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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

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

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 9/30, 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C COMMUNICATIONS WORKERS OF AMERICA 6316 1131 N KINGSHIGHWAY SUITE 2C CAPE GIRARDEAU, MO 63701
D Employer identification number 43-0635762	E Telephone number
F Group Exemption Number ▶ 1102	
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ N/A	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 129,026.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	104,533.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) See Schedule O	8	24,493.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,026.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	4,852.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	52,902.
	13	Professional fees and other payments to independent contractors	13	4,635.
	14	Occupancy, rent, utilities, and maintenance	14	25,779.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Schedule O	16	41,716.
	17	Total expenses. Add lines 10 through 16	17	129,884.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-858.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	36,388.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	35,530.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Part II	Balance Sheets (see the instructions for Part II)
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Check if the organization used Schedule O to respond to any question in this Part II

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35,941.	22 37,076.
23	Land and buildings		23
24	Other assets (describe in Schedule O) See Schedule O	447.	24 447.
25	Total assets	36,388.	25 37,523.
26	Total liabilities (describe in Schedule O) See Schedule O	0.	26 1,993.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,388.	27 35,530.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

☒

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<u>OPERATE A LOCAL UNION OF THE COMMUNICATIONS WORKERS OF AMERICA,</u> <u>HOLD REGULAR MEETINGS OF THE MEMBERS, PROMOTE UNITY AND WELFARE OF</u> <u>MEMBERS AND PERFORM OTHER FUNCTIONS COMMON TO LABOR UNIONS.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	84,648.
29	_____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	_____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	84,648.

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)
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Check if the organization used Schedule O to respond to any question in this Part IV

7

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	38b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 40a N/A, section 4912 40a N/A, section 4955 40a N/A	40a	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d 0.	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed 41 None	41	

42a The organization's books are in care of **42a** JEANNE LONG Telephone no **42a** 573-334-4173
Located at **42a** 1131 N KINGSHIGHWAY SUITE 2C CAPE GIRARDEAU MO ZIP + 4 **42a** 63701

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **43** N/A
and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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 <u><i>Jeanne Long</i></u>		Date <u>12-18-14</u>		
	JEANNE LONG		Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u><i>Catherine A. White</i></u>	Date <u>12-10-14</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Catherine A. White, CPA	Catherine A. White, CPA			P00628325
	Firm's name ▶	Begley, Young, Unterreiner & White, LLC		Firm's EIN ▶	431184438
	Firm's address ▶	2103 THEMIS ST CAPE GIRARDEAU, MO 63701-5123		Phone no (573) 334-2845	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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 990-EZ or to provide any additional information.
▶ 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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

COMMUNICATIONS WORKERS OF
AMERICA 6316

Employer identification number

43-0635762

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

LABOR UNION

2013

Schedule O - Supplemental Information

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Client CWA.

COMMUNICATIONS WORKERS OF
AMERICA 6316

43-0635762

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**Form 990-EZ, Part I, Line 8
Other Revenue**

RENTAL REIMBURSEMENT	\$	18,100.
CDC TRAINING REIMB		6,221.
MISCELLANEOUS INCOME		172.
Total	\$	<u>24,493.</u>

**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion	\$	1,141.
Bank Charges		135.
Conferences, Conventions, and Meetings		835.
Contributions		1,030.
Copier Rental		2,753.
Insurance		1,495.
Office Expenses		3,436.
Penalties & Interest		2.
Repairs, Maint & Web Hosting		2,117.
Retirement Awards		150.
Scholarships		500.
Telephone		2,898.
Travel		21,674.
T-shirt Expenses		3,550.
Total	\$	<u>41,716.</u>

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 447.	\$ 447.
Total	\$ <u>447.</u>	\$ <u>447.</u>

**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 1,993.
Total	\$ <u>0.</u>	\$ <u>1,993.</u>

2013

Federal Exempt Organization Tax Summary (EZ)

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COMMUNICATIONS WORKERS OF
AMERICA 6316

Client CWA.

43-0635762

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	2013	2012	Diff
FORM 990-EZ REVENUE			
Membership dues and assessments	104,533	95,889	8,644
Other revenue	24,493	27,997	-3,504
Total revenue	129,026	123,886	5,140
EXPENSES			
Grants and similar amounts paid	4,852	4,012	840
Salaries and employee benefits	52,902	51,785	1,117
Professional fees/pymt to contractors	4,635	4,573	62
Occupancy/rent/utilities/maintenance	25,779	26,494	-715
Other expenses	41,716	27,343	14,373
Total expenses	129,884	114,207	15,677
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	-858	9,679	-10,537
Net assets/fund bal. at beg. of year	36,388	26,709	9,679
Net assets/fund bal. at end of year	35,530	36,388	-858

11/26/14

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Federal Overrides**Screen 4.1**

- ☐ An override entry of 1 has been made in Federal "Form 990-EZ: 1=if applicable, 2=omit [0]" (Screen 4.1, Code 16).

Screen 50.1

- ☐ An override entry of 2 has been made in Federal "1-SFAS 117, 2=non-SFAS 117 [0]" (Screen 50.1, Code 279).

2013

General Information
COMMUNICATIONS WORKERS OF
AMERICA 6316

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Client CWA

43-0635762

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Forms needed for this return

Federal: 990-EZ, Sch 0

Carryovers to 2014

None