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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	e 2013 cale	ndar year, or tax year beginning 10/01 , 2013, and ending	09	/30	, 20 14			
В	Check if	D Employ	er identification number						
$\Pi$		s change	C Name of organization COMMUNICATION WORKERS OF AMERICA 7076 LOCAL  Doing Business As CWA - LOCAL7076			20-1408132			
ī	Name c	-	Number and street (or P O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number			
Ħ	Initial re	•	460 ST MICHAELS DRIVE SUITE 1001			505-955-8534			
Ħ	Termina		City or town, state or province, country, and ZIP or foreign postal code		303 703 300 1				
$\exists$			SANTA FE, NM, 87505		G Gross receipts \$ 378,388				
H				subordinates? Yes No					
ш	Applicat		F Name and address of principal officer: Donald Alire 460 St Michaels Dr, Suite 1001, Santa Fe, NM 87505	1		s included? Yes No			
_	Tau au	empt status	□ 501(c)(3)	1 ''	attach a list (see instructions)				
<del>;</del>	Website		0://cwa7076 org/	Į.	p exemption number ► 1102				
K			☐ Corporation ☐ Trust ☐ Association ✔ Other ► Local Chapter L Year of formation		<del></del>	of legal domicile: NM			
	art I	Summ		2004	in otato	Teles			
•	1		scribe the organization's mission or most significant activities: To repre	sent nuhlic	sector e	emnlovees in			
0	١.	-	g units with the State of New Mexico, University of New Mexico, University of	-		· ·			
ũ	į	-	ed on Schedule O, Statement 2)	INCAN INICAI	co mospi	tais, central rece			
Ĕ	2	•	is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	ite not accote			
Š	3		of voting members of the governing body (Part VI, line 1a)	more man	3	l			
Ü	4		of independent voting members of the governing body (Part VI, line 1a).		4	15			
Se	1				5	15			
į	5		nber of individuals employed in calendar year 2013 (Part V, line 2a)		6	34			
Activities & Governance	6		nber of volunteers (estimate if necessary)			0			
⋖	7a		elated business revenue from Part VIII, column (C), line 12		7a	0			
	b	Net unrei	ated business taxable income from Form 990-T, line 34 RECEIVED	Prior Ye	7b	Current Year			
	١ ,	0	PHOLIE						
Revenue	8		service revenue (Part VIII, line 2g)		0	0			
	9	Program	service revenue (Part VIII, line 2g)		408,809	378,016			
Re	10	Investme	service revenue (Part VIII, line 2g)  nt income (Part VIII, column (A), lines 2, and 10, 10, 2015  enue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)		9	372			
_	11	Other rev		0	0				
	12		enue—add lines 8 through 11 (must edual Party/III Todium) (All Ine 12)		408,818	378,388			
	13		nd similar amounts paid (Part IX, colu <del>mn (A), lines 1-3)</del>		1,641	860			
	14		paid to or for members (Part IX, column (A), line 4)		66	1,358			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		160,004	192,344			
sus	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0			
Expenses	b		draising expenses (Part IX, column (D), line 25) ▶ 0						
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		276,236	322,479			
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		437,947	517,041			
	19	Revenue	less expenses. Subtract line 18 from line 12		-29,129	-138,653			
Ces			<u> </u>	jinning of Cu	rrent Year	End of Year			
sets	20	Total ass	ets (Part X, line 16)		238,537	99,902			
Net Ass Fund Bal	21	Total liab	ılıties (Part X, lıne 26)		1,190	1,208			
ž	22		s or fund balances. Subtract line 21 from line 20		237,347	98,694			
Pa	art II	Signat	ure Block						
			ry, I declare that I have examined this return, including accompanying schedules and stateme			my knowledge and belief, it is			
tru	e, correc	t, and compl	ete. Declaration of preparer (other than officer) is based on all information of which preparer ha	is any knowi					
		<b>                                   </b>	July & Ki		<u> </u>	5-15			
Sig	-	Signa	ature of officer	Da	te				
He	re		ald Alire, President						
		<u> </u>	or print name and title		_				
Pa	id	Print/Ty;	pe preparer's name Preparer's signature Date	11-	Check	✓ if PTIN			
	epare	Dale W	15/15	self-em	_ ,				
						rm's EIN ► 27-1333042			
<b>J</b>	,		ddress ▶ 4 Buffalo Canyon Rd, Santa Fe, NM 87505	Pho	ne no.	505-603-9690			
Ma	v the If		s this return with the preparer shown above? (see instructions)			☑ Yes ☐ No			



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	ĺ	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	~	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>⊢</b>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		-
_	complete Schedule D, Part III			/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		<b>-</b>
9	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		.,	Ī
10		9	~	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	l		
44		10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	an Marina	**	
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	~	
D	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		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
a	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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
ŧ	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	:		~
	Schedule D, Parts XI and XII	12a		
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		-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		•
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<del></del>	
	If "Yes," complete Schedule G, Part III	19	ł	/
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
		200		

Part	Checklist of Required Schedules (continued)			-
	<u> </u>		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or 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		v
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	23		~
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 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		١
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		>
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):			***************************************
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	~
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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		<i>y</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		<b>v</b>
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		\ \ \
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		\ \
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>/</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	٧	

Part	· · · · · · · · · · · · · · · · · · ·		_	_
-	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?			,
b	If "Yes," enter the name of the foreign country:	4a		-
٠	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	Ť
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	_	
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	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	.		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u>-</u>	*******	1
9	organization, have excess business holdings at any time during the year?	8		
а	Did the organization make any taxable distributions under section 4966?		,arman.am	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30	-	]
а	Initiation fees and capital contributions included on Part VIII, line 12	- 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 1		Ì
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	l	1	ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	l		-
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		I	1
a	Is the organization licensed to issue qualified health plans in more than one state?	12-		
u	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	- 1	I	
	the organization is licensed to issue qualified health plans		l	1
C	Enter the amount of reserves on hand	- 1	ļ	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	<u> </u>
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Part	, and the second of the second			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			<u>. 🗹</u>
Sect	ion A. Governing Body and Management			<del>,</del>
		<b></b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	1		
	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.			li
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			
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		~
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	>	
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	۷	
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	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?		**********	
a b		8a 8b	<b>V</b>	
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ου		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde )	<u> </u>
		-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
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	********	V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	1/1/4
b	Other officers or key employees of the organization	15b	~	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			]
	with a taxable entity during the year?	16a		<u></u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		l	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	40.	<b></b>	
Section	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	-1/3/e	only
	available for public inspection. Indicate how you made these available. Check all that apply.	501(	دردررع	Jiliy <i>j</i>
	☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intermediate of the conflict of the conflict of intermediate of the conflict of the conflict of intermediate of the conflict of the	reet.	odiov	hne
	financial statements available to the public during the tax year.	, cat	Joney	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► ORGANIZATION, (505)955-8534	J. 619		

Form 990 (	Page	e <b>7</b>

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

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

☐ Check this box if neither the organization no	r any relate	d_org	anız	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
(C)										
(A)	(B)	(40.5	ant of		ition	e than o		(D)	(E)	(F)
Name and Title	Average					s both		Reportable	Reportable	Estimated
	hours per week (list any		-		_	or/trus	÷	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	쁄	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	ĕ	em Emp	loye	ᅙ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	입 #	nal		Joye	E SOM		ľ ,		and related
	line)	stee	rust		ď	pen:				organizations
			ee			Highest compensated employee				
Parallel Allin										
Donald Alire	50	,		,				F. 00.		, ,,,,
President Paniel Segret	0	<b>-</b>	┢	•		-		56,296	0	6,303
Daniel Secrist EVP	3 0	_		,				6,638	0	_
Michelle Lewis	2	Ť	├	Ť			$\vdash$	6,638	- 0	0
Secretary (Part Year)	0	,		<b>~</b>				4,993	0	o
Brett Siegal	2	-	╁─					4,773	-	
Secretary (Part Year)	0	V		~				2,174	o	o
Paula Armstrong	3					_				
Treasurer (Part Year)	0	1		~				1,800	o	0
Susan Wenzel	2									
Treasurer (Part Year)	0	~		~				4,232	О	0
Janine Anton	1									
VP	0	~						1,531	0	0
Catherine Depari	1									
VP	0	~						1,253	0	0
Rudy Dominguez	1									
VP (Part Year)	0	~						1,460	0	0
Anselm Emeanuwa	1									
VP	0	~						1,283	0	0
Linda Mascarenas	1									
VP	0	~			-			1,000	0	0
Salina Sanchez	1	~							_ [	
VP (Part Year)	0		H					1,000	0	0
Paul Singdahlsen	1	~								_
VP (Part Year)	0	•	-					1,151	0	0
Keith McClish	1	~						1 070		_
VP	0			لبل				1,879	0	0

Par	Part'VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	•				(6	C)								
	(A)	(B)	/			ition	. 41		(D)	(E)			(F)	
	Name and title	Average	٠,				than o		Reportable	Reportab	le	Estimated		
		hours per					or/trus		compensation	compensation			ount o	f
		week (list any hours for	익콧	'n	Ç	8	<b>₽,</b> <u>∓</u>	7	from the	related organizatio		comp	on	
		related	d d	it tu	Officer	Key employee	함	Former	organization	(W-2/1099-M		fro	011	
		organizations	cto	tion	~	힏	yee co	=	(W-2/1099-MISC)	i	- 1		nizatio	
		below dotted line)	ੇੜ੍ਹ	al tr		уе	ᅗ	l			1		relate nizatio	
		1	Individual trustee or director	Institutional trustee		"	ens				ļ			
				e			Highest compensated employee				ŀ			
		<del>                                     </del>	<del>                                     </del>				_							
								_						
	·							-						
											$\perp$			
	-													
											$\dashv$			
											$\perp$			
1b	Sub-total							<b>&gt;</b>	86,690		0			6,303
С	Total from continuation sheets to Part							<b>&gt;</b>						
d								<u> </u>	86,690		0			6,303
2	Total number of individuals (including bur reportable compensation from the organ		l to th	ose	lıst	ed a	above	e) w	ho received mo	ore than \$10	00,000	) of		
													Yes	No
3	Did the organization list any former of							mp	loyee, or high	est compe	nsated	1		
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	indı	vidu	ıal					3		V
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	satio	n a	nd other comp	ensation fro	om the	•		
	organization and related organizations		an \$1	50,0	000	? If	"Ye	s, "	complete Sch	edule J fo	r such	1		
	individual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	ation or ind		ا 5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors								<del></del>					1 *
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate port comper	ed inc	lepe on fo	ende or th	ent d	contra	acto ar y	ors that receive ear ending with	d more that h or within t	n \$100 the org	0,000 of ganızatio	on's t	tax
	(A)								(B)	Ī		(C)		
None	Name and business add	lress							Description of se	ervices		Compens	ation	
None														
2	Total number of independent contractor received more than \$100,000 of compens	-	-					th	ose listed abo	ove) who				

Par	t VIII	Statement of Revenue			. —		
		Check if Schedule O contains a res	ponse or note t				
,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
Gra	b	Membership dues <u>1b</u>		1			
fts,	C	Fundraising events 1c		-			
ig ig	d	Related organizations 1d		4			
Sir	e f	Government grants (contributions)  All other contributions, gifts, grants,	-	-			
let Je	' '	and similar amounts not included above	1				
<u>i</u>	g	Noncash contributions included in lines 1a-1f \$	!	1			
Cor	h	Total. Add lines 1a–1f	•	0			
			Business Code	J			
Ken	2a	Membership Dues	900099	378,016	378,016	0	0
æ	b	·					
Vice	С						
Ser	d						
аш	е						
Program Service Revenue	f	All other program service revenue.		0	0	0	0,
<u> </u>	<u>g</u> 3	<b>Total.</b> Add lines 2a–2f		378,016			
	٦	and other similar amounts)					
	4	Income from investment of tax-exempt be		372	0	0	372
	5	Royalties	•	0	0	0	0
	•	(ı) Real	(II) Personal		Ü	<u> </u>	
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss) 0	0		. , a wane too had a sale of a sale of	and the Admits on the Administration and	***************************************
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	c	Gain or (loss) 0	0				
	d	Net gain or (loss)		establish madda ta a ayu a ab			and the same and t
		110t gain of (1000)	· · · · ·				
ıne	8a	Gross income from fundraising					
ver		events (not including \$					
Other Reve		of contributions reported on line 1c).					
Jer		See Part IV, line 18 a					
ō		Less: direct expenses b				- Named to the state of the sta	06 to a sectional or as a continuous
		Net income or (loss) from fundraising	events . ►				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	ь	Less: direct expenses b					
		Net income or (loss) from gaming acti		) he through the desired on the latest of th		Allen Marie Contracts on a sec	AND AND A SECURAL AND ASSESSED ASSESSED.
		Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve	entory ►		to the second to the second to		the same a summer of the same and a same of
ļ		Miscellaneous Revenue	Business Code	aleksi in a salah in salah	A A A A COMMISSION A LOS A Librarian	and the massacration state analysis are	
	11a						
	b						
	C	All other value = : -		_			
	d e	All other revenue					
	12	<b>Total revenue.</b> See instructions		0 378,388	378,016	0	372

# Part IX Statement of Functional Expenses

	in 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon				🗆
Do no 3b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	860			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	-		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,358 66,251			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,626		-	_
9	Other employee benefits	32,468	·		
10	Payroll taxes	12,999			
11	Fees for services (non-employees)	12,777			
а	Management	o			
b	Legal	17,883			
С	Accounting	37,004	,		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30,557			<u></u>
12	Advertising and promotion	0			
13	Office expenses	38,767			
14	Information technology	7,490		•	
15	Royalties	0			
16	Occupancy	88,003			
17	Travel	52,779			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	,	0			
19 20	Conferences, conventions, and meetings . Interest	5,200			
21	Payments to affiliates	17,238			
22	Depreciation, depletion, and amortization .	7,824			
23	Insurance	1,436			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					<u>-</u> .
d					
e	All other expenses	18,298			
25	Total functional expenses. Add lines 1 through 24e	517,041	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing . . . . . . . . . 196,362 1 68,024 2 Savings and temporary cash investments . . . . . 2 0 0 3 3 ol 0 4 405 4 ol 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 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. . . . . . . . . . . 6 Notes and loans receivable, net . . . . . . o 7 0 R Inventories for sale or use . . . . . . . 0 8 0 9 Prepaid expenses and deferred charges . . . 13,792 9 10,914 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 67.369 10b 28,383 10c b Less: accumulated depreciation . . . . 46,810 20,559 0 11 11 Investments—publicly traded securities . . . . . 12 Investments—other securities. See Part IV, line 11 . 0 12 13 Investments—program-related. See Part IV, line 11. 13 ol 14 14 0 Other assets. See Part IV, line 11 . . . . . . . 15 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 238,537 16 99,902 17 Accounts payable and accrued expenses . . . . . . . . . . . . 0 17 18 18 0 18 0 Deferred revenue . . . . 19 19 0 0 20 ol 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 1,190 21 1,190 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 1,190 1,208 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 237,347 27 98,694 Temporarily restricted net assets . . . . . . 28 0 0 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 237.347 98.694 Total liabilities and net assets/fund balances . . . 34 238,537 99,902

_	4	•
Page	ı	4

Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	78,388		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	17,041		
3	Revenue less expenses. Subtract line 2 from line 1						
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			0		
6	Donated services and use of facilities	6	_		0		
7	Investment expenses	7			0		
8	Prior period adjustments	8			0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		(	98,694		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>, 🗆</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın	ı			
	Schedule O.		~~~				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	<u></u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2h		1		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a				
	separate basis, consolidated basis, or both:		1	1			
	Separate basis Consolidated basis Both consolidated and separate basis				1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over						
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of th			:	<del> </del>		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	in				
_		ع		-	ļi		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth i			١.		
	the Single Audit Act and OMB Circular A-133?		. 3a	4-	·		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		1				
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such a	idits.	3b		Ļ		
			Fo	rm <b>99</b> (	J (2013)		

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

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2013

Open to Public Inspection

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501	(h)): Complete Part II-B. Do r	not complete Part II-A.
If the d	organization answered "Yes	s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-l	EZ, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer idea	ntification number
COM	MUNICATION WORKERS OF	AMERICA 7076 LOCAL			20-1408132
Part	I-A Complete if th	e organization is exempt und	der section 501(	c) or is a section 527	organization.
1	Provide a description of	the organization's direct and ındır	ect political campa	aign activities in Part IV.	<u> </u>
2	Political expenditures .				16,128
3	Volunteer hours				100
Part	-B Complete if the	e organization is exempt und	ler section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶ 🖇	3
2		excise tax incurred by organizatio			
3		ed a section 4955 tax, did it file Fo			Yes No
4a	Was a correction made?				Yes 🔲 No
_ b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organi			<del>-</del>
					11,900
2		filing organization's funds contri			
		vities			0
3		expenditures. Add lines 1 and 2			
				*	11,700
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		🗹 Yes 🗌 No
5		ses and employer identification nu			
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committ	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization If
	- Calada O Barring				none, enter -0-
(1) St	e Schedule C, Part IV, atement 1				
(2)					
	<del></del>			-	
(3)					
(4)					
-					
(5)					
(6)					

Pa	Complete if the organia section 501(h)).	zation is e	exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
	Check ► ☐ if the filing organization name, address, EIN, 6	expenses,	and sha	are of excess lob	bying expenditur	es).	oup member's
<u>B</u>	Check ► ☐ if the filing organization				trol" provisions a	apply.	_
	Limits on	Lobbying	Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditure					organization's totals	group totals
1	1a Total lobbying expenditures to influence						
	<b>b</b> Total lobbying expenditures to influ	ience a leg	islative b	ody (direct lobbyin	ıg)		
	c Total lobbying expenditures (add lines 1a and 1b)						
	d Other exempt purpose expenditure						
	e Total exempt purpose expenditure						
	f Lobbying nontaxable amount. E columns.	nter the a	mount f	from the followin	g table in both		
	If the amount on line 1e, column (a) or	(b) is: The	lobbying	nontaxable amour	nt is:		
	Not over \$500,000			mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$10	0,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,00	00 \$17	5,000 plu	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,0			s 5% of the excess of			
	Over \$17,000,000	\$1,0	000,000,				
	g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
	h Subtract line 1g from line 1a. If zero	or less, er	nter -0-				
	i Subtract line 1f from line 1c. If zero	or less, en	ter -0-				
	j If there is an amount other than			1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this	year? .			<u> </u>		Yes No
		at made a : low, See ti	section ( ne instru	ctions for lines 2	not have to com a through 2f on pa		<b>)</b>
	Lobi	bying Expe	nditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a)	2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) Total
2	Lobbying nontaxable amount						
	<ul><li>b Lobbying ceiling amount (150% of line 2a, column (e))</li></ul>						
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013

Part	(election under section 501(h)).	ilica i	OIII	3700
Ear a	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	*** *	******	
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			et ausse to a version of a section, of the
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	Other 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)?			commencement of their seal and the seal of the
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), c	or se	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 /
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3 / /
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O 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	
С	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			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	yıng	ah ah•••	
	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	
Part	Supplemental Information			

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.

Schedule C, Part I-A, Line 1 - The Local supports local and state issues and candidates.

# Schedule C, Part IV, Statement 1

Form Schedule C

Page 1

Line Number Part I-C Line 5

# Section 527 Political Organizations

Name and address	EIN	Amount paid from internal funds	Contributions received and delivered
Phillip Archuleta 2055 Briarwood Las Cruces, NM, 88005	00-0000000	500	0
New Mexico Health Security Campaign PO Box 2606 Corrales, NM, 87048	00-0000000	2,500	0
Linda Lopez - Campaign for NM Governor PO Box 527 Albuquerque, NM, 87103	00-000000	2,400	0
Committee to Elect Joanne Ferrary HD 37 6100 Morning Sun Way Las Cruces, NM, 88012	00-0000000	750	0
Friends of Maggie Toulouse Oliver PO Box 3071 Albuquerque, NM, 87190	00-0000000	500	0
Teresa Smith de Cheriff PO Box 326 Tome, NM, 87060	00-0000000	500	0
Frank Otero PO Box 3442 Los Lunas, NM, 87013	00-0000000	500	0
Anderson for HD 2 1207 Sea Biscuit Dr SE Albuquerque, NM, 87123	00-0000000	500	0
John Wallace 2 Charlotte Lane Placitas, NM, 87043	00-0000000	500	0
Catherine Begay 10600 Cibola Loop 435 NW Albuquerque, NM, 87114	00-0000000	500	0
Committee to Elect Linda Allison 2300 Wrangler Crt Rio Rancho, NM, 87124	00-0000000	500	0
Committee to Elect Harrison Todacheene PO Box 540 Shiprock, NM, 87420	00-0000000	250	0
Christine Trujillo 1923 Madiera Dr NE Albuquerque, NM, 87110	00-000000	250	0
Martinez for New Mexico 2014 PO Box 66551 Albuquerque, NM, 87193	00-000000	250	0
Rodolpho Martinez	00-000000	250	0

11,850

0

Schedule C, Part IV, Statement 1 PO Box 164 Pagend NM 188022	СОММ	UNICATION WORKERS OF AMERI	CA 7076 LOCAL
Bayard, NM, 88023  Committee to Elect Matthew McQueen 7 Avienda Vista Grande B7-120 Santa Fe, NM, 87508	00-000000	250	0
Tim Keller 11023 Vistazo PI SE Albuquerque, NM, 87123	00-000000	100	0
Eichenberg for State Treasurer 7800 Charger Trl Albuquerque, NM, 87109	00-000000	100	0
Balderas for New Mexico PO Box 26629 Albuquerque, NM, 87125	00-000000	100	0
Ray Powell for Land Commissioner PO Box 27654 Albuquerque, NM, 87125	00-000000	100	0
Friends of AG Glass 420 Cerrillos Dr Farmington, NM, 87401	00-000000	100	0
Bill McCamley 1720 Calle de Suenos Las Cruces, NM, 88001	00-000000	100	0
Dona Irwin 420 South Slate Deming, NM, 88030	00-000000	50	0
Jeff Steinborn 978 Jasmine Dr Las Cruces, NM, 88005	00-000000	50	0
Nick Salazar PO Box 1076 San Juan Pueblo, NM, 87566	00-000000	50	0
Erik Hawkes 504 Santa Terescita Ln Magdalena, NM, 87825	00-000000	50	0
Campaign for Mariaelena Johnson 721 Hermosa Dr Chaparral, NM, 88081	00-000000	50	0
Donna Tillman 5514 Roosevelt Court NE Rio Rancho, NM, 87144	00-000000	50	0
Disk Mastin for District 59 113 Bela Cena	00-000000	50	0

Alto, NM, 88312

Total:

## **SCHEDULE D** (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	of the organization		Employer identification number
COM	MUNICATION WORKERS OF AMERICA 7076 LOC	AL	20-1408132
Pai	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	S
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year).		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subject		
6			
6	Did the organization inform all grantees, dor only for charitable purposes and not for the		
		· · · · · · · · · · · · · · · · · · ·	• •
Par	t II Conservation Easements.		i i i i i i i i i i i i i i i i i i i
		ered "Yes" to Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held be		·
	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribute	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a cert		
d	Number of conservation easements include		
3	historic structure listed in the National Regist		
3	Number of conservation easements modified tax year ►	, transferred, released, extinguished, or te	erminated by the organization during the
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written poli		aspection, handling of
	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	
	<b>&gt;</b>		<b>3</b> ,
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation eas	sements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported		
9	In Part XIII, describe how the organization rep	ports conservation easements in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the organization's accounting for conservation ea	text of the loothole to the organization sit	inancial statements that describes the
Part		ctions of Art, Historical Treasures, c	or Other Similar Assets
	. 5 = = = = =	ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of	f the footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other s	amilar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of		
	following amounts required to be reported un		
a	Revenues included in Form 990, Part VIII, line		
ø	Assets included in Form 990, Part X		<b>&gt;</b> \$

Part	Organizations Maintaining Col				
3	Using the organization's acquisition, acce collection items (check all that apply)	ession, and other reco	ds, check any of th	ne following that are a	significant use of its
а	☐ Public exhibition	d	Loan or exchang	ge programs	
b	☐ Scholarly research	e	☐ Other		
C	☐ Preservation for future generations				_
4	Provide a description of the organization's XIII.	s collections and expla	in how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained as p			
Part					
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" to Forr	n 990, Part IV, line	9, or reported an a	mount on Form
	Is the organization an agent, trustee, cus	stodian or other interm	ediary for contribut	tions or other assets	not
	included on Form 990, Part X?				· V Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table.		
	, ,	•	J		Amount
С	Beginning balance			1c	1,190
d	Additions during the year			1d	0
е	Distributions during the year			1e	0
f	Ending balance			1f	1,190
2a	Did the organization include an amount on				
	If "Yes," explain the arrangement in Part X	III. Check here if the ex	planation has been	provided in Part XIII	<u>V</u>
Par			- 000 David IV II	. 10	
	Complete if the organization ans	Current year (b) Prior			ack (e) Four years back
10		Content year (b) File	(c) Two year	13 back   (u) Three years b	ack (e) Four years back
1a b	Beginning of year balance Contributions	-			
C	Net investment earnings, gains, and	_			<del>-  </del>
•	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the ci	urrent year end balanc	e (line 1g, column (a	)) held as:	
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ► %	6			
С	Temporarily restricted endowment ▶	%			
_	The percentages in lines 2a, 2b, and 2c sh				
3a	Are there endowment funds not in the pos	ssession of the organia	zation that are held	and administered for	
	organization by:				Yes No
	(i) unrelated organizations				. 3a(i)
b	(ii) related organizations				.  3a(ii)
4	Describe in Part XIII the intended uses of the	•			. <u>3b</u>
Part			Willom Tarias.		
	Complete if the organization ans		n 990. Part IV. line	11a. See Form 990	). Part X. line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	Land	0	3,000	·	2 000
b	Buildings	0	3,000	0	3,000
c	Leasehold improvements	0	0	0	0
d	Equipment	0	64,369	46,810	17,559
e	Other	0	0 0 0	0	0
Total.	Add lines 1a through 1e. (Column (d) must	egual Form 990. Part X	. column (B). line 10	<del></del>	20,559

Part VII	Investments — Other Securities Complete if the organization ans		m 990 Part IV I	line 11h See Forr	n 990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) N	lethod of valuation nd-of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (l	o) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related		000 5 1871	44.0.5	000 5 134 15 40
	Complete if the organization ans	wered "Yes" to For	r ————		
	(a) Description of investment		(b) Book value		lethod of valuation nd-of-year market value
(1)					
(2)					
_(3)					
_(4)					
(5)					
_(6)					
(7)					
(8)					
(9)					
Total. (Column (I	o) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, I	ine 11d. See Forr	n 990, Part X, line 15.
	(a	) Description			(b) Book value
(1)					
(2)		<u> </u>			
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answers	wered "Yes" to For	m 990, Part IV, I	ine 11e or 11f. Se	ee Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal in		(b) Book value	<del></del>		
(2)	come taxes				
(3)		<del></del>			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n) must equal Form 990, Part X, col (B) line 25)				
	uncertain tax positions. In Part XIII, provi				
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text o	of the footnote has be	een provided in Part XIII

ı	Da.	~	_	4

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	_1	
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	]	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)	]	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Re	turn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Re	turn.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	er Re	turn.
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1 2e	turn.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Total expenses "Yes" to Form 990, Part IV, line 12a.  2a  Prior 990, Part IV, line 12a.	1	turn.
1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	1	turn.
1 2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	turn.
1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	turn.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	turn.

Part XIII Supplemental Information.

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.

Schedule D, Part IV, Line 1b - The Local maintains a separate bank account for donated funds to provide a small stipend for furloughed members. Monies are distributed upon E-Board approval.

Schedule D, Part IV, Line 2b - Local 7076 maintains a separate bank account (\$1,190 at 9/30/14) for funds donated to provide a small stipend to furloughed members. Monies are distributed upon E-Board approval.

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

20-1408132

COMMUNICATION WORKERS OF AMERICA 7076 LOCAL Form 990, Part VI, Section A, Line 6 - Members

Form 990, Part VI, Section A, Line 7a - Members elect Officers/E-Board Members.

Form 990, Part VI, Section A, Line 7b - Members approve the organization's annual operating budget

Form 990, Part VI, Section B, Line 11b - The organization's 990 is prepared by a contracted CPA and sent to the E-Board for review before filling.

Form 990, Part VI, Section B, Line 15 - All Officers, E-Board Members and Stewards are public sector employees and are compensated for Leave Without Pay at their regular wage rate for time spent on approved union activities.

Form 990, Part VI, Section C, Line 18 - Financial information, including the Chargeable Expenses Calculation Form and the 990, is maintained in the Local's office and is available for member review upon request. The 990 is also published on www guidestar.org.

Form 990, Part VI, Section C, Line 19 - CWA's Constitution, the Local's Bylaws, Election Rules and Financial Policies are published on the Local's website. Financial information, including the Chargeable Expenses Calculation Form and the 990, is maintained in the Local's office and is available for member review upon request. The 990 is also published on www.guidestar.org.

# Schedule O, Statement 1

COMMUNICATION WORKERS OF AMERICA 7076 LOCAL 20-1408132

Form 990

Page 1 Line Number

Reasonable Cause Explanations

Reasonable Cause Explanations						
Explanation						
Extension was filed and approved.						

### Schedule O, Statement 2

COMMUNICATION WORKERS OF AMERICA 7076 LOCAL

20-1408132

Form: 990

Page 1 Line Number Part I Line 1

**Activity Or Mission Description** 

# Description

Mexico Community College, and Timberon Water and Sanitation District Local 7076 represents more than 3,000 members and constituents in bargaining, contract and grievance issues.