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Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions

## Return of Organization Exempt From Income Tax

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.

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

OMB No 1545-0047 2015 Open to Public Inspection

For the 2015 calendar year, or tax year beginning 10/01/15, and ending 09/30/16 Name of organization COMMUNICATION WORKERS OF AMERICA D Employer identification number Check if applicable LOCAL 1032 Address change Doing business as 52-1233872 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 67 SCOTCH ROAD 609-434-1032 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated **EWING** NJ 08628 2,070,698 G Gross receipts \$ Amended return Name and address of principal officer Yes X No H(a) Is this a group return for subordinates? Application pending PATRICK KAVANAGH H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c) ( 5 ) ◀ (insert no ) 501(c)(3) 4947(a)(1) or 527 Tax-exempt status WWW.CWALOCAL1032.ORG 1102 Website > H(c) Group exemption number X Corporation Trust Form of organization Association Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities ORGANIZATION OF EMPLOYEES FOR UNION REPRESENTATION; COLLECTIVE BARGAINING; NEGOTIATE AND SETTLE MEMBER GRIEVANCES; AS WELL AS OTHER MEMBERSHIP ACTIVITIES. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, columnic intelligence 0 7a Ō b Net unrelated business taxable income from Form 7b Prior Year Current Year છે DEC 2 9 2016 0 8 Contributions and grants (Part VIII, line 1h) 2,048,708 2,070,698 9 Program service revenue (Part VIII, line 2g) Ö 10 Investment income (Part VIII, column (A), lines 3, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 90 0 2,048,708 2,070,698 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,543,921 914 1,597 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 451,341 463,177 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,995,262 2,061,091 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 53,446 9,607 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 2,420,015 2,436,993 20 Total assets (Part X, line 16) 184,808 192,179 21 Total liabilities (Part X, line 26) Purd A 235,207 2,244,814 22 Net assets or fund balances Subtract line 21 from line 20 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 PATRICK AVANAGH PRES Here Type or print name and title Preparer's signature Print/Type preparer's name PTIN Check X of Paid nan 12/08/16 self-employed P00053082 VINCENT J VICARI CPA Preparer VINCENT J. VICARI 01-0755284 Firm's EIN Firm's name **Use Only** 311 WHITEHORSE AVE 08610-1411 609-585-2500 HAMILTON, NJ May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Form 990 (2015)

4e Total program	service expenses ▶	<del></del>		Form <b>990</b> (2015)
(Expenses \$		) ding grants of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	,
4. (0.4)	V.C.		) /Paul (1)	
	ses, and revenue, if any, for each ) (Expenses \$		) (Revenue \$	)
If "Yes," describ 4 Describe the or		omplishments for each of its three largest pi izations are required to report the amount o		Tes A NO
	be these new services on Schedul cation cease conducting, or make s	e O significant changes in how it conducts, any	program	Yes X No
2 Did the organiz prior Form 990		gram services during the year which were	not listed on the	Yes X No
ORGANIZAT COLLÈCTIV	TION OF EMPLOYEES VE BARGAINING; NE	FOR UNION REPRESENTA GOTIATE AND SETTLE MI HER MEMBERSHIP ACTIVE	EMBER	
Che		a response or note to any line in th	ıs Part III	X
	tement of Program Servic		2-1233872	Page 2

Part IV	Checklist o	f 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	4		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{x}{x}$
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Ì	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	Ī	İ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	}	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable	l	İ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
		11a	X	
a	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446	Ì	х
_		11b		
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		х
d		110		
u		11d		x
е		11e		X
f	The state of the s			
	-	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	-	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. ]	Ì	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-+	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>~</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del></del>		_==
. 7	If "Yes," complete Schedule G, Part III	19		х
	11 1001 001101000 001101111	<u> </u>	-000	<del></del> -

Part IV Checklist of Required Schedules (continued)

		,	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		
	\$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		X
	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), 501(c)(4), and 501(c)(29) 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?		l	
	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			37
^-	disqualified persons? If "Yes," complete Schedule L, Part II	26_		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	Ì	x
20	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,		1	
_	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	200		x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		
b	Schedule L, Part IV	28b	1	х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\ddot{x}}{x}$
30	Did the organization receive more than \$25,000 in non-cash combinations. If res, complete ochedile in	25		
30	conservation contributions? If "Yes," complete Schedule M	30	}	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<u> </u>		
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
<b>-</b>	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a				
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	:		1
C	i i i i i i i i i i i i i i i i i i i			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	, , , , , , , , , , , , , , , , , , , ,			]
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		T	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	x
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			i
	account)?	4a	İ	x
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	}		
	(FBAR)	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
b		5b	<del></del>	X
С		5c	1	<del>                                     </del>
6a				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		<del> </del>	<del> </del>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c)		<del>                                     </del>	<del> </del>
а	<b>5.11</b>			
_	and services provided to the payor?	7a	İ	
b		7b	+	<b></b>
c		1.0	<del>                                     </del>	
	required to file Form 8282?	7c		
а	If "Yes," indicate the number of Forms 8282 filed during the year	10	-	<del> </del>
e		7e	1	
f		7f	<del></del>	
				├
g h		<del></del>	+	<del> </del>
ο''	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the	090-07		<del> </del>
0	sponsoring organizations maintaining donor advised randsbid a donor advised fand maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	-0	<del> </del>	<del> </del>
а		9a	1	1
b		9b	<del> </del>	ļ
10	Section 501(c)(7) organizations.Enter	30	<del> </del>	<u> </u>
а		İ		1
b		<del></del>		
11	Section 501(c)(12) organizations.Enter			
'' a				
b				
~	against amounts due or received from them )			
l2a	,	12a		l
b		120	<del>                                     </del>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Ĺ
a		13a	†	····
a	Note. See the instructions for additional information the organization must report on Schedule O	138	†	<b></b>
b				-
IJ	the organization is licensed to issue qualified health plans			1
С				ŀ
ں I4a		14a	1	X
	45 M 45 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5	14a	+	
b	ii 100, mos it med a 1 onti 120 to report these payments. II 110, provide dif explanation in occidence O	140	اا	

Form 990 (2015) COMMUNICATION WORKERS OF AMERICA Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 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 Enter the number of voting members included in line 1a, above, who are independent 0 1b 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? X 2 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? X 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 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b 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. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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 interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 67 SCOTCH RD, CWA LOCAL 1032 NJ 08628 609-434-1032 EWING

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Form 990 (2015)	COMMUNICATION	MOKVEKS	OF	AMERICA	52-12

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Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(B)	1								
Average hours per week (list any hours for related	bo of	x, unli	Pos check ess pe nd a c	erson	is both or/trust	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
organizations below dotted line)	vidual trustee lirector	itutional trustee	cer	employee	nest compensated ployee	mer			and related organizations
10.00	x						24,051	0	
								·	
	,,						10.050		
0.00	X	├—	<u> </u>				13,358	0	C
40 00									
			$ _{\mathbf{x}}$	:			106.583	o	c
							200,000		
		!							
			-						
						-			
	-	-	-						
	-								
	week (list any hours for related organizations below dotted line)	week (list any hours for related organizations below dotted line)  10.00 0.00 X  10.00 0.00 X	week (list any hours for related organizations below dotted line)  10.00 0.00 X  10.00 X  40.00	week (list any hours for related organizations below dotted line)  10.00 0.00 X  10.00 0.00 X  40.00	week (list any hours for related organizations below dotted line)  box, unless person officer and a directo institutional instit	week (list any hours for related organizations below dotted line)  box, unless person is both officer and a director/trust Highest compensated ordinativutional trustee  roll 10.00 0.00 X  10.00 0.00 X  40.00	week (list any hours for related organizations below dotted line)  10.00 0.000 X  10.00 X  40.00	week (list any hours for related organizations below dotted line)  10.00 0.00 X  10.00 0.00 X  10.00 0.00	week (list any hours for related organizations below dotted line)  10 . 00

Par	† VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employee(continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	co	(F) Estimate amount other ompense	of ation	
	•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	from the organizate and relate organizate	ion ed	
	Sub-total							<u> </u>	143,992					
1b c <u>d</u>	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	Α			<b>&gt;</b>	143,992					
<u>2</u>	Total number of individuals (inc reportable compensation from				ose	liste	d abo	ove)	who received more than \$10	00,000 of	<del></del>	<del>;</del>	res I	No No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedue 1a, is the sum o	ıle J f rep	for s ortab	uch de c	indiv ompe	idual ensat	ion	and other compensation from		-	3		x
5	organization and related organ individual Did any person listed on line 1 for services rendered to the or	a receive or accri	ue co	ompe	ensat	ion f	rom	any	unrelated organization or inc	dividual		5		<u>x</u> x
Sect	ion B. Independent Contracto	ors												
1	Complete this table for your fiv compensation from the organize	zation Report coi	nsate mper	ed in	depe on fo	nder the	nt co cale	ntrac nda	r year ending with or within t	he organization's tax year			, o	
	Name and	(A) I business address		· · · · · ·				┼-	Descript	(B) lion of services		Comp	(C) pensation	<u> </u>
2	Total number of independent of received more than \$100,000	contractors (included from the compensation of	ding from	but r	not lir	nited	to the	nose	e listed above) who	0				
DAA					٠ر							Form	990 (	2015)

		Check if Schedule (		u	1	(A)		/C\ T	
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
उ र	1a	Federated campaigns	1a	<u> </u>			TOVERIDE		512-514
		Membership dues	1b						
E,C	С	Fundraising events	1c						
ar /		Related organizations	1d						
, E		Government grants (contributions)	1e						
20	f	All other contributions, gifts, grants,							
캶		and similar amounts not included above	1f						
달의	g	Noncash contributions included in lines 1a	1f	\$				j	
3 ह	h	Total Add lines 1a-1f			▶				
e ne					Busn Code	,,			<del></del>
Ve	2a	MEMBERSHIP DUES & AS	SESS	MENTS		2,070,698	2,070,698	•	
&	b								
ا <u>چ</u> ٰ	C								
Ser	d								
ធ	е								
Program Service Revenue Contributions, Giffs, Grants	f	All other program service rever	iue						
تة	g	Total. Add lines 2a-2f			<b>•</b>	2,070,698		•	
- 1	3	Investment income (including d	ıvıden	ds, interes	st,				
		and other similar amounts)			▶ _				
	4	Income from investment of tax-	exemp	t bond pr	oceeds 🕨 📘				· · · · · · · · · · · · · · · · · · ·
	5	Royalties			<b></b>				
		(ı) Real		(11)	Personal				
	6a	Gross rents							
Ì	b	Less rental exps							
	С	Rental inc or (loss)		l					
	d 7a	Net rental income or (loss) Gross amount from		<del>,</del>	<b>•</b>			·····	
	<i>1</i> a	sales of assets (i) Securities		(1)	i) Other				
		other than inventory							
	b	Less cost or other				•			
		basis & sales exps						ŀ	
		Gain or (loss)							
	d	Net gain or (loss)			<b>&gt;</b>				
<u>ب</u>	8a	Gross income from fundraising ever	its						
eu		(not including \$			1				
\ \		of contributions reported on line 1c)			[				
Other Revenue		See Part IV, line 18	а						
<b>a</b>		Less direct expenses	b	L					
		Net income or (loss) from fundr	_	events	<b>•</b>				
	Уa	Gross income from gaming activities						-	
		See Part IV, line 19	a					ŀ	
		Less direct expenses	b	L			1	-	
		Net income or (loss) from gamin	ng acti	vities	<b>P</b>				
ı	ıva	Gross sales of inventory, less						j	
		returns and allowances	a			İ			
		Less cost of goods sold	b			Í			
}	<u> </u>	Net income or (loss) from sales  Miscellaneous Revenue	or inv	entory	Busn Code				
}	11a	IANDOCHUMEOUS LICEAGUM	-		Busil Code			1	
- 1	TTA b				<del>                                     </del>				
					<del>                                     </del>		·		
	d	All other revenue			<del> </del>				
	e	Total. Add lines 11a–11d			<b>—</b>				

Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) (C) (D) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 155,639 trustees, and key employees 155,639 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 831,541 831,541 Pension plan accruals and contributions (include 119,069 section 401(k) and 403(b) employer contributions) 119,069 410,300 410,300 Other employee benefits 81,365 10 Payroll taxes 81,365 Fees for services (non-employees) a Management 22,336 **b** Legal 22,336 20,150 c Accounting 20,150 d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees f Other (If line 11g amount exceeds 10% of line 25, column 4,888 4,888 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 Office expenses 59,722 59,722 13 Information technology 15 Royalties 74,948 74,948 16 Occupancy 27,776 27,776 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 34,011 34,011 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 41,989 41,989 32,228 32,228 23 Insurance 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.) MEMBER BENEFITS 92,671 92,671 DUES & AFFILIATION FEES 49,054 49,054 b 2,304 MEMBERSHIP TRAINING & EDU 2,304 CONTRIBUTIONS 1,100 1,100 d e All other expenses 2,061,091 2,061,091 0 25 Total functional expenses. Add lines 1 through 24e 0 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 ▶

following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 787,301 1 919,961 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 145,072 108,139 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 98,152 61,392 9 10a Land, buildings, and equipment cost or 1,858,283 other basis Complete Part VI of Schedule D 10a 511,782 1,388,490 b Less accumulated depreciation 10b 1,346,501 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 1,000 1,000 15 2,420,015 2,436,993 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 184,808 192,179 17 Accounts payable and accrued expenses 17 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 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 184,808 192,179 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,235,207 2,244,814 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 2,235,207 2,244,814 33 33 Total net assets or fund balances 2,420,015 2,436,993 Total liabilities and net assets/fund balances

Pa	rt 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			698
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	61,	
3	Revenue less expenses Subtract line 2 from line 1	3			607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,2	35,	207
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,2	44,	814
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<del></del>	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	L	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both		-		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 oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	X
	If the organization changed either its oversight process or selection process during the tax year, explain in		f		1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fo	rm 99	0 (2015)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Inspection

		oyer ı	er identification number		
	OMMUNICATION WORKERS OF AMERICA OCAL 1032 52	_ 1 4	22272		
	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun		233872		
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	ito.			
	(a) Donor advised funds	(b	s) Funds and other accounts		
1	Total number at end of year		·		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised				
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		<u> </u>		
,	conferring impermissible private benefit?		Yes   No		
Pa	art II Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (check all that apply)				
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important la		area		
	Protection of natural habitat  Preservation of a certified historic struct	ure			
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation				
2	easement on the last day of the tax year	<del></del>	Held at the End of the Tax Year		
а	<del> </del>	2a	Heid at the Elid of the Tax Year		
a b	<u></u>	2b			
c		2c			
d		<del>-</del> ~†	<del></del>		
Ī		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	the			
	tax year ▶				
4	Number of states where property subject to conservation easement is located ▶				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	durır	ng the year		
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	ng th	e year		
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)				
_	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	ha			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	ie			
Ps	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar	- Δς	sets		
, ,	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	7.0	<b>.</b>		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sh				
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of				
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet				
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of				
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the				
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
а		<b>•</b>	\$		
b	Assets included in Form 990, Part X	<u> </u>	\$		

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		179,000		179,000
<b>b</b> Buildings		1,612,341	445,340	1,167,001
c Leasehold improvements				
d Equipment		66,942	66,442	500
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)			<b>&gt;</b>	1,346,501

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Рап ун	Complete if the organization answered "Yes	" on Form 990 Part IV line	11h Soo Form 000 Po	ort V. line 10	
	(a) Description of security or category	(b) Book value	(c) Method		
	(including name of security)	(-)	Cost or end-of-ye		
) Financial (	derivatives				
Closely-he	eld equity interests		-		
Other					
(A)					
(B)			<del></del>		
(C)				<del></del>	
(D)				<del></del>	
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12 ) ▶				
Part VIII	Investments—Program Related.				
W. C. 4 1111	Complete if the organization answered "Yes	" on Form 990 Part IV/ line	11c See Form 990 Da	rt Y Juno 13	
	(a) Description of investment	(b) Book value			
	(a) bosonphor of investment	(b) book value	(c) Method of valuation Cost or end-of-year market value		
1)					
2)					
3)					
4)					
5)					
6)					
7)					
3)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d See Form 990, Pa	rt X, line 15	
	(a) Descript	ion		(b) Book value	
1)					
2)					
3)					
4)					
5)					
6)					
7)					
3)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>		
Part X	Other Liabilities.				
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X.	
	line 25			,	
	(a) Description of liability	(b) Book value	······································	······································	
l) Federal	income taxes				
2)					
3)					
l) _					
5)					
3)					
7)					
3)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶				
	uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization's finan	icial statements that reports the	ne	
	liability for uncertain tax positions under FIN 48 (ASC 740				
	, promotio and of the 10 proof 140	, in the text of the loot			

4b

4c

5

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

52-1233872

Page **5** 

Part XIII Supplemental Information (continued)

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

COMMUNICATION WORKERS OF AMERICA LOCAL 1032

Employer identification number 52-1233872

Form 990, Part III, Line 4d - All Other Accomplishment

N/A

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public