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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
COMMUNICATIONS WORKERS OF AMERICA
LOCAL 2055
Number and street (or P O box, if mail is not delivered to street address) Room/suite
900 LEE ST HUNTINGTON SQ STE 1212
City or town, state or province, country, and ZIP or foreign postal code
CHARLESTON, WV 25301

D Employer identification number
52-1374449
E Telephone number
(304) 342-2023
F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶
I Website: ▶ N/A
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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. ▶ \$ 169,025

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 <input checked="" type="checkbox"/>									
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	169,021
	4	Investment income						4	4
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events						6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	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			
c	Less direct expenses from gaming and fundraising events				6c				
d	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		7c		
b	Less cost of goods sold				7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								7c
8	Other revenue (describe in Schedule O)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	169,025	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	41,455
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	52,859
	13	Professional fees and other payments to independent contractors						13	11,906
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	4,714
	16	Other expenses (describe in Schedule O)						16	47,071
17	Total expenses. Add lines 10 through 16						17	158,005	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	11,020
	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	37,077
	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	48,097

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	37,093	22	48,119
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	37,093	25	48,119
26	Total liabilities (describe in Schedule O)	16	26	22
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,077	27	48,097

Part III Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501

What is the organization's primary exempt purpose?	(c)(3) and 501(c)(4) organizations, optional for others.)
REPRESENTATION FOR UNION MEMBERS IN PUBLIC EMPLOYEE UNION	

<p>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.</p>	<p>others.</p>
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28	See Additional Data Table		
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(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29		
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(Grants \$) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30		
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(Grants \$) If this amount includes foreign grants, check here . . . ► ☐ **30a**

31 Other program services (describe in Schedule O)			
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If this amount includes foreign grants, check here . . . ☐ **31a**

32 Total program service expenses (add lines 28a through 31a)	32	158,005
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Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

[illegible]

		Yes	No
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	46	No

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

		Yes	No
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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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 must attach a completed Schedule A	Yes	No
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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		2017-03-27 Date	
	ELAINE HARRIS ADMINISTRATOR Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name MARSHALL D CAMPBELL	Preparer's signature	Date 2017-04-05	Check <input type="checkbox"/> if self-employed	PTIN P00057717
	Firm's name ▶ THOMAS & THOMAS PC			Firm's EIN ▶ 54-1691035	
	Firm's address ▶ 4440-100 SPRINGFIELD ROAD GLEN ALLEN, VA 23060			Phone no (804) 346-4406	

May the IRS discuss this return with the preparer shown above? See instructions	Yes	No
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Additional Data

Software ID:
Software Version:

EIN: 52-1374449

Name: COMMUNICATIONS WORKERS OF AMERICA
LOCAL 2055

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 REPRESENTATION FOR UNION MEMBERS IN PUBLIC EMPLOYEE UNION

(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

158,005

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

2015**Open to Public
Inspection**Name of the organization
COMMUNICATIONS WORKERS OF AMERICA
LOCAL 2055**Employer identification number**

52-1374449

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CWA LOCAL 2001 743 CWA PAF 1,000 CWA UTU 100 W VA AFL-CIO 17,400 COMMUNICATIONS WORKERS OF AMERICA 22,212 0
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 7,427 TELEPHONE 1,269 OFFICE SUPPLIES & EXPENSE 1,542 T RAVEL 27,748 PER DIEM 375 CONFERENCES & MEETINGS 2,403 INSURANCE 371 CONTRIBUTIONS 4,650 G IFTS 1,286 TOTAL 47,071

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL TAXES WH 16 22