SUITE203 WASHINGTON, DC 20002	26- 0038632	1 501(()-3	32,250				GENERAL SUPPORT
EMILYS LIST1120 CONNECTICUT AVENUE NW SUITE 1100 WASHINGTON, DC	52- 1391360	ι νας	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR ELECTIONS OHIO PAC600 VINE ST 1509 CINCINNATI,OH 45202	45- 2830077	РАС	50,000				GENERAL SUPPORT
HEALTH CARE FOR AMERICA NOW1825 K STREET NW STE 400 WASHINGTON, DC	52- 1861766	501(C)-4	100,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA JOBS WITH JUSTICE445 N PENNSYLVANIA ST 300 INDIANAPOLIS,IN 46204	35- 2196064	501(C)-3	5,000				GENERAL SUPPORT
JOBS WITH JUSTICE 1325 MASSACHUSETTS AVE NW SUITE 200 200 WASHINGTON, DC 20005	52- 1865575	501(C)-3	98,400				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALMANOVITZ FOR LABOR AND THE WORKING POOR 37TH O ST NW MAGUIRE 209 WASHINGTON, DC 20057	53- 0196603	501(C)-3	15,000				GENERAL SUPPORT
LEADERSHIP CONFERENCE ON CIVIL RIGHTS1629 K ST NW STE 1010 WASHINGTON, DC 20006	52- 0789800	501(C)-4	6,200				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG ISLAND JOBS WITH JUSTICE16 E 8TH STREET HAUPPAUGE, NY 11788	27- 0085901	501(C)-3	16,000				GENERAL SUPPORT
MASSACHUSETTS JOBS WITH JUSTICE 3353 WASHINGTON STREET BOSTON, MA 02130	22- 2604923	501(C)-3	91,240				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURIANS FOR RESPONSIBLE LENDING2725 CLIFTON ST LOUIS, MO 63139	43- 1864844	501(C)-3	15,000				GENERAL SUPPORT
NATIONAL ACTION NETWORK555 13TH STREET NW STE 510 WASHINGTON, DC	27- 0730508	1 501(C)-4	50,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CONSUMERS LEAGUE 1701 K STREET NW STE 1200 WASHINGTON, DC 20006	53- 0242038	501(C)-3	16,000				GENERAL SUPPORT
NATIONAL STONEWALL DEMOCRATS1325 MASSACHUSETTS AVE NW STE 700 WASHINGTON, DC	52- 2157124	501(C)-4	7,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)	assistance	
NATIONAL WOMENS HISTORY MUSEUM 205 S WHITING ST SUITE 254 ALEXANDRIA, VA 22304	54- 1801426	I 501(C)-3	5,000				GENERAL SUPPORT
NCBCP1900 L STREET NW STE 700 WASHINGTON, DC	52- 1253112	501(C)-3	6,750				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE NATION NJ 102 SOUTH WARREN ST TRENTON, NJ 08608	27- 4821368		50,000				GENERAL SUPPORT
NEW JERSEY CITIZEN ACTION 75 RARITAN AVENUE SUITE 200 HIGHLAND PARK, NJ 08904	22- 2395222	501(C)-4	7,921				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK CITY CENTRAL LABOR COUNCIL275 7TH AVENUE 18TH FLOOR NEW YORK, NY 10001	13- 5675894	501(C)-5	5,000				GENERAL SUPPORT
ONE NEW JERSEY INC888 16TH ST NW SUITE 333 WASHINGTON, DC 20006	27- 5217116		50,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE VOICE1072 LYNCH ST SUITE 7 JACKSON,MS 39203	02- 0787550	501(C)-3	50,000				GENERAL SUPPORT
OREGON WORKING FAMILIES CAMPAIGN - L'ARCHE1130 SW MORRISON ST STE 407 PORTLAND, OR 97205	91- 1355711	527	25,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEGGY BROWNING FUND1528 WALNUT ST SUITE 1904 PHILADELPHIA, PA 19102	23- 2887086	501(C)-3	5,000				GENERAL SUPPORT
PHILADELPHIA JOBS WITH JUSTICE1315 SPRUCE STREET STE 331 PHILADELPHIA, PA 19107	23- 3006952	501(C)-3	18,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
POLICY MATTERS OHIO3631 PERKINS AVE STE 4C E CLEVELAND,OH 44114	34- 1921881	501(C)-3	10,000				GENERAL SUPPORT
PORTLAND JOBS WITH JUSTICE 6025 E BURNSIDE PORTLAND, OR 97215	26- 0901792	501(C)-3	33,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDE AT WORK AFL-CIO815 16TH STREET NW WASHINGTON, DC 20006	52- 2217817	501(C)-4	22,500				GENERAL SUPPORT
PUBLIC CAMPAIGN ACTION FUND1133 19TH ST NW NINTH FLOOR WASHINGTON, DC	52- 2032544	501(C)-4	25,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND JOBS WITH JUSTICE 280 BROADWAY ST NW STE 201 PROVIDENCE,RI 02903	05- 0519891	501(C)-3	21,000				GENERAL SUPPORT
SAN FRANSCISCO JOBS WITH JUSTICE 123 WEBSTER ST SAN FRANCISCO, CA 94117	95- 3609662	501(C)-3	26,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKE ACTION MINNESOTA705 RAYMOND AVE STE 100 ST PAUL,MN 55114	20- 3338691	501(C)-4	75,000				GENERAL SUPPORT
TASK FORCE FOUNDATION1325 MASSACHUSETTS AVE NW STE 600 WASHINGTON, DC	52- 1624852	501(C)-3	15,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS GOSPEL ANNOUNCERS GUILD3409 CAMBRIDGE CT AUSTIN,TX 78723	74- 2604681	501(C)-3	5,000				GENERAL SUPPORT
THE AMERICAN WORKER607 14TH STREET NW WASHINGTON, DC 20005	52- 1694085	501(C)-6	20,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLACK INSTITUTE143 KENNEDY ST STE 13 NW WASHINGTON, DC 20011	52- 2018919	501(C)-3	13,000				GENERAL SUPPORT
THE BLUE GREEN ALLIANCE1020 19TH STREET STE 600 NW WASHINGTON, DC 20036	20- 3 4 77309	501763-3	50,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US ACTION1825 K ST NW STE 210 WASHINGTON, DC 20006	52- 2214305	501(C)-3	10,000				GENERAL SUPPORT
VERMONT WORKERS CENTERPO BOX 883 MONTPELIER, VT 05601	20- 0163176	501(C)-3	18,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE ARE OHIO545 E TOWN ST COLUMBUS, OH 43215	45- 0713721	501(C)-3	502,500				GENERAL SUPPORT
WESTERN MASSACHUSETTS JWJ PO BOX 15769 SPRINGFIELD, MA 01115	22- 3089640	501(C)-3	16,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF FAITH 5575 CONNER DETROIT, MI 48123	30- 0006477	I 501(C)-3	7,300				GENERAL SUPPORT
WISCONSIN STATE AFL-CIO RGOTVE 2811 8TH ST STE 30 WHITE LAKE, WI 54491	38- 1852871	I 501(C)-3	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING AMERICA 815 16TH ST NW WASHINGTON, DC 20006	20- 2035052	501(C)-3	605,513				GENERAL SUPPORT
WORKING MICHIGAN419 SOUTH WASHINGTON SQ LANSING, MI 48933	38- 0830700	501(C)-5	5,000				GENERAL SUPPORT

DLN: 93493100004373

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

For certain Officers, Directors, Trustees, Key Employees, and Highest

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COI	MMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC	53-0246709			
Pa	rt I Questions Regarding Compensation	33-0240709			
	ture ment megan amig compensation			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person lise 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding				
	First-class or charter travel Housing allowance or residence for p				
	Travel for companions Payments for business use of person				
	Tax idemnification and gross-up payments Health or social club dues or initiation	on fees			
	Discretionary spending account Personal services (e.g., maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding pareimbursement orprovision of all the expenses described above? If "No," complete Part III to expenses described above?		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line		2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensations	ion committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to thor a related organization	e filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo
	Participate in, or receive payment from, an equity-based compensation arrangement?	<u> </u>	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue an compensation contingent on the revenues of	у			
а	The organization?		5a		
b	Any related organization?	Γ	5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue an compensation contingent on the net earnings of	У			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III	Γ			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non payments not described in lines 5 and 6? If "Yes," describe in Part III	-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was ubject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," do in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	d 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

Schedule J (Form 990) 2011 Page **3**

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	-	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(ii) iii		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JUDITH DENNIS	(ı) (ıı)	161,514 0	0	0 0	3,600 0	16,343 0	181,457 0	0
ANN HILL	(I) (II)	182,268 0	0	0	3,048 0	16,343 0	201,659 0	0
JAMES CLARK	(I) (II)	159,962 0	0	0	3,600 0	22,586	186,148 0	0
JAMES JOYCE	(I) (II)	145,245 0	0	0	0	20,743	165,988 0	0
LA WRENCE COHEN	(I) (II)	202,872 0	0	0	3,600 0	16,343 0	222,815	0
JEFFREY RECHENBACH	(I) (II)	128,210 0	0	0	2,622 0	22,586 0	153,418 0	0
BERNARD LUNZER	(I) (II)	159,731 0	0	3,250 0	3,600 0	22,586	189,167 0	0
CAROLROTHMAN	(I) (II)	142,848 0	0	0	3,600 0	22,586 0	169,034 0	0
CHRISTOPHER SHELTON	(I) (II)	166,377 0	0	0	3,600 0	22,586 0	192,563 0	0
EDWARD MOONEY	(ı) (ıı)	141,784 0	0	0	0	22,586 0	164,370 0	0
JAMES WEITKAMP	(I) (II)	161,756 0	0	0	3,600 0	16,343 0	181,699 0	0
MARY TAYLOR	(I) (II)	155,751 0	0	0	3,600 0	22,586 0	181,937 0	0
RALPH MALY	(1) (11)	164,404 0	0	0	3,600 0	22,586 0	190,590 0	0
RONALD COLLINS	(ı) (ıı)	163,859 0	0	0	3,600 0	16,332 0	183,791 0	0
SETH ROSEN	(ı) (ıı)	161,930 0	0	0	3,600 0	22,586 0	188,116 0	0
BROOKS SUNKETT	(ı) (ıı)	164,462 0	0	0	3,600 0	22,586 0	190,648 0	0
MARY O'MELVENY	(ı) (ıı)	187,150 0	0	0	3,600 0	22,586 0	213,336 0	0
PETER MITCHELL	(1) (11)	171,483 0	0	_/	3,600 0	22,586 0	200,659	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	• •	(E) Total of columns	(F) Compensation reported in prior Form		
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ		
EDWARD SABOL	(I) (II)	155,647 0	0 0	0 0	3,600 0	22,586 0	181,833 0	0		
YVETTE HERRERA	(I) (II)		0 0	0 0	3,600 0	22,586 0	180,123 0	0		

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As Filed Data -

DLN: 93493100004373

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization **Employer identification number** COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC 53-0246709

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, 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
	FORM 990, PART VI, SECTION A, LINE 7A	A LOCAL DELEGATE HAVE ONE VOTE BY SECRET BALLOT IN THE CONVENTION
	FORM 990, PART VI, SECTION A, LINE 7B	DURING THE CONVENTION, THE LOCAL DELEGATE(S) HAVE ONE VOTE ON DECISIONS OF THE GOVERNING BODY
	FORM 990, PART VI, 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
	FORM 990, PART VI, 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.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC THE ORGANIZATION MAKES DOCUMENTS AVAILABLE TO MEMBERS UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 86,927,863 IUE TRANSFER 9,916 BENEFIT COSTS OTHER THAN NET PERIODIC COSTS -42,493,790 TOTAL TO FORM 990, PART XI, LINE 5 44,443,989
ZZ	FORM 990, PART X11, LINE 2C	THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

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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.

2011

DLN: 93493100004373

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

Internal Revenue Service							spectio	1
Name of the organization COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC						dentification number		
Part I Identification of Disregard	ed Entities (Complete	ıf the organizatio	n answered "Yes"	on Form 990, Pa	53-02467 ort IV, line 33.)	09		
(a) Name, address, and EIN of disregarded e	entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Ta or more related tax-exempt or			f the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organiza	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	g) 512(b)(13 trolled nization
See Additional Data Table							Yes	No
See Adultional Data Table								
For Privacy Act and Paperwork Reduction Act No	otice, see the Instructions	for Form 990.	Cat No 50	135Y		Schedule R (Form 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	r entity (related, unrelated, excluded from tax		(f) Share of total income	Share of total Share of end-of-) rtionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Par	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		1
ı	Note. Complete line 1 if any entity is listed in Parts II, III or IV			_	Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	izations listed in Parts	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to related organization(s)			1b		No
С	Gift, grant, or capital contribution from related organization(s)			1c		No
d	Loans or loan guarantees to or for related organization(s)			1d		No
e	Loans or loan guarantees by related organization(s)			1e		No
f	Sale of assets to related organization(s)			1f		No
g	Purchase of assets from related organization(s)			1g		No
h	Exchange of assets with related organization(s)			1h		No
i l	ease of facilities, equipment, or other assets to related organization(s)			1i		No
j l	_ease of facılıtıes, equipment, or other assets from related organization(s)			1 j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
I F	Performance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)			1m	Yes	
n	Sharing of paid employees with related organization(s)			1n		No
o	Reimbursement paid to related organization(s) for expenses			10		No
p	Reimbursement paid by related organization(s) for expenses			1p		No
q	Other transfer of cash or property to related organization(s)			1 q		No
r	Other transfer of cash or property from related 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, in	cluding covered relati	onships and transact	ion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
1)						
2)						
3)						
4)						
5)						
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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Id	dentification of Rela	ited lax-Ex	empt Organ	nizations			
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
CWA PLAN FOR EMPLOYEES'							
PENSIONS 501 3RD STREET NW WASHINGTON, DC 20001 53-0246709	BENEFIT PLAN	DC	501(A)			No	
CWA 401(K) TAX DEFERRED SAVINGS							
501 3RD STREET NW WASHINGTON, DC 20001 53-0246709	BENEFIT PLAN	DC	501(A)			No	
COMMUNICATIONS WORKERS RELIEF COMMITTEE	DONATIONS, GIFT	DC	501(C)			No	
501 3RD STREET NW WASHINGTON, DC 20001 52-6049044	AND CONTRIBUTIONS TO BE USED TO PROVID	DC	(5)			No	
CWA SAVINGS AND RETIREMENT TRUST							
501 3RD STREET NW WASHINGTON, DC 20001 52-1137722	BENEFIT PLAN	DC	501(A)			No	
CWA HEALTH AND WELFARE TRUST							
501 3RD STREET NW WASHINGTON, DC 20001 52-1899918	BENEFIT PLAN	DC	501(C) (9)			No	
CWA DISASTER RELIEF FUND	TO PROVIDE DISASTER						
501 3RD STREET NW WASHINGTON, DC 20001 52-2128973	ASSISTANCE TO CURRENT AND FUTURE MEMBERS OF CWA	DC	501(C) (3)	509(A)(3) TYPE 1		No	
IUE-CWA RETIREE PROGRAM	TO RECEIVE AND ACCEPT DONATIONS, GIFT						
501 3RD STREET NW WASHINGTON, DC 20001 53-0246709	AND CONTRIBUTIONS TO BE USED TO PROVID	DC	501(A)			No	
CWA JOE BEIRNE FOUNDATION	TO DEVELOP, ESTABLISH AND						
501 3RD STREET NW WASHINGTON, DC 20001 52-2298284	FINANCE PROGRAMS TO PROVIDE AND ADVANCE	DC	501(C) (3)	509(A)(3) TYPE 1		No	
CWA - COPE							
501 3RD STREET NW WASHINGTON, DC 20001 52-0246709	PAC FUND	DC	527			No	
CWA NON-FEDERAL SEPARATE SEGREGATED FUND							
501 3RD STREET NW WASHINGTON, DC 20001 13-4128960	PAC FUND	DC	527			No	
CWA - COPE VA							
501 3RD STREET NW WASHINGTON, DC 20001 52-2331196	PAC FUND	DC	527			No	

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
JUDITH DENNIS ADMIN DIR TO VP	40 00			х				161,514	0	19,943	
DANIEL WASSER AFA	40 00			х				113,877	0	26,102	
VEDA SHOOK AFA INTL VP	40 00			х				116,077	0	25,744	
ANN HILL SECRETARY-TREASURER	40 00			х				182,268	0	19,391	
JAMES CLARK IUE-CWA DIVISION PRES	40 00			х				159,962	0	26,186	
JAMES JOYCE NABET PRESIDENT	40 00			х				145,245	0	20,743	
LAWRENCE COHEN PRESIDENT	40 00			х				202,872	0	19,943	
JEFFREY RECHENBACH FMR SECRETARY-TREASURER	40 00			х				128,210	0	25,208	
KEVIN CREIGHAN AFA INTL SECY-TREAS	40 00			х				105,777	0	25,113	
BERNARD LUNZER TNG-CWA PRESIDENT	40 00			х				162,981	0	26,186	
CAROL ROTHMAN TNG-CWA SECY-TREAS	40 00			х				142,848	0	26,186	
CHRISTOPHER SHELTON VICE PRESIDENT	40 00			х				166,377	0	26,186	
CLARENCE MILBURN VICE PRESIDENT	40 00			х				107,814	0	24,906	
EDWARD MOONEY VICE PRESIDENT	40 00			х				141,784	0	22,586	
JAMES WEITKAMP VICE PRESIDENT	40 00			х				161,756	0	19,943	
MARY TAYLOR VICE PRESIDENT	40 00			х				155,751	0	26,186	
RALPH MALY VICE PRESIDENT	40 00			х				164,404	0	26,186	
RONALD COLLINS VICE PRESIDENT	40 00			х				163,859	0	19,932	
SETH ROSEN VICE PRESIDENT	40 00			х				161,930	0	26,186	
BROOKS SUNKETT VICE PRESIDENT - PW	40 00			Х				164,462	0	26,186	
CLAUDE CUMMINGS VICE PRESIDENT	40 00			Х				71,916	0	11,460	
CAROLYN WADE AT LARGE DIVERSITY	1 00			Х				0	0	0	
MADELINE ELDER AT LARGE DIVERSITY	1 00			х				0	0	0	
NESTOR SOTO LOPEZ AT LARGE DIVERSITY	1 00			х				0	0	0	
MARTIN O'HANLIN AT LARGE DIVERSITY	1 00			х				0	0	0	

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(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
AMBER ARNOLD AT LARGE DIVERSITY	1 00			х				0	0	0	
MARY O'MELVENY GENERAL COUNSEL	40 00				х			187,150	0	26,186	
PETER MITCHELL MANAGING GENERAL COUNSEL	40 00				х			174,473	0	26,186	
EDWARD SABOL SR DIR - ORGANIZING	40 00				х			155,647	0	26,186	
YVETTE HERRERA SR DIR-EDUCATION COMMUNITY	40 00				Х			153,937	0	26,186	