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DLN: 93493104009464

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)

2012

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection , 2012, and ending 05-31-2013 A For the 2012 calendar year, or tax year beginning 06-01-2012 D Employer identification number B Check if applicable COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC Address change 53-0246709 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 501 3RD STREET NW Terminated (202) 434-1100 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001 Amended return Application pending **G** Gross receipts \$ 1,493,175,368 Name and address of principal officer H(a) Is this a group return for ANN HILL affiliates? 501 3RD STREET NW WASHINGTON, DC 20001 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► WWW CWA-UNION ORG **L** Year of formation 1949 **M** State of legal domicile DC Summary Part I Briefly describe the organization's mission or most significant activities EXEMPT LABOR ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(5) Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 509 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 1,206,134 \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . . . 54.111 132,224,530 124,258,604 Program service revenue (Part VIII, line 2g) . . . -73,414,057 13,585,225 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 11,925,448 8,107,977 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 70,735,921 146,005,917 13 8,705,966 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,284 3,391 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 70,658,470 71,191,405 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 79,025,379 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 78,963,823 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 158,331,543 150,220,175 18 19 Revenue less expenses Subtract line 18 from line 12 . -87,595,622 -4,214,258 (Assets or id Balances **Beginning of Current End of Year** Year 605,281,438 20 Total assets (Part X, line 16) . . 578,332,976 311,461,996 21 Total liabilities (Part X, line 26) . . . 345,713,106 22 Net assets or fund balances Subtract line 21 from line 20 232,619,870 293,819,442 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer ANN HILL ASST TO SECRETARY-TREAST Type or print name and title	SURER		2014-04-14 Date		
Paid Prepare	Print/Type preparer's name SCOTT E HALLBERG CPA Firm's name CALIBRE CPA GI	Preparer's signature	Date	Check If self-employed Firm's EIN ► 47		
Use Only				Phone no (202) 331-9880		
May the IRS	discuss this return with the prep	arer shown above? (see instructio	ns)		✓ Yes ☐ No	

Part IV Chec	klist of	Required	Schedules
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	·		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^{\bullet}	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	
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 1	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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\bullet}	9		No
LO	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 $\sqrt{2}$	10		No
1	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, line 10? 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	
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	11c		No
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	11d		No
е	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
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	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, Parts I and IV	14b	Yes	
.5	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		No
L 6	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		No
. 7	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		No
.8	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
.9	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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		Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 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		
С	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, highest 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 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		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
С	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	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2012)

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 409		165	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶UK, GM			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
6 -	Describes a second state of the second state o	5c	V	
	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the 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 amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		140

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. Section A. Governing Body and Management

	<u> </u>		Yes	No
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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	
	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 this 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 $\dots \dots \dots$	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		1 1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (202) 434-1100

<u>Part VII</u> 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 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
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) CAROLYN WADE	1 00	х						0	0	0	
AT LARGE DIVERSITY		_ ^						U	Ü	·	
(2) NESTOR SOTO LOPEZ	1 00							0	0		
AT LARGE DIVERSITY		Х						0	0	C	
(3) MADELYN ELDER	1 00							_	_	_	
AT LARGE DIVERSITY		Х						0	0	C	
(4) GREG WYNN	1 00										
		х						0	0	C	
AT LARGE DIVERSITY (5) MARTIN O'HANLON	1 00										
	100	х						0	0	C	
DIR CWA/SCA CANADA (6) LAWRENCE A COHEN	40.00										
(6) LAWRENCE A COREN	40 00			х				187,748	0	17,474	
PRESIDENT											
(7) ANNIE L HILL	40 00			×				166,482	0	15,914	
SECRETARY-TREASURER											
(8) JUDITH R DENNIS	40 00			×				148,432	0	15,914	
VICE PRESIDENT				^				140,432	Ü	15,517	
(9) CLAUDE CUMMINGS JR	40 00			<u></u>				151 500		45.000	
VICE PRESIDENT				X				151,530	0	15,889	
(10) JAMES C JOYCE	40 00										
NABET PRESIDENT				Х				144,714	0	15,014	
(11) BERNARD J LUNZER	40 00										
				Х				151,914	0	22,169	
TNG-CWA PRESIDENT (12) BROOKS W SUNKETT	40 00										
	40 00			х				151,746	0	22,169	
VICE PRESIDENT - PW	10.00				_						
(13) CHRISTOPHER M SHELTON	40 00			x				151,346	0	22,169	
VICE PRESIDENT					<u> </u>						
(14) EDWARD F MOONEY	40 00			×				147,739	0	14,969	
VICE PRESIDENT				Ĺ				117,733			
(15) JAMES D CLARK	40 00			×				152,144	0	22,169	
IUE-CWA DIVISION PRES				L^				152,144		22,169	
(16) JAMES L WEITKAMP	40 00			,,							
VICE PRESIDENT				Х				145,881	0	15,914	
(17) MARY L TAYLOR	40 00										
VICE PRESIDENT				Х				146,555	0	22,169	
ATCE LUESIDEMI											

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	Estim amount of compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18) RALPH V MALY	40 00			х				148,533	C		22,169
VICE PRESIDENT (19) LINDA L HINTON	40 00										
VICE PRESIDENT	40 00			×				135,591	C		15,914
(20) VEDA SHOOK	40 00										
AFA INTL VP				X				110,463	C)	21,813
(21) DANIEL WASSER	40 00			х				120,166	()	22,169
PPMWS EXEC OFFICER	40.00	-			-			·			
(22) MARY K O'MELVENY	40 00					х		166,394	C		22,169
GENERAL COUNSEL (23) PETER E MITCHELL	40 00	1									
MANAGING GENERAL COUNSEL						Х		152,490	C		23,209
(24) RONALD D COLLINS	40 00										
CHIEF OF STAFF						X		149,962	C]	15,889
(25) GEORGE KOHL	40 00					х		141,745	(22,169
SR DIR-COLL BARG & TECHN								141,743			22,107
(26) YVETTE HERRERA	40 00					×		140,665	(22,169
SR DIR-POLITICS/COMM/EDUC											
1b Sub-Total						<u></u> ▶I					
c Total from continuation sheets to Par			•	•		▶ ⊢					
d Total (add lines 1b and 1c)				٠.		▶ ├		3,112,240	0		409,603
2 Total number of individuals (including \$100,000 of reportable compensation	out not limited to	those	liste		bove	e) who	rec	eived more than			
3 Did the organization list any former off on line 1a? <i>If</i> "Yes," complete Schedule										Yes	No No
4 For any individual listed on line 1a, is to organization and related organizations individual									om the	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?									ndividual for	1	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
BILIE STATE DIGITAL 5 WEST 20TH STREET NEW YORK NY 10011	STRATEGY AND TECHNOLOGY SERVICES	2,230,877
BERLIN ROSEN LTD 1776 MASSACHUSETTS AVENUE NW WASHINGTON DC 20036	LAW FIRM	1,833,102
STEVEN WEISMAN 80 PINE STREET NEW YORK NY 10005	LAW FIRM	1,278,000
AUTOMOTIVE RENTALS INC 9000 MIDATLANTIC DRIVE MT LAUREL NJ 08054	CAR RENTAL	984,996
KELLY PRESS 1701 CABIN BRANCH DRIVE CHEVERLY MD 20785	PRINTER	655,383
	· ·	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►78

		Statement o Check if Schedi	ule O contains a respoi	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512, 513, or 514
u e	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es 1b					
ַבַּ בַּ	С	Fundraising eve	ents 1 c					
arg, Parg	d	Related organiz	rations 1d					
ا <u>∺</u> د ا غند	e	Government grants	s (contributions) 1e					
ons Sij	f	All other contribution	ons, gifts, grants, and 1f	54,111				
Per	•	sımılar amounts no	t included above					
<u></u>	g	Noncash contribute 1a-1f \$	ons included in lines					
and	h	Total. Add lines	s 1a-1f	🛌	54,111			
				Business Code				
Program Serwoe Revenue	2a	MEMBERSHIP DUE	S	900099	124,258,604	124,258,604		
Re /	b							
မို့	c							
Ner	d							
3	е							
چ 13	f	All other progra	im service revenue					
<u>*</u>	g	Total. Add lines	s 2a – 2f		124,258,604			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest,	8,627,192			8,627,192
	_		ar amounts)	ŀ	8,627,192			8,627,192
	4 5			·	1,527,907			1,527,907
	,	Royalties	(ı) Real	(II) Personal	_,,			_,,
	6a	Gross rents	8,544,020	(,				
	b	Less rental expenses	5,255,786					
	c	Rental income	3,288,234					
	d	or (loss) Net rental inco	me or (loss)		3,288,234		1,206,134	2,082,100
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,346,871,698					
	b	Less cost or other basis and	1,341,913,665					
	_	sales expenses Gain or (loss)	4,958,033					
	c d	Net gain or (los			4,958,033	4,958,033		
e	8a	Gross income f	rom fundraising					
Other Revenue		\$of contributions See Part IV, lin	reported on line 1c)					
<u>.</u>			a .					
5	b C		penses b (loss) from fundraising	events L				
			rom gaming activities					
		See Part IV, lin	e 19					
	.		a 					
	b c		penses b (loss) from gamıng actı	vities -				
		Gross sales of returns and allo	inventory, less owances .	vicies i i i				
	L	lees seek f	a .					
			oods sold b (loss) from sales of inv	entory				
}		Miscellaneous		Business Code				
ŀ	11a	MISC RECEIP		900099	3,291,836	3,291,836		
	ь							
	c							
		A.II I						
	d	All other reven	ue		l l			
	d e		ue s 11a-11d	🕨	3,291,836			

	Check if Schedule O contains a response to any question in this Pa	rt IX		<u></u>	<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,391			
5	Compensation of current officers, directors, trustees, and key employees	412,322			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	38,910,445			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	6,237,344			
9	Other employee benefits	22,937,350			
0	Payroll taxes	2,693,944			
1	Fees for services (non-employees)				
а	Management				
b	Legal	4,341,357			
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	95,087			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,046,736			
2	Advertising and promotion				
3	Office expenses	3,329,648			
ļ.	Information technology	563,674			
5	Royalties				
5	Occupancy	6,229,034			
7	Travel	6,148,410			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	1,188,707			
)	Interest				
L	Payments to affiliates	9,512,722			
2	Depreciation, depletion, and amortization	1,426,121			
3	Insurance	11,614			
4	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)				
а	STRATEGIC INDUSTRY FUND	21,162,352			
b	AFA MEC ADMIN	11,331,290			
c	AFFILIATION DUES	3,737,514			
d	ORGANIZING	3,573,916			
e	All other expenses	4,327,197			
5	Total functional expenses. Add lines 1 through 24e	150,220,175			
:6	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,499,652	1	27,547,601
	2	Savings and temporary cash investments	10,407,555	2	13,349,323
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,183,019	4	15,038,707
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
Assets	6	Loans and other 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) Complete Part II of Schedule L		5	
	_	Niches and Issue accountile with	13,491,056	6 7	12,560,477
	7	Notes and loans receivable, net	13,491,000	8	12,560,477
	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		9	
	ь	Complete Part VI of Schedule D Less accumulated depreciation	41,924,541	10c	39,902,430
	11	Investments—publicly traded securities	300,871,600	11	371,773,815
	12	Investments—other securities See Part IV, line 11	171,729,334	12	117,914,519
	13	Investments—program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	21,226,219	15	7,194,566
	16	Total assets. Add lines 1 through 15 (must equal line 34)	578,332,976		605,281,438
	17	Accounts payable and accrued expenses	14,903,718	17	19,493,514
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	40,418,339	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			
		D	290,391,049	25	251,550,143
	26	Total liabilities. Add lines 17 through 25	345,713,106	26	311,461,996
s e S		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ē.	27	Unrestricted net assets	232,619,870	27	293,819,442
<u> </u>	28	Temporarily restricted net assets		28	
귤	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	232,619,870	33	293,819,442
ź	34	Total liabilities and net assets/fund balances	578,332,976	34	605,281,438
	ι	The state of the s	5.5,552,570	5 -7	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		146,0	05,917
2	Total expenses (must equal Part IX, column (A), line 25)	2		150,2	220,175
3	Revenue less expenses Subtract line 2 from line 1	3		-4,2	214,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			126,262
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		43,2	287,568
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			319,442
Par	t XII Financial Statements and Reporting			•	•
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	ו		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Political Campaign and Lobbying Activities

DLN: 93493104009464

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	Section 501(c)(4), (5), or (6) org	anizations Complete Part III		Employer ide	entification number
	MMUNICATIONS WORKERS OF AMERIC	CA AFL-CIO CLC			
Dar	t T A Complete if the o	rganization is exempt under	soction FO1/c	53-024670	
	<u> </u>	<u> </u>			27 Organizacion.
1	·	rganızatıon's dırect and ındırect polit	ical campaign activ	rities in Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	rganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization ur	nder section 4955	▶	\$
2	Enter the amount of any excis	e tax incurred by organization mana	gers under section	4955	\$
3	If the organization incurred a	section 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under	section 501(c), except section 5	01(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to o	ther organizations	for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	and on Form 1120	-POL, line 17b	\$
4	Dıd the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments amount of political contribution	and employer identification number (EFO) For each organization listed, enter the second that were promptly and a political action committee (PAC) I	he amount paid fron directly delivered to	n the filing organization's o a separate political org	s funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	contributions received
(1)	CWA - COPE	501 3RD STREET NW WASHINGTON, DC 20001	52-0246709		93,366

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Sche	edule C (Form 990 or 990-EZ) 2012			Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b)	
activ		Yes	No	Amou	nt
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)?				
С	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	O ther activities?				
j	Total Add 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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	(5), o	r sectio	n
			_	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?		<u> </u>	2	Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
_					

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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 LOCALS AND FROM MEMBERS'S PAYROLL DEDUCTIONS THESE FUNDS WERE PROMPTLY TRANSFERRED TO THE SEPARATE POLITICAL ORGANIZATION

DLN: 93493104009464

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public

	ne of the organization IMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC			loyer identification number
Da	rt I Organizations Maintaining Donor Ad	dvicad Eunds or Other Similar Eu		0246709
-	organization answered "Yes" to Form 99		ilius	of Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	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		or adv	rsed ┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	on or education) Preservation of an Preservation of a c	ertifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year	Γ		Held at the End of the Year
а	Total number of conservation easements	ľ	2a	ricia de the End of the Fedi
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) as historic structure listed in the National Register	` '	2d	
3	Number of conservation easements modified, transfe	- rred, released, extinguished, or terminate:	d by th	ne organization during
	the tax year ►	, <u> </u>	·	
ŀ	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		iling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easen	nents (during the year
	^			- th
7	A mount of expenses incurred in monitoring, inspecting \$\blue \$\]	ng, and enforcing conservation easements	s aurin	g the year
3	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial		
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its rever sets held for public exhibition, education, o	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, education, o		
	(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, histofollowing amounts required to be reported under SFA		r finan	cial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Par	Urganizations Maintaining Co	liections of Art	t, HIS	stor	caıır	easu	ires, or O	tne	r Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	ion, and other reco	rds, cl	heck	any of t	he foll	owing that a	re a	significant use	ofits	<u> </u>
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams			
b	Scholarly research		e	\vdash	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	v furthe	rthed	organization	's ex	empt purpose	ın	
•	Part XIII						_				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang									·	,
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	/ for o	ontribu	tions	or other ass	ets i	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	table		_				
									Ar	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 217	>						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has b	een p	rovided in P	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b) Prior	year	b (c) ⊤	wo years back	(d)	Three years back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships							t			
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses							╙			
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balan	ce (lır	ne 1g	, colum	n (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment 🕨										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	zation	that	are helo	l and a	dministered	d for	the		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a	_	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization							•	3a(_	<u> </u>
4	Describe in Part XIII the intended uses of th							•	3	<u> </u>	
	t VI Land, Buildings, and Equipme					0.					
	Description of property			(a	Cost or	other	(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) Bo	ok value
				1			,	•	,		
1a	Land		•		11,91	6,514				1	1,916,514
	Buildings		•				49,674	,193	26,700,26	+	2,973,930
C	Leasehold improvements		•				939	,519	907,76	1	31,758
	Equipment		•				10,250	,188	5,403,58	0	4,846,608
								,069	774,44		133,620
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	umn (B), line	10(c).,)		🗠] 3	39,902,430

Part VII Investments—Other Securities. See F	<u>orm 990, Part X, line 12</u>		
(a) Description of security or category	(b) Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A)INSURANCE COMPANY CONTRACTS	769,834		F
(D) DA DINEDCHADO AND OTHER ANY COMENTS	44 407 724		_
(B) PARTNERSHIPS AND OTHER INVESTMENTS	11,407,724		F
(C) HEDGE FUND	48,285,886		F
(D) COMMON COLLECTIVE TRUST	58,552,337		F
(E) OPTIONS / FUTURES	-1,101,262		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	117,914,519		
Part VIII Investments—Program Related. See		3.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-of	-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			(h) Daalassalssa
(a) Descript	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.,			
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED POSTRETIREMENT BENEFIT COST	184,300,317		
STRIKE FUNDS	839,758		
SEVERANCE PAYABLE	86,786		
ACCRUED PENSION LIABILITY	64,360,180		
DUE TO BROKERS	1,963,102		
I.			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	251,550,143		

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	173,387,965
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	27,382,048
3	Subtract line 2e from line 1	3	146,005,917
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 XIII)............ 4b		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	146,005,917
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	155,475,961
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		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	5,255,786
3	Subtract line 2e from line 1	3	150,220,175
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 XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	150,220,175
Par	t XIII Supplemental Information		

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		BUILDING OPERATIONS 5,255,786
PART XII, LINE 2D - OTHER ADJUSTMENTS		BUILDING OPERATIONS 5,255,786

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As Filed Data -

DLN: 93493104009464

OMB No 1545-0047

Open to Public **Inspection**

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

▶ Attach to Form 990. ▶ See separate instructions.

	e of the organization MUNICATIONS WORKERS OF A	MERICA AFI-C	כנס כו כ		Employer ident	ification number
0 11	PIONICATIONS WORKERS OF A	MERICA ALL	210 626		53-0246709	
Pai	General Information "Yes" to Form 990, Par			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assi	stance, and the select	ion criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fu	nds outside
3	Activites per Region (The follow	ung Part I , line 3	3 table can be d	uplicated if additional sp	pace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	EUROPE	2	0	PROGRAM SERVICES	REIMBURSEMENT PAYMENTS TO REGIONAL COUNCIL MEMBERS	30,997
3a	Sub-total	2	0			30,997
	Total from continuation sheets to Part I	0	0			0
C	Totals (add lines 3a and 3b)	2	0	·[30,997

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				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated 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)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
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			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	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	Y	'es	<u> </u>	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)	Γ	Υ	'es	<u> </u>	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	Υ	'es	<u> -</u>	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).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	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
	1	Schedule F (Form 990) 2012

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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

OMB No 1545-0047

2012

DLN: 93493104009464

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Internal Revenue Service			- Attuch to Folili 550				Inspection
Name of the organization COMMUNICATIONS WORKERS OF	AMERICA AFI-CIO	CLC				Employer identification	on number
						53-0246709	
Part I General Informati	on on Grants and	Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or ass	sistance?					┌Yes ┌N
				United States. Con ort II can be duplicate			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 53 Enter total number of other org						· · · • <u> </u>	
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

(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
I	I	1		
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

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) 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
4 PETES SAKE ALS FOUNDATION1020 CROMWELL BRIDGE RD TOWSON,MD 21286	04-3462719	501(C)-3	10,000				GENERAL SUPPORT
AFA SCHOLARSHIP FUND2 EAGLE BLUFF STREET FREDERICKSBURG, VA 22406	52-1908779	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
ALIGN50 BROADWAY 29TH FLOOR NEW YORK, NY 10004	20-0559291	501(C)-3	5,000				GENERAL SUPPORT
ALLIANCE FOR RETIRED AMERICANS815 16TH ST NW 4TH FLOOR WASHINGTON,DC 20006	52-2277805	501(C)-3	6,000				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) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APRI815 16TH ST NW WASHINGTON, DC 20006	13-2548181	501(C)-3	5,300				GENERAL SUPPORT
BILL LYNCH ASSOCIATES LLC308 LENOX AVE NEW YORK, NY 10027	13-4068269	501(C)-4	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
CASA IN ACTION8151 15TH AVE LANGLEY PARK,MD 20783	27-2145405	501(C)-3	25,000				GENERAL SUPPORT
CENTER FOR COMMUNITY CHANGE1536 U STREET NW WASHINGTON, DC 20009	52-0888113	501(C)-3	40,000				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	501(C)-4	15,000				GENERAL SUPPORT
CITIZENS FOR A BETTER ARIZONA1615 N 36TH ST PHOENIX,AZ 85008	86-0103192	501(C)-4	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
COALITION OF BLACK TRADE1155 CONNECTICUT AVE STE 500 WASHINGTON, DC 20036	52-2274037	501(C)-3	5,500				GENERAL SUPPORT
COLORADANS GET BIG MONEY1536 WYNKOOP ST 302 DENVER,CO 80202	45-5552486	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
CONGRESSIONAL BLACK CAUCUS FOUNDATION 1720 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	52-1160561	501(C)-3	7,500				GENERAL SUPPORT
DC JOBS WITH JUSTICE316 F STREET NE SUITE203 WASHINGTON, DC 20002	26-0038632	501(C)-3	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
DEMOS220 5TH AVE 5TH FLOOR NEW YORK, NY 10001	13-4105066	501(C)-3	10,000				GENERAL SUPPORT
WISCONSIN INDEPENDENT NEWS520 UNIVERSITY AVE STE 320 MADISON,WI 53703	34-2032314	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
EDUCATING MARYLAND KIDS1825 K ST NW SUITE 450 WASHINGTON, DC 20006	99-9999999	501(C)-4	25,000				GENERAL SUPPORT
FAIR ELECTIONS LEGAL NETWORK1825 K ST NW SUITE 450 WASHINGTON, DC 20006	20-5087102	501(C)-3	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
CAMPAIGN FOR AMERICAS FUTURE1825 K STREET NW STE 400 WASHINGTON, DC 20006	52-1861766	501(C)-4	10,000				GENERAL SUPPORT
INTERNATIONAL LABOR RIGHTS FORUM1634 I ST NW STE 1001 WASHINGTON, DC 20006	52-1497461	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
JEWISH LABOR COMMITTEE 50 BROADWAY STE 1600 NEW YORK, NY 10004	13-1675650	501(C)-3	15,000				GENERAL SUPPORT
JOBS WITH JUSTICE1325 MASSACHUSETTS AVE NW STE 200 WASHINGTON, DC 20005	52-1865575	501(C)-3	210,000				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
LAANE464 LUCAS AVE STE 202 LOS ANGELES,CA 90017	95-4459427	501(C)-3	5,000				GENERAL SUPPORT
LABOR COUNCIL FOR LATIN815 6TH ST NW 3RD FLOOR WASHINGTON, DC 20006	52-1002207	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
LABOR PROJECT FOR WORKING FAM5025 WISCONSIN AVE NW WASHINGTON,DC 20016	94-3284312	501(C)-3	8,150				GENERAL SUPPORT
LEADERSHIP CENTER FOR COMMON GOOD11 DUPONT CIRCLE STE 240 WASHINGTON, DC 20036	27-2163366	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
MARYLANDERS FOR MARRIAGE EQUALITY1010 HULL ST STE 202 BALTIMORE,MD 21230	45-4028878	501(C)-3	35,000				GENERAL SUPPORT
MASSACHUSETTS JOBS WITH JUSTICE3353 WASHINGTON ST BOSTON,MA 02130	22-2604923	501(C)-3	20,500				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
NAACP4805 MOUNT HOPE DRIVE BALTIMORE,MD 21215	13-1084135	501(C)-3	172,500				GENERAL SUPPORT
AMERICAN ACTION NETWORK555 13TH STREET NW STE 510 WASHINGTON, DC 20004	27-0730508	501(C)-4	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
NATIONAL CENTER FOR TRANSGENDER EQUALITY 1325 MASSACHUSETTS AVE NW STE 700 WASHINGTON, DC 20005	41-2090291	501(C)-3	8,000				GENERAL SUPPORT
NATIONAL CONSUMERS LEAGUE1701 K STREET NW STE 1200 WASHINGTON, DC 20006	53-0242038	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
NATIONAL DOMESTIC WORKERS ALLIANCE330 7TH AVE 19TH FLOOR NEW YORK,NY 10001	35-2420942	501(C)-3	10,000				GENERAL SUPPORT
NATIONAL EMPLOYMENT LAW PROJECT75 MAIDEN LANE SUITE 601 NEW YORK, NY 10038	13-2758558	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
NATIONAL PUBLIC PENSION COALITION1900 L ST NW 9TH FLOOR WASHINGTON, DC 20036	20-5939282	501(C)-4	5,000				GENERAL SUPPORT
NETWORK25 E STREET NW STE 200 WASHINGTON, DC 20001	52-0984255	501(C)-4	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
CITIZENS ACTION OF NJ 744 BROAD ST STE 2080 NEWARK,NJ 07102	22-2395222	501(C)-4	15,500				GENERAL SUPPORT
NEW JERSEY COMMUNITIES UNITED30 CLINTON ST 2ND FLOOR NEWARK,NJ 07102	99-9999999	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
NEW JERSEY STATE AFL- CIO106 WEST STATE ST TRENTON,NJ 08608	22-1773266	501(C)-5	51,000				GENERAL SUPPORT
NJ WORKING FAMILIES ALLIANCE30 CLINTON ST 3RD FLOOR NEWARK,NJ 07102	30-0427821	501(C)-4	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
ONE NEW JERSEY INC888 16TH ST NW SUITE 333 WASHINGTON,DC 20006	27-5217116	501(C)-4	300,000				GENERAL SUPPORT
ONE OHIO NOW175 S THIRD ST COLUMBUS,OH 43215	34-1746405	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
OUR COMMUNITY VOTES INC888 16TH ST NW STE 650 WASHINGTON, DC 20006	20-5339299	501(C)-3	60,000				GENERAL SUPPORT
OUR VOTE OUR FUTURE 2314 UNIVERSITY AVE 20 ST PAUL,MN 55114	45-5440776	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
PEDIATRIC AIDS FOUNDATION1140 CONNECTICUT AVE NW WASHINGTON,DC 20036	95-4191698	501(C)-3	21,923				GENERAL SUPPORT
PEGGY BROWNING FUND 1528 WALNUT ST SUITE 1904 PHILADELPHIA, PA 19102	23-2887086	501(C)-3	8,650				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
POLICY MATTERS OHIO 3631 PERKINS AVE STE 4C E CLEVELAND,OH 44114	34-1921881	501(C)-3	35,000				GENERAL SUPPORT
PORTLAND JOBS WITH JUSTICE6025 E BURNSIDE PORTLAND,OR 97215	26-0901792	501(C)-3	13,000				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	27,500				GENERAL SUPPORT
PROGRESSIVECONGRESSORG 600 PENNSYLVANIA AVE SE STE 340 WASHINGTON, DC 20003	20-3714244	501(C)-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
PUBLIC CITIZEN215 PENNSYLVANIA AVE SE 3RD FLOOR WASHINGTON, DC 20003	23-7104508	501(C)-4	15,000				GENERAL SUPPORT
THE ORGANIZING CAMPAIGN FOR OHIO150 E MOUND ST STE 201 COLUMBUS, OH 43215	26-3064170	501(C)-4	75,000				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
AFL-CIO STATE UNITY FUND815 16TH STREET NW WASHINGTON,DC 20006	53-0228172	501(C)-4	150,000				GENERAL SUPPORT
TAKE ACTION MINNESOTA 705 RAYMOND AVE STE 100 ST PAUL,MN 55114	20-3338691	501(C)-4	102,036				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 GAY AND LESBIAN TASK FORCE FOUNDATION1325 MASSACHUSETTS AVE NW STE 600 WASHINGTON, DC 20005	52-1624852	501(C)-3	15,000				GENERAL SUPPORT
TEXAS LEGISLATIVE BLACK CAUCUS1108 LAVACA ST STE 110-PMB 171 AUSTIN,TX 78701	74-2368898	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
THE INSTITUTE FOR BLACK CHARITIES143 KENNEDY ST STE 13 NW WASHINGTON, DC 20011	52-2018919	501(C)-3	14,000				GENERAL SUPPORT
THE BLUE GREEN ALLIANCE1020 19TH STREET STE 600 NW WASHINGTON, DC 20036	20-3477309	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
THE LEADERSHIP CONFERENCE1629 K ST NW 10TH FLOOR WASHINGTON, DC 20006	52-0789800	501(C)-4	6,200				GENERAL SUPPORT
THE NEWSPAPER GUILD FREEDOM501 3RD ST NW STE 6TH FLOOR WASHINGTON,DC 20001	30-6008941	501(C)-3	8,000				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
UNIVERSAL HEALTHCARE 2800 EUCLID AVE ST 520 CLEVELAND,OH 44115	34-1746405	501(C)-3	5,000				GENERAL SUPPORT
US STUDENT ASSOCIATION1211 CONNECTICUT AVE NW STE 406 WASHINGTON, DC 20036	23-7211922	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
USACTION1825 K STREET NW STE 210 WASHINGTON, DC 20006	52-2214305	501(C)-4	10,000				GENERAL SUPPORT
VOTERS FIRST545 E TOWN ST COLUMBUS,OH 43215	45-4404901	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
WOMENS POLICY INC409 12TH ST SW STE 310 WASHINGTON,DC 20024	52-1914894	501(C)-3	10,000				GENERAL SUPPORT

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

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

Employer identification number

53-0246709

	Questions Regarding compensation		Vac	No.
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		Yes	No
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related 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
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

Software ID: Software Version:

EIN: 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

Form 990, Schedule J, F	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
LAWRENCE A COHEN	(1) (11)	186,188 0	0 0	1,560 0	3,600 0	13,874 0	205,222	0
ANNIE L HILL	(ı) (ıı)		0 0	0	3,600 0	12,314 0	182,396 0	0
JUDITH R DENNIS	(1) (11)		0	0 0	3,600 0	12,314 0	164,346 0	0
CLAUDE CUMMINGS JR	(1) (11)		0	0	3,600 0	12,289 0	167,419 0	0
JAMES C JOYCE	(I) (II)	144,714 0	0	0	0	15,014 0	159,728 0	0
BERNARD J LUNZER	(I) (II)	151,914 0	0	0	3,600 0	18,569 0	174,083 0	0
BROOKS W SUNKETT	(I) (II)	151,746 0	0	0	3,600 0	18,569 0	173,915 0	0
CHRISTOPHER M SHELTON	(I) (II)	151,346 0	0	0 0	3,600 0	18,569 0	173,515 0	0
EDWARD F MOONEY	(I) (II)		0	0	0	14,969 0	162,708 0	0
JAMES D CLARK	(ı) (ıı)		0 0	0	3,600 0	18,569 0	174,313 0	0
JAMES L WEITKAMP	(I) (II)	145,881 0	0	0	3,600 0	12,314 0	161,795 0	0
MARY L TAYLOR	(1) (11)	146,555 0	0	0	3,600 0	18,569 0	168,724 0	0
RALPH V MALY	(1) (11)	148,533 0	0	0 0	3,600 0	18,569 0	170,702 0	0
LINDA L HINTON	(1) (11)		0 0	0	3,600 0	12,314 0	151,505 0	0
MARY KO'MELVENY	(1) (11)		0 0	0	3,600 0	18,569 0	188,563 0	0 0
PETER E MITCHELL	(1) (11)	151,450 0		1	3,600 0	19,609 0	175,699 0	0
RONALD D COLLINS	(1) (11)	149,962 0	1	0 0	3,600 0	12,289 0	165,851 0	0
GEORGE KOHL	(1) (11)	141,745 0	0	0	3,600 0	18,569 0	163,914 0	0
YVETTE HERRERA	(1) (11)	140,665 0	_		· · ·	18,569 0		0

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OMB No 1545-0047

2012

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

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

Employer identification number

53-0246709

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 1	
	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 DELE GATE 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 FIR M AND IN-HOUSE FINANCIAL AND LEGAL PROFESSIONALS THE DRAFT IS DISTRIBUTED TO THE CWA EXEC UTIVE 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 D ATA 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 9	BENEFIT COSTS OTHER THAN NET PERIODIC COSTS 43,287,568

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SCHEDULE R | Related Ord

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.

OMB No 1545-0047

DLN: 93493104009464

QUIZ
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC				Employer ider 53-0246709	ntification number		
Part I Identification of Disregarded Entities (Complete	ıf the organizatio	n answered "Yes" t	o Form 990, Part	•			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) I-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete in tax year.)	f the organization a	answered "Yes" to	Form 990, Part	t IV, line 34 because i		
(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 stati (if section 501(c)(:		Section (13) co en	g) n 512(b) ontrolled tity?
See Additional Data Table						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y		Schedule R (For	m 990) 2	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Part	s II-IV?						
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1 a		No		
b	b Gift, grant, or capital contribution to related organization(s)							
C	c Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)			1d		No		
e	e Loans or loan guarantees by related organization(s)			1e		No		
f	f Dividends from related organization(s)			1f		No		
g	g Sale of assets to related organization(s)			1g		No		
h	h Purchase of assets from related organization(s)			1h		No		
i	i Exchange of assets with related organization(s)			1 i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		No		
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		No		
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		No		
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		No		
n	n Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)			1n	Yes			
0	Sharing of paid employees with related organization(s)			10		No		
р	p Reimbursement paid to related organization(s) for expenses			1р		No		
q	Reimbursement paid by related organization(s) for expenses			1q	Yes			
r	r Other transfer of cash or property to related organization(s)			1r	Yes			
s	s Other transfer of cash or property from related organization(s)			1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations for information on who must complete this line, including covered relationships and the second seco	ionships						
	(a) (b) (c) Name of other organization type (a-s)	olved	(d) Method of determining amo	ount II	nvolved			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)

egardıng exclu	ısıon for ce	ertaın ınvestr	nent	partnerships			its detivities					
(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under section 512-	org	section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets		ı	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
		314)	Yes	No			Yes	No		Yes	No	
										I	1	I
		(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity Regal domicile (state or foreign country) (d) Predominant income (related, unrelated, excluded from tax under	(b) Primary activity Co Cd	(b) Primary activity Co Co Co Co	domicile (state or (related, foreign country) excluded from tax under section 512- domicile (state or (related, 501(c)(3) income organizations? total income organizations?	Primary activity Co	(b) (c) (d) Predominant Income (state or foreign country) excluded from tax under section 1512-	(b) Cc) Legal domicile (state or foreign country) excluded from tax under section country) excluded from tax under section foreign country excluded from tax under section foreign country excluded from tax under section foreign tax und	Primary activity Columb C	(b) Cc) Legal domicile (state or foreign country) excluded from tax under section 12- End of tax under section 12-	(b) Primary activity Legal domicile (state or foreign country) excluded from tax under section 1 tax under

Additional Data Return to Form

Software ID:

Software Version:

EIN: 53-0246709

Name: COMMUNICATIONS WORKERS OF AMERICA AFL-CIO CLC

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
	Identifier	Return Reference	Explanation						
	_								