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2015

Open to Public Inspection

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](http://www.irs.gov/form990).

**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) ►**H Check ►  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) -  501(c)(3)  501(c)( 5 )  (insert no )  4947(a)(1) or  527**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 . . . . . 

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
	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) . . . . .	5c
	6 Gaming and fundraising events	
	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
	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



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	<input type="checkbox"/> 46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**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  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

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 ELAINE HARRIS ADMINISTRATOR Type or print name and title	2017-03-27 Date
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<b>Paid Preparer Use Only</b>	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

## 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 . . . ► <input type="checkbox"/>	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](http://www.irs.gov/form990).

**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