

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED APR 1 1 2013

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)

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	For the 20	177 calenc	lar year, or tax year beginn	ing IU/UI	, 2011, a	and ending	9/		,	2012	
В	Check if app	licable	С		·			D Employ	er Identifi	cation Number	
	Address	change	COMMUNICATION WO	RKERS OF AMI	ERICA 6016			73-0	5955	552	
	Name c		5408 N. SANTA FE	. AVE.				E Telepho			
	Initial re	-	OKLAHOMA CITY, O	K 73118				405-	-528-	6016	
	Termina						l		<u> </u>	<u> </u>	
	\vdash	ed return						G Gross re	ر د د د د د د	357	, 633.
	\vdash		F Name and address of principal	el officer		l ₁	H(a) Is this :	a group return			X No
	Mpplicat	tion pending	SAME AS C ABOVE					affiliates incli		Yes	A No
	T	-1 -1-1		E \all (maget no) []4047(a)(1) ar	527	If 'No,'	attach a list	(see insti		
<u>. </u>	Tax-exem			5)◀ (insert no.) 4947(a)(1) or						
<u>J</u>	Website			1				exemption nu			
K		rganization	Corporation Trust	Association Other	L Ye	ear of Formation	on	INIS	tate of le	gal domicile	
Pa		<u>summar</u>			ant antiches DES	DDECEM	T T T C	MEMBER	C 3 C	AN EMPLO	· · · · · · · · · · · · · · · · · · ·
		-	be the organization's missi								
õ			ION IT NEGOTIA					MEMBE	'K2 T	M CKTFAVI	NCE2
nan	_AN	n Terke	ORMS OTHER DUTIE	2 WZ KFONTKE	TD_EOK_TID_ME	MDFK2H	<u> </u>				
Activities & Governance	2 Cha	ck this ha	ox ► If the organization	n discontinued its	nerations or dispos	ed of more	: than 25			 le	
ဗိ			oting members of the gover				uiali 20	וט טון ווט זול	3		7
رم مع			dependent voting members			b)	•		4		
ij	1		of individuals employed in			-			5		72
χį			of volunteers (estimate if						6		0
ĕ			ed business revenue from I	· · · · · · · · · · · · · · · · · · ·	• •				7a		0.
	b Net	unrelated	business taxable income	from Form 990-T, I	ine 34				7b		0.
							Р	rior Year		Current Y	ear
•	ſ		and grants (Part VIII, line	·							
ž			rice revenue (Part VIII, line					319,3		357	,613.
Revenue			ncome (Part VIII, column (A				-		14.		20.
Œ			e (Part VIII, column (A), lir					10,3		257	
	+		e - add lines 8 through 11	· · · · · · · · · · · · · · · · · · ·		12)	1	329,8		357	,633.
	1		imilar amounts paid (Part I	•				9	59.		600.
	i	•	to or for members (Part I)				-	000		0.60	<u> </u>
ø			er compensation, employe			-10)	ļ	209,0	29.	269	<u>,646.</u>
Expenses	16a Pro	fessional	fundraising fees (Part IX, o	column (A), line 11	e)						
- do	b Tot	al fundrais	sing expenses (Part IX, col	lumn (D), line 25) 🕨	·						
ũ	17 Oth	er expens	ses (Part IX, column (A), lii	nes 11a-11d, 11f-24	1e)			107,2	13.	109	,533.
		-	es. Add lines 13-17 (must		mn-(A)- line 25)			317,2			,779.
	1		s expenses. Subtract line 1	1	RECEIVE	\cup		12,6			,146.
- b 8	 					70	Beginnii	ng of Curren		End of Y	
ete and	20 Tot	al assets	(Part X, line 16)	013	APR 0 1 201	RS-OSC		165,4			,325.
Ass Ba	21 Tot		es (Part X, line 26)	101	0 1 201	3 15			0.		0.
Net Assets Fund Balanc	22 Net	t assets n	r fund balances. Subtract l	ine 21 from line 20	000000] ≝		165,4	71.	143	,325.
			re Block		UGDEN, U	T					
			declare that I have examined this repairer (other than officer) is based of	eturn, including accompa	nying schedules and state	ements, and to	o the best o	f my knowled	ge and be	elief, it is true, cor	rect, and
coi	mplete Decla	ration of prep	parer (other than officer) is based o	n all information of which	h preparer has any knowle	edge '					
Si	gn	Signat	ure of officer	<u></u>	Ma	, ,,,		ate			
Н	ere	SAN	DIE HAWKINS	while	Dawk		SEC	TRES			
			or print name and title								
		Print/Type	preparer's name	Preparer's sepature	-	Date	_	Check	ıf	PTIN	
P:	aid	DEBRA	G. MOREHEAD		OREHEAD	3-22-	-13	self employ	ed	P01399645	5
	reparer	Firm's nam		REHEAD, CPA,		•					
	se Only	Firm's add		RIAL RD.				Firm's EIN	► 73-	-1452559	
	•			73013				Phone no	(405		53
M	av the IRS	discuss t	his return with the preparei		ee instructions)			1	, - • •	X Yes	No
			Reduction Act Notice, see			TEF	EA0113L 0	8/18/11			90 (2011)
,	uz i vi i a	P 11-011 1				1				. 51111 5	(1)

Form 990 (2011) COMMUNICATION WORKERS OF AMERICA 6016	73-0595552	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		
1 Briefly describe the organization's mission: REPRESENT ITS MEMBERS AS AN EMPLOYEE LABOR UNION. IT NEGOTIATES AGREEMENTS, REPRESENTS MEMBERS IN GRIEVANCES AND PERFORMS OTHER FOR ITS MEMBERSHIP.	DUTIES AS REQUIRE	ED
2 Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior Yes X] No
If 'Yes,' describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes X	No
If 'Yes,' describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported.	ount of grants and allocation	ons to
4a (Code:	Revenue \$)
		
		-
4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
	- 	
		
		
4c (Code:) (Expenses \$	(Revenue \$)
		-
		-
		_
	 	
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue S	\$ \	
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ►	Y	

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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		Х
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? If '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		<u>X</u> _
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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	:	X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	Х	
	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		<u>x</u>
	c 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	11 c		x
	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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, Parts I and IV	14b		Х
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 United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
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 United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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	_	Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	201		<u> </u>

			Yes	NO
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		X
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
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		
25 a	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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		X
E	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
29	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31		31		Х
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		x
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		х
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		x
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	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	:	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
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	X	
BAA	4	Form	n 990	(2011)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c

14a

14b

Х

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2011) COMMUNICATION WORKERS OF AMERICA 6016 73-0595552 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders?. 6 SEE SCHEDULE O 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? SEE SCHEDULE O 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O Х 7h stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? . . . 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. 12c 13 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers of key employees of the organization 15b 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 Х 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |X| Upon request Another's website Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CWA LOCAL 6016 5408 N. SANTA FE OKLAHOMA CITY OK 73118 405-528-6016

BAA

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

		0,000	org	arriz	auc	ii con	peri	saled any current on	cer, director, or truste	e	
		(C)									
(A) Name and title	(B) Average hours per week	a	t chec s pers	Posi k mo son is direct	re th	an one n an offi ustee)	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W 2/1099 MISC)	relatéd organizations (W 2/1099 MISC)	from the organization and related organizations	
(1) ANTHONY GEMELLI GRP VICE PRES	20			x				22,208.	0.	0.	
(2) MONICA EASON											
PRESIDENT	22			Х				10,578.	0.	0.	
(3) JUANITA FINE								•			
PAST SEC TRES	24			Х		ŀ		9,127.	0.1	0.	
(4) AUDREY BROWN											
GRP VICE PRESID	12			Х				9,262.	0.	0.	
(5) RON DYE											
PAST PRESIDENT	40			X				43,218.	0.	0.	
(6) MIKE GOODALL											
GRP VICE PRES	6			Х				10,501.	0.	0.	
(7) SANDIE HAWKINS	_					1					
SEC TRES	24	<u> </u>		<u>X</u>				27,993.	0.	0.	
(8) KAREN MATTHEWS	_	1									
GRP VICE PRES	11	ļ		X				21,244.	0.	0.	
_(9) LISA NORWOOD			ļ					10 000		0	
VICE PRESIDENT	10			X		ļ — —		12,808.	0.	0.	
(10) KEVIN KIMBER	4 ,			77			Ì	10 072		0	
GRP VICE PRES	6	 		X	-	 		10,073.	0.	0.	
(11)	-		ļ						i		
(12)	-										
(13)	_										
(14)											

(A) Name and title	(B) Average hours	(do box,	not cl	Pos heck ss pe	tion more rson	than is both or/trus	one n an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)							* * *	177,012. 0. 177,012.	0. 0.	0. 0.
2 Total number of individuals (including but not limited from the organization ► 0	to tho	se li	sted	abc	ve)	who	rece	eived more than \$	5100,000 of reportab	·
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tile. 	n <i>dıvıdu:</i> portable	a <i>l</i> e cor	npei	nsat	ion	and (othe	r compensation fi		Yes No
such individual 5 Did any person listed on line 1a receive or accrue c	ompen	satio	n fro	om a	any i	unrel	lated	d organization or i	ndıvıdual	5 X
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ed inde	pen	dent	cor	ntrac	tors	that	received more th	an \$100,000 of	
compensation from the organization. Report compe (A) Name and business address		for	the d	cale	ndar	yea	r en	Description	3)	(C) Compensation
	,									
	t		انما			11	ا . اد			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		umi	ted :	io th	iose	uste	ea al	oove) who receive	eu more than	

Par	t VIII Statement of Revenue			· · · · · · · · · · · · · · · · · · ·		
	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
v	1a Federated campaigns	1a				
A S	b Membership dues	1b	7			
£,₫	c Fundraising events	1c	7 1			
FA	d Related organizations	1 d	7			
<u>@</u> ₹	e Government grants (contributions)	1 e	7 1			
S S	· · · · · · · · · · · · · · · · · · ·		7 1			
돌	f All other contributions, gifts, grants, and similar amounts not included above	1f				
E 0	q Noncash contributions included in Ins 1a-11	f: \$	7			
§₹	h Total. Add lines 1a-1f		F]			
핗		Business Code				
Ę.	2a MEMBERSHIP DUES & ASSESSME	NTS	337,362.	337,362.		
8	b EXP REIMB DIST 6 OFFICE		19,242.	19,242.		
일	c INS PROCEEDS FOR ROOF REP		1,009.	1,009.		
<u> </u>	d					
N.	e					
S.	f All other program service revenue					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f		357,613.			
	3 Investment income (including divid	dends, interest and				
	other similar amounts)		20.	20.	<u> </u>	
İ	4 Income from investment of tax-ex	empt bond proceeds	<u> </u>			
	5 Royalties		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(f) Re	al (ii) Personal	_			
	6a Gross rents .					
	b Less: rental expenses		4			
	c Rental income or (loss)		=			1
	d Net rental income or (loss)	(2) Other				
	7a Gross amount from sales of (i) Secu	rities (ii) Other			•	
	assets other than inventory		-			
	b Less cost or other basis					
	and sales expenses		-			
	c Gain or (loss)					
	d Net gain or (loss)					
Щ	8a Gross income from fundraising ev (not including \$	vents				
ĒN	of contributions reported on line 1	10)				
OTHER REVENU	See Part IV, line 18	a				
품	b Less. direct expenses	b	_			
Б	c Net income or (loss) from fundrai	sina events .	<u>▶</u>			
	9a Gross income from gaming activity See Part IV, line 19					
	b Less. direct expenses	b	7			
	c Net income or (loss) from gaming	activities	F			
	10a Gross sales of inventory, less ret and allowances	a a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of	of inventory	▶			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue.					
	e Total. Add lines 11a-11d		>			
	12 Total revenue. See instructions		► 357,633.	357,633	. 0	. 0.

· 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 res	sponse to any question in	this Part IX		<u>. </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	600.			
3	Grants and other assistance to governments, 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	177,012.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7	Other salaries and wages .	67,901.		1	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,157.			
10	Payroll taxes	21,576.			
	Fees for services (non-employees):	,			
		ĺ			
	-				
	Legal	4 050			
	: Accounting .	4,850.			
	l Lobbying .				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<u></u>		
g	Other				-
12	Advertising and promotion				
13	Office expenses	18,803.			
14	Information technology				
15	Royalties		•		
16	Occupancy	36,019.			•
	Travel	11,203.			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,569.			
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,432.			
23	Insurance .				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
;	CONSTITUTIONAL OBLIGATIONS	15,489.			
	POSTAGE AND SHIPPING	6,018.	,	<u> </u>	<u> </u>
	DOOR PRIZES	1,150.			
	FLOWER FUND	1,100.		 	-
		· · · · · · · · · · · · · · · · · · ·			
	e All other expenses	270 770			
25	Total functional expenses. Add lines 1 through 24e.	379,779.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

BAA

Form 990 (2011)

(A) End of year Beginning of year 38,494 1 22,437. Cash - non-interest-bearing 2,991 2 Savings and temporary cash investments 333. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 696,801. 576,247 b Less, accumulated depreciation 10b 123,986 10 c 120,554. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets . . 15 15 Other assets. See Part IV, line 11 165,471 16 143,325. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable . 18 19 19 Deferred revenue. . 20 20 Tax-exempt bond liabilities LHABILITIES 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 D 25 25 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Ņ 27 through 29 and lines 33 and 34. ASSETS 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Q R X and complete Organizations that do not follow SFAS 117, check here DZC lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALAZCEN 165,471 32 143,325 Retained earnings, endowment, accumulated income, or other funds 32 143,325 165,471. 33 33 Total net assets or fund balances 165,471 34 143,325 34 Total liabilities and net assets/fund balances

TEEA0111L 07/06/11

Form 990 (2011) COMMUNICATION WORKERS OF AMERICA 6016	73-0595552		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			\Box
4. Talahar aya (ayah ayal DadA/III) asharra (A) has 10)	1 . 1	257	(22
1 Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,633.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2		<u>,779.</u>
3 Revenue less expenses. Subtract line 2 from line 1	. 3		<u>,146.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	165	<u>,471.</u>
5 Other changes in net assets or fund balances (explain in Schedule O) .	. 5		<u> </u>
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	143	,325.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			\Box
1 Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
b Were the organization's financial statements audited by an independent accountant?		2b	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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.	of the audit,	2c	Х
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ssued on a		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	he Single	3a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3Ь	
BAA		Form 99	90 (2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection Employer identification number

	MUNICATION WORKERS OF AMERICA			73-0595552
Par	the organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Other Sir	nilar Funds or Acc	counts. Complete if
_	the organization answered res t			
_		(a) Donor advised funds	(b) F	unds and other accounts
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 don funds are the organization's property, subject t	o the organization's exclusive legal co	ontrol?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	s, and donor advisors in writing that g ne benefit of the donor or donor advis fit?	grant funds can be or, or for any other	TYes No
Par	t II Conservation Easements. Comp		red 'Yes' to Form ⁹	
	Purpose(s) of conservation easements held by			750, 1 410 77, 1110 73
•	Preservation of land for public use (e.g., re		servation of an historica	lly important land area
	Protection of natural habitat	· —	servation of a certified h	• •
	Preservation of open space			
2	·	n held a qualified conservation contril	bution in the form of a d	conservation easement on the
	last day of the tax year.	·	Γ	
				leld at the End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easer		2b	
	: Number of conservation easements on a certif	` '	2c	
C	Number of conservation easements included in structure listed in the National Register	ı (c) acquired after 8/17/06, and not o	n a historic 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, o	r terminated by the org	anization during the
4	Number of states where property subject to co	nservation easement is located 🟲 🔃		
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspets it holds?	ction, handling of violat	ions, Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conserva	ation easements during	the year
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation	easements during the y	vear ear
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	ents of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.	orts conservation easements in its reon the organization's financial statements.	venue and expense stants that describes the o	tement, and balance sheet, and rganization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization and	ections of Art, Historical Trea swered 'Yes' to Form 990, Par	sures, or Other Si t IV, line 8.	milar Assets.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its finar	s held for public exhibition, education,	or research in furthera	and balance sheet works of nce of public service, provide,
I	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	SFAS 116 (ASC 958), to report in its ld for public exhibition, education, or r	revenue statement and research in furtherance	I balance sheet works of art, of public service, provide the
	(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 a amounts required to be reported under SFAS			ain, provide the following
,	a Revenues included in Form 990, Part VIII, line	: 1		> \$
	b Assets included in Form 990, Part X			►\$

	UNICATION WOR			73-059			Page 2
Part III Organizations Mainta	ining Collection	ns of Art, Histo	orical Treasures, o	r Other Similar As	sets (co	ntinu	ued)
 Using the organization's acquisition items (check all that apply): Public exhibition 	on, accession, and o	_	ck any of the following to rexchange programs	that are a significant us	e of its col	lection	n
		П	r exchange programs				
b Scholarly research	rations	e [] Other					
c Preservation for future gener 4 Provide a description of the orgal		and evoluin how	thay further the organiz	ation's evernt number	. in		
Part XIV. 5 During the year, did the organiza assets to be sold to raise funds r		•	_			_	٦
assets to be sold to raise funds r	ather than to be ma	intained as part of	the organization's colle	ection?	Yes		No.
Part IV Escrow and Custodia line 9, or reported an	amount on Forr	n 990, Part X,	ne organization ar line 21.	iswered tes to re	orm 990	, Par	τιν,
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or o	ther intermediary f	or contributions or othe	r assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the following	g table				
					Amount		
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year .	•	• • • •	•	1 e			
f Ending balance	• • •			. 1f	_		
2a Did the organization include an a		, Part X, line 21?	•	• • • • •	Yes	L	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds. C			swered 'Yes' to Fo		<u>10.</u>		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) For	ır years	back
1a Beginning of year balance					ļ		
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships .							
Other expenditures for facilities and programs							
f Administrative expenses				-	 		
g End of year balance		<u> </u>		<u> </u>			
2 Provide the estimated percentag		r end balance (line	lg, column (a)) held a	s.			
a Board designated or quasi-endov	wment ►						
b Permanent endowment ►		0.					
c Temporarily restricted endowmer The percentages in lines 2a, 2b,							
3a Are there endowment funds not	ın the possession of	the organization t	hat are held and admın	stered for the		Yes	No
organization by.					3a(i)	163	
(i) unrelated organizations					3a(ii)	-+	
(ii) related organizations	organizations listed	oc rocurod on Sah	odulo D2	,	3b	\dashv	
b If 'Yes' to 3a(II), are the related ofDescribe in Part XIV the intende	-				20		
Part VI Land, Buildings, and							
Description of property		ost or other basis	(b) Cost or other	(c) Accumulated	(d) B(ook va	lue
	(a) o	(investment)	basis (other)	depreciation	(4) 50	,OK 10	
1a Land			106,373.				373.
b Buildings			590,428.	576,247.		14,	181.
c Leasehold improvements .							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colur	nn (d) must equal F	orm 990, Part X, c	olumn (B), line 10(c))	•		120,	,554.

BAA

Schedule **D** (Form 990) 2011

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).

	N WORKERS OF AMERICA (73-0595552 Page
Part XI Reconciliation of Change in Net Asse		incial Statements	N/A
1 Total revenue (Form 990, Part VIII, column (A		•	
2 Total expenses (Form 990, Part IX, column (A			
3 Excess or (deficit) for the year. Subtract line	2 from line 1 .		
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses		•	
7 Prior period adjustments.			
8 Other (Describe in Part XIV.)			
9 Total adjustments (net). Add lines 4 through 8		• •	
10 Excess or (deficit) for the year per audited fin			
Part XII Reconciliation of Revenue per		ents With Revenue pe	er Return N/A
 Total revenue, gains, and other support per a 			1
2 Amounts included on line 1 but not on Form 9	990, Part VIII, line 12.	1 1	
a Net unrealized gains on investments .		2a	
b Donated services and use of facilities	•	2b	[
c Recoveries of prior year grants	•	2c	
d Other (Describe in Part XIV.)		2d	
e Add lines 2a through 2d .			. 2e
3 Subtract line 2e from line 1		1	3
4 Amounts included on Form 990, Part VIII, line	e 12, but not on line 1 .		
a Investment expenses not included on Form 9	90, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)		4b	
c Add lines 4a and 4b .	,		4c
5 Total revenue. Add lines 3 and 4c. (This mus	t equal Form 990, Part I, line 12.)	, , , , , , , , , , , , , , , , , , , ,	. 5
Part XIII Reconciliation of Expenses per	Audited Financial Statement	s With Expenses per F	Return N/A
1 Total expenses and losses per audited finance	al statements .		1
2 Amounts included on line 1 but not on Form 9	990, Part IX, line 25.		1
a Donated services and use of facilities		2a	
b Prior year adjustments .		2b	
c Other losses		2c	
d Other (Describe in Part XIV.)		2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1	•		3
4 Amounts included on Form 990, Part IX, line	25, but not on line 1:		
a investment expenses not included on Form 9		4a	
b Other (Describe in Part XIV.)		4b	
c Add lines 4a and 4b			4c
5 Total expenses. Add lines 3 and 4c. (This me	ust equal Form 990, Part I, line 18.,)	5
Part XIV Supplemental Information			
Complete this part to provide the descriptions requestry, line 4; Part X, line 2, Part XI, line 8, Part X any additional information	Ired for Part II, lines 3, 5, and 9, P (II, lines 2d and 4b, and Part XIII, li	art III, lines Ta and 4, Part ines 2d and 4b. Also compl	IV, lines Ib and 2b, ete this part to provide
	-		
BAA	TEEA3304L 05/25/11		Schedule D (Form 990) 2

Schedule D	(Form 990) 2011	COMMUNICATION (c	ON WORKERS O	F AMERICA	6016		73-059555 <u>:</u>	2 F	² age 5
Part XIV	Supplemental	Information (d	continued)						
	•								
			 					-	· -
									. – – –
									.
- 			 						· – – –
			_			-			· -
						. – – – – –			
							- -		
	· 								
		- 			 -				
									. – – –
						-			
			-	-					
				. 					
									
				· 					
				-			.		
						-	· 		
				. 					
		- 							
						 			
						 -			
				-					
				-					
			·						
			 = = -		. 	 .			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047 2011

Open to Public Inspection

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

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

Employer identification number COMMUNICATION WORKERS OF AMERICA 6016 73-0595552 FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER ELIGIBLE INDIVIDUALS THAT JOIN LOCAL AND PAY DUES ARE CONSIDERED MEMBERS FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY MEMBERS ELECT THE GOVERNING BODY EVERY THREE YEARS OR AS VACANCIES OCCUR. INTERIM TEMPORARY APPOINTMENT MAY BE MADE BY THE PRESIDENT UNTIL ELECTION CAN BE HELD. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE MEMBERS VOTE TO APPROVE OR DISAPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY BY VOTE. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS REVIEWED BY SECRETARY TREASURER. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE AT MONTHLY MEMBERSHIP MEETING OR BY REQUEST

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

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

23

2011

OMB No 1545-0172

Attachment Sequence No 179

Identifying number Name(s) shown on return COMMUNICATIONS WORKERS OF AMERICA Business or activity to which this form relates All Business Activi<u>ties</u> **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000.00 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000.00 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 3,431.91 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (e) Convention (g) Depreciation deduction (a) Classification of property year placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property е 20-year property S/L 25 yrs 25-year property 27 5 yrs S/L Residential rental MM property MM 27 5 yrs S/L MM 39 yrs S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System S/L 20a Class life 1. 3 3 12 yrs S/L **b** 12-year S/L 40 yrs MM 40-year Part IV Summary (see instructions) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 and on the appropriate lines of your return Partnerships and S corporations--see instructions 22

portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

∂PartiV

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a.

		24b, columns (a) through (c) of S	Section A, al	of Sect	on B, a	nd Secti	on C if	applicabl	e expe		piete O II	ı y 24a,			
Sect	ion A-De	preciation and O	ther Information	(Caution:	See the i	nstructio	ons for lir	nits for p	assenge	r automo	obiles)					
24a Do you have evidence to support the business/investment use				claimed?	aimed? Yes No				24b If "Yes," is the evidence					Yes	N	
(list	(a) (b) (c) (d) e of property Date placed in tvehicles service use percentage			other	G			(f) Recover penod		(g) lethod/ nvention		(h) Depreciation deduction			(i) Elected section 179 cost	
25					y placed in service during					25						
			<u> </u>			see ins	ructions)			25	1			CHOP SHAP	Marie 4
26	Property	used more than 50	0% in a qualified t	ousiness use)	1						T				
			%			1				+						
			ا ا													
07	Description	tured FOR es less	m a suplefied busy						L			٠				
27	Property	used 50% or less	in a quaimed busi	ness use		T			Γ	1		1 -				(*)
									S/L-						Hi.	
									3/1-			+	-			
									S/L-		_	1				
 28	Add am	ounts in column (h) lines 25 throug	nh 27 Enter	here an	d on lini	e 21 na	ne 1			28					
29		ounts in column (i),	•				o 2 1, pu	90 1						29	and the second second	STANE OF 1
	/ taa airi	ourito in Column (1)	INTO EG ENCOLTIGO				tion on	Use of	Vehicles							
Com	plete this	section for vehicles	used by a sole p								erson If v	ou provi	ided vel	nicles		
		ees, first answer th														
				(a		(b)		(c)		(d		(e)		(f)		
30	Total bu	siness/investment i	miles driven durin	g	Vehicle 1		Vehi	cle 2	Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
	the year (do not include commuting miles)			_			<u></u>									
31																
32	Total otl	ner personal (nonco	ommuting) miles													
	drıven						<u> </u>									
33	Total m	les driven during th	e year Add lines		ļ										ŀ	
30 through 32								<u> </u>		ļ	ļ			<u> </u>		
34 Was the vehicle available for personal use				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
during off-duty hours?													ļ			
35	Was the	vehicle used prima	arıly by a more		1									ĺ	}	
than 5% owner or related person?							<u> </u>	<u> </u>					<u> </u>			
36	Is anoth	er vehicle available			L				ــــــــــــــــــــــــــــــــــــــ		<u> </u>					
			Section C-Que													
		questions to dete			on to co	npleting	g Section	n B for v	ehicles i	ised by	employe	es who	are no	I		
_		owners or related						11			.4					Na
37	•	maintain a written	policy statemen	t that pronib	its all pe	rsonai i	ise ot ve	inicies,	inciuaing	commu	iung, by				Yes	No
38	-	nployees? maintain a written	noticy statemen	t that probib	ite norec	nal usa	of vehic	lae avr	ent com	mutina	by your					
Jo	_										by your				ļ	
39	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use?															
40	•	provide more than					rmation	from vo	ur emplo	vees at	out					
-10	•	of the vehicles, and		•	-					,					}	
41		meet the requireme				emonstr	ation use	? (See	instructio	ns)						
• •		f your answer to 3									les					19 23,23
P	art VI≱	Amortization														
					_			4-1		,	.	(e)			(6)	
	(a) Date			(c) nortization Amortizable			(d) Code			Amortization period or		Am	(f) Amortization for			
	Description of costs beginning the beginning beginning to be and beginning to be a second to be									percentage			this year			
42	Amortiz	ation of costs that I	begins during you	r 2011 tax y	ear (see	nstructi	ons)									
								_					1			
				L									 			
43		zation of costs that	=										43			
44	Total.	Add amounts in co	olumn (f) See the	: instruction:	s for whe	re to re	port						44			