efile GRAPHIC print - DO NOT PROCESS As Filed Data -**Return of Organization Exempt From Income Tax** Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

**2017** 

DLN: 93493018001129 OMB No 1545-0047

Open to Public

Department of the Treasury

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

nterna	l Reve	nue Service	F Information about	Te Form 550 and its matractions is at wh	W INS GOV	<u>101111330</u>		Inspection	on
A F	or th	e <b>2017</b> c		ning 10-01-2017 , and ending 09-	30-2018				
		pplicable	C Name of organization COMMUNICATION WORKERS OF AM	ERICA		D Employe	r identif	ication numb	er
□ Ad		change ange	LOCAL 1032			52-1233	872		
☐ Ini		-	Doing business as						
		n/terminated d return	Number and street (or P.O. boy if m	ail is not delivered to street address) Room/s	ruito	E Telephone	number		
		on pending	67 SCOTCH ROAD	an is not delivered to street address; Roomis	suite	(609) 43	4-1032		
			City or town, state or province, cour	ntry, and ZIP or foreign postal code		(111)			
			EWING, NJ 08628			<b>G</b> Gross rec	eipts \$ 2,	,065,229	
			F Name and address of principa PATRICK KAVANAGH	l officer	H(a) Is	this a group ret	urn for		
			PAIRICK RAVAINAGE			ubordinates?	_	□Yes	<b>☑</b> No
• T						re all subordinate icluded?	25	☐ Yes	□No
		mpt status		(insert no ) 4947(a)(1) or 527		"No," attach a li			I
J W	ebsit	te:► WW	W CWALOCAL1032 ORG		H(c) G	roup exemption i	number	<b>&gt;</b>	
			✓ Corporation ☐ Trust ☐ Asso	. 🗆	<b>L</b> Year of t	ormation	<b>M</b> State	of legal domici	le
K Forn	n or o	rganization	Corporation Li Trust Li Asso	clation				J	
Pa	rt I	Sum	mary		_ I				
			cribe the organization's mission o		ATNITNIC NE	COTIATE AND S	ETTLE M	MEMBED.	
ej.			ES, AS WELL AS OTHER MEMBER	I REPRESENTATION, COLLECTIVE BARG SHIP ACTIVITIES	AINING, NE	GOTIATE AND S		TEMBER	
one B	-								
Ē									
Activities & Governance	2	Check thi	s box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed of	more than	25% of its net as	sets		
ා න්				ng body (Part VI, line 1a)			3		15
Š	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4		0
<u> </u>	5	Total nun	nber of individuals employed in ca	lendar year 2017 (Part V, line 2a) .		•	5		12
ac I	l		·	cessary)			6		
•	l			: VIII, column (C), line 12			7a		0
	b	Net unrel	ated business taxable income fror	n Form 990-T, line 34	<del></del>		7b		
		C t l t	d amounts (Doub VIII live die	,		Prior Year		Current Ye	ar
₫	l		ions and grants (Part VIII, line 1h	)		2.045.0	0.2	2.0	265 226
Ravenue	l	-	` '	lines 3, 4, and 7d )		2,045,9	02	2,0	065,229
ά̈́	l		renue (Part VIII, column (A), lines	, ,					
	ı			st equal Part VIII, column (A), line 12)		2,045,9	02	2,0	065,229
	-		nd similar amounts paid (Part IX, o					<u> </u>	
	l			olumn (A), line 4)					
S	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10)		1,647,7	15	1,7	704,805
nse	16a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)					
Expenses	ь	Total fundr	aısıng expenses (Part IX, column (D), lı	ne 25) <b>▶</b> 0					
Ð	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		459,3	63	4	454,695
	18	Total exp	enses Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		2,107,0	78	2,:	159,500
	19	Revenue	less expenses Subtract line 18 fro	om line 12		-61,1	76		-94,271
Net Assets or Fund Balances					Begin	ning of Current Ye	ar	End of Yea	r
alar	20	Total ass	ets (Part X, line 16)			2,356,9	10	2.1	358,872
A B	l		ilities (Part X, line 26)			173,2			269,505
E E	l		s or fund balances Subtract line 2			2,183,6			089,367
Par	t II	Sign	ature Block				I	<u> </u>	
				ined this return, including accompanyin					
knowi any k			r, it is true, correct, and complete	Declaration of preparer (other than of	ncer) is bas	ed on all informa	tion of v	wnich prepare	er nas
		11				2212 21 27			
c:		Signati	ure of officer			2018-01-07 Date			
Sign Here		DATE	V VAVANACH DDEC						
			K KAVANAGH PRES r print name and title						
			rınt/Type preparer's name		Date		TIN	_	
Paid	t		AVID A AUST CPA	DAVID A AUST CPA	2019-01-18	Check L If Poself-employed	00007787	7	
Pre		51 <u>⊢</u>	rm's name ► AFFIANCE LLC			Firm's EIN ► 27-3			
Use		1 =	ırm's address ▶ 941 WHITEHORSE AVE	SUITE 18-19		Phone no (609) 8	90-8800		
			HAMILTON TWP, NJ 08	8610					
Mav t	he IR	S discuss	this return with the preparer show	wn above? (see instructions)			<b>✓</b> Y	res 🗌 No	

Form	990 (2017)				Page <b>2</b>
Par	t IIII Statement	of Program Service Acc	complishments		
	Check If Sche	edule O contains a response or	note to any line in this Part III		🗹
1		organization's mission	·		
			ATION, COLLECTIVE BARGAINING, NE	GOTIATE AND SETTLE MEMBE	R GRIEVANCES, AS
NELL	AS OTHER MEMBERS	SHIP ACTIVITIES			
2			gram services during the year which w		
	•				🗌 Yes 🗹 No
		ese new services on Schedule			
3	Did the organization	cease conducting, or make si	gnificant changes in how it conducts, a	ny program	
					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section $501(c)(3)$ ar		nplishments for each of its three larges required to report the amount of gran ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
					_
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					·
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	N/A	/ (ryhelises à	melading grants or \$	) (Iveveriue a	,
	•				
4d	Other program servi	ces (Describe in Schedule O )			
	(Expenses \$	,	grants of \$	Revenue \$	)
4e	Total program ser	vice expenses ▶			

Page 3

No

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Nο

Form **990** (2017)

**Checklist of Required Schedules** 

or X as applicable

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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 debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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 . . . . . . . . . . . . .

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

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Yes

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Page 4

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Part IV Checklist of Required Schedules (continued)			
		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No

			Yes	N
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

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Par	t V 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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)?	4a		No
	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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		<u> </u>
·	In 163, to fine 3a of 3b, and the organization me confi 6000-17	5c		
	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?	<b>6</b> a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			orm 99	n (201)

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
Sec	ction A. Governing Body and Management		V	N.
1a	Enter the number of voting members of the governing body at the end of the tax year 1	;	Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	,		
	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		No
	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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		No
_	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
	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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
	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		
	Let the States with which a convert this Form 900 is required to be filed.			
	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)  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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  CWA LOCAL 1032 67 SCOTCH RD EWING, NJ 08628 (609) 434-1032			
	, , , , , , , , , , , , , , , , , , , ,			n (2017)

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Part VII	Compensation of Officers, D and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, H	lighest Comper	sated Employe	ees,
	Check if Schedule O contains a resp	onse or note to	any lir	ne in	thıs	Parl	: VII				<u> </u>
Section	A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	lig	hest (	Con	npensated Emp	loyees	
L <b>a</b> Completo rear	e this table for all persons required to	be listed Repo	ort com	pens	atıor	n for	the c	alen	dar year ending wit	th or within the org	ganızatıon's tax
of compensa	of the organization's <b>current</b> officers ation Enter -0- in columns (D), (E), a	and (F) if no cor	mpensa	tion	was	paic	l		,, ,		
	of the organization's <b>current</b> key em										
vho receive	organization's five <b>current</b> highest of d reportable compensation (Box 5 of and any related organizations										
of reportable	of the organization's <b>former</b> officers, e compensation from the organization	n and any relate	ed orga	nızatı	ons			·	·		,000
rganization	of the organization's <b>former directo</b> n, more than \$10,000 of reportable co	mpensation fro	m the	orgar	nizat	ion	and ar	y re	lated organizations	5	
	in the following order individual trus d employees, and former such perso		rs, inst	itutio	nai t	rust	ees, c	ffice	ers, key employees	, nighest	
∐ Check t	this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, un of	t ch unle: ficei rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
1) MIGDALIA TRUSTEE	SANTIAGO	10 00	×						110,294	0	0
2) JOYCE BR FRUSTEE	OWN	10 00	х						1,011	0	0
3) PATRICK I	KAVANAGH	40 00			×				123,285	0	0
			1	l	1	1	1				

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off	t che inles ficer	and a	son	Repo compo fror organiz	<b>D)</b> ortable ensation m the ation (W-	(E) Reportable compensation from related organizations (\)	w-	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	)	organizati relate organiza	ed	
c ·	Sub-Total	art VII, Sectio					 			234.590					
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	-	rece	eived mo	re than \$1	00,000	1			
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule 3			ee, k	ey ei	mple	oyee, (	or hi	ghest cor	npensated	employee on		Yes	No	
4	For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (								the	3 4		No	
5	Did any person listed on line 1a receiv services rendered to the organization								-			5		No	
Se	ection B. Independent Contract	ors													
1	Complete this table for your five high- from the organization. Report compet											npen	sation		
	<u> </u>	(A) and business addre									(B) ription of services		(C Compen		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$ 

art VIII Statement of Revenu Check if Schedule O contai		onse or note to any	line in this Part VII	ı		🗆
			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514
1a Federated campaigns	1a			revenue		312-314
b Membership dues	1b					
c Fundraising events	<b>1</b> c					
d Related organizations	<b>1</b> d					
e Government grants (contributions	) <b>1e</b>					
b Membership dues .  c Fundraising events .  d Related organizations  e Government grants (contributions grants and similar amounts not included above  g Noncash contributions included in lines 1a-1f \$  h Total.Add lines 1a-1f .	1f					
g Noncash contributions include in lines 1a-1f \$		_				
h Total.Add lines 1a-1f	• • •	<del></del> -				
2a MEMBERSHIP DUES & ASSESSMENT  b  c  d  f All other program service revel  (Total Add lines 2a-2f	ΓS	Business		065,229	2,065,229	
½   b						
Š c —						
ਨ੍ਹੇਂ d ———————————————————————————————————						
f All other program service reve	nue					
o   <b>S   gTotal.</b> Add lines 2a-2f		2,0	065,229			
3 Investment income (including d	ıvıdends, ı	nterest, and other	1			
similar amounts)		and proceeds		-		
5 Royalties			•			
	Real	(II) Personal				
<b>6a</b> Gross rents						
<b>b</b> Less rental expenses			-			
c Rental income or			-			
(loss)			_			
<b>d</b> Net rental income or (loss) .		<u> </u>				
7a Gross amount from sales of assets other than inventory	curities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses						
C Gain or (loss) d Net gain or (loss)			4			
8a Gross income from fundraising	events of	<b>•</b>				
See Part IV, line 18	. a					
b Less direct expenses c Net income or (loss) from fund			J			
contributions reported on line in See Part IV, line 18	ivities	ents •				
<b>b</b> Less direct expenses	a . b		-			
c Net income or (loss) from gam	ing activit	ies •	_			
<b>10a</b> Gross sales of inventory, less returns and allowances	a					
<b>b</b> Less cost of goods sold			1			
c Net income or (loss) from sales	s of invent	ory <b>&gt;</b>				
Miscellaneous Revenue		Business Code				
11a						
b						
d All other revenue	•					
e Total. Add lines 11a-11d .		▶		1		
12 Total revenue. See Instructio				+		
Total revenue. See Instructio			2,065,22	9 2,06	5,229	

orr	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	234,590	234,590		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	735,162	735,162		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	118,377	118,377		
9	Other employee benefits	540,563	540,563		
10	Payroll taxes	76,113	76,113		
11	Fees for services (non-employees)				
ä	a Management				
I	Legal	71,075	71,075		
•	Accounting	20,885	20,885		
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,723	4,723		
12	Advertising and promotion				
13	Office expenses	61,947	61,947		
14	Information technology				
15	Royalties				
16	Occupancy	60,908	60,908		
17	Travel	37,666	37,666		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19	Conferences, conventions, and meetings	31,615	31,615		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,878	43,878		
23	Insurance	31,143	31,143		
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 )				
	a MEMBER BENEFITS	54,014	54,014		
	b DUES & AFFILIATION FEES	33,702	33,702		
	c CONTRIBUTIONS	2,082	2,082		
	d MEMBERSHIP TRAINING & EDU	1,057	1,057		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,159,500	2,159,500	C	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 following SOP 98-2 (ASC 958-720)				

836,151

72,243

1,263,045

1.000

2,358,872

269,505

269,505

2.089.367

2,089,367

2.358.872

Form **990** (2017)

(B)

End of year

Page **11** 

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

Cash-non-interest-bearing

2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	113,267	4	186,433
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)		_	

(A)

Beginning of year

874,665

7

8

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10c

11 12

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22 23

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33

34

63.273

1,304,705

1.000

2,356,910

173,272

173,272

2.183.638

2,183,638

2.356.910

Assets

Liabilities

Accounts receivable, net					
Loans and other receivables from current and fo crustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations ( Part II of Schedule L	ted en • • ied pe 1 4958 tions c	rsons ( (c)(3) of secti	es Co (as de (B), ai on 50	mple fined nd 1(c)(	te Paund und 9)
Inventories for sale or use					
Prepaid expenses and deferred charges					
Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				1,860
Less accumulated depreciation	<b>10</b> b				597
Less accumulated depreciation  Investments—publicly traded securities .	10b				597
'					597
Investments—publicly traded securities	11 .				597
Investments—publicly traded securities Investments—other securities See Part IV, line	11 .				597
Investments—publicly traded securities Investments—other securities See Part IV, line Investments—program-related See Part IV, line	11 .				597
Investments—publicly traded securities Investments—other securities See Part IV, line Investments—program-related See Part IV, line Intangible assets	11 .	34) .			597
Investments—publicly traded securities Investments—other securities See Part IV, line Investments—program-related See Part IV, line Intangible assets Other assets See Part IV, line 11	11 .	34) .			597
Investments—publicly traded securities Investments—other securities See Part IV, line Investments—program-related See Part IV, line Intangible assets Intang	11 .	34) .			597
Investments—publicly traded securities Investments—other securities See Part IV, line Investments—program-related See Part IV, line Intangible assets Intangible and accrued expenses Intended assets Intended ass	11 .	34)			597

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L .  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(13)), 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 .  7 Notes and loans receivable, net .  8 Inventories for sale or use .  9 Prepaid expenses and deferred charges .  10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D .  1 Less accumulated depreciation .  10b 597,452  11 Investments—publicly traded securities .  12 Investments—publicly traded securities .  13 Investments—program-related See Part IV, line 11 .  14 Intangible assets .  15 Other assets See Part IV, line 11 .  16 Total assets.Add lines 1 through 15 (must equal line 34) .  17 Accounts payable and accrued expenses .  18 Grants payable .  19 Deferred revenue .  20 Tax-exempt bond liabilities .  21 Escrow or custodial account liability Complete Part IV of Schedule D .  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 .  23 Secured mortgages and notes payable to unrelated third parties .  24 Unsecured notes and loans payable to unrelated third parties .  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 .  26 Total liabilities. Add lines 17 through 25 .  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets .  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  27 Loans and carried and complete lines 30 throug	4	Accounts receivable, net						
section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		trustees, key employees, and highest compensated employees Complete Part II of Schedule L						
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 1,860,497 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets.Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities.Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here   Organizations that ont follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations ch		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations	n 4958 Itions c	(c)(3)(B), and of section 501(c)(9)				
9 Prepaid expenses and deferred charges	7		•					
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 1.860,497  b Less accumulated depreciation  11 Investments—publicly traded securities  12 Investments—other securities See Part IV, line 11  13 Investments—program-related See Part IV, line 11  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets.Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities in (included on lines 17-24)  26 Complete Part X of Schedule D  26 Total liabilities.Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  28 Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 30 through 34.  29 Permanently restricted net assets  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  31 Paid-in or capital surplus, or land, building or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds	8	Inventories for sale or use						
basis Complete Part VI of Schedule D basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 597,452 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets.Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities.Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 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 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	9	Prepaid expenses and deferred charges						
11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets.Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities.Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets  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 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	10a		10a	1,860,497				
12 Investments—other securities See Part IV, line 11	Ь	Less accumulated depreciation	<b>10</b> b	597,452				
Investments—program-related See Part IV, line 11	11	Investments—publicly traded securities .						
14 Intangible assets	12	Investments—other securities See Part IV, line	11 .					
15 Other assets See Part IV, line 11	13	Investments—program-related See Part IV, line	≘ 11 .	•				
16 Total assets.Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue	14	Intangible assets						
17 Accounts payable and accrued expenses	15	Other assets See Part IV, line 11						
18 Grants payable	16	Total assets.Add lines 1 through 15 (must equ	al line	34)				
19 Deferred revenue	17	Accounts payable and accrued expenses	•					
20 Tax-exempt bond liabilities	18	Grants payable						
21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities.Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Temporarily restricted net assets 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 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	19	Deferred revenue						
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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities.Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.  17 Unrestricted net assets  28 Temporarily restricted net assets  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	20	Tax-exempt bond liabilities						
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23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities.Add lines 17 through 25 .  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 28 Temporarily restricted net assets 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 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	22	key employees, highest compensated employee						
24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities.Add lines 17 through 25 .  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets		•						
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and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities.Add lines 17 through 25 .  Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  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		, ,						
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  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	25	and other liabilities not included on lines 17-24)		s to related third parties,				
complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets	26	Total liabilities.Add lines 17 through 25						
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 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								
Permanently restricted net assets 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	27		and 3	4.				
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		· · ·	•					
check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	29	·						
30 Capital stock or trust principal, or current funds		_	-	• •				
Paid-in or capital surplus, or land, building or equipment fund	30	•	rough	34.				
32 Retained earnings, endowment, accumulated income, or other funds			iuipme	nt fund				
- '		• • • • • • • • •						
34 Total liabilities and net assets/fund balances	34							

- 28 29 30 31 32 Net 33
- Assets or Fund Balances 27

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Nο

Νo

No

Form **990** (2017)

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Schedule O

✓ Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

separate basis, consolidated basis, or both

## **Additional Data**

N/A

Software Version:

**EIN:** 52-1233872

Software ID:

Form 990 (2017) Form 990, Part III, Line 4a:

**LOCAL 1032** 

Name: COMMUNICATION WORKERS OF AMERICA

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

## **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.

Department of the Treasury Internal Revenue Service Name of the organization COMMUNICATION WORKERS OF AMERICA LOCAL 1032

(Form 990)

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

Open to Public **Inspection Employer identification number** 

DLN: 93493018001129 OMB No 1545-0047

52-1233872

Pai	Complete if the organization answered "Yes"			s or Accounts.
	Complete if the organization answered Tes		idvised funds	(b)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 organization's property, subject to the organization's excl		assets held in donor	advised funds are the $\hfill\Box$ Yes $\hfill\Box$ No
6	Did the organization inform all grantees, donors, and don- charitable purposes and not for the benefit of the donor o private benefit?			
Par	Conservation Easements. Complete if the	organization ans	wered "Yes" on Fo	
1	Purpose(s) of conservation easements held by the organiz	zation (check all tha	t apply)	
	Preservation of land for public use (e.g., recreation of	or education) [	Preservation of	an historically important land area
	Protection of natural habitat	. [	Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qu	ualified concentration	contribution in the	form of a conservation
_	easement on the last day of the tax year	daililed Collsel Vacioi	r contribution in the	Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic s	structure included i	n (a)	2c
	Number of conservation easements included in (c) acquire structure listed in the National Register	ed after 8/17/06, ar	d not on a historic	2d
3	Number of conservation easements modified, transferred, tax year ▶	, released, extinguis	hed, or terminated	by the organization during the
4	Number of states where property subject to conservation	easement is located	i <b>▶</b>	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?		ı, ınspection, handlır	ng of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring, inspectii	ng, handling of viol	ations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, he \$	andling of violations	, and enforcing cons	servation easements during the year
8	Does each conservation easement reported on line 2(d) a and section $170(h)(4)(B)(II)^7$	bove satisfy the rec	uirements of section	n 170(h)(4)(B)(ı) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conser balance sheet, and include, if applicable, the text of the fo the organization's accounting for conservation easements	ootnote to the organ		pense statement, and
Part	Organizations Maintaining Collections o Complete if the organization answered "Yes'			ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for piprovide, in Part XIII, the text of the footnote to its financial	ublic exhibition, edu	cation, or research i	n furtherance of public service,
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items			
(i	) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
(ii	Assets included in Form 990, Part X			<u></u>
2	If the organization received or held works of art, historica following amounts required to be reported under SFAS 11			inancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	,,		<b>▶</b> \$
b	Assets included in Form 990, Part X			•
	aperwork Reduction Act Notice, see the Instructions	for Form 990	Cat N	No 52283D Schedule D (Form 990) 201

Par	t III	Organizations Ma	intaining Col	lections c	of Art, H	listori	cal Tı	eası	ıres, o	r Oth	er Similar A	ssets (coi	ntinued)	
3		ig the organization's acqu is (check all that apply)	iisition, accessioi	n, and other	records,	check	any of	the fo	llowing t	that are	e a significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange p	rograms			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		ng the year, did the orga ets to be sold to raise fund										☐ Yes	□ No	
Pa	rt IV	Escrow and Custo	dial Arrange	ments.										
		Complete if the org X, line 21.	anization answ	vered "Yes								unt on For	m 990, P	art
1a		ne organization an agent, uded on Form 990, Part X		an or other	intermedi	ary for	contril	oution	s or oth	er asse	ts not	☐ Yes	□ No	
b	If "Y	es," explain the arranger	ment in Part XIII	and comple	ete the fol	llowing	table				Α	mount		
c	Begı	inning balance								1c				
d	Addı	itions during the year								1d				
е	Disti	ributions during the year								1e				
f	Endi	ng balance								<b>1</b> f				
<b>2</b> a	Did f	the organization include a	an amount on Fo	rm 990, Par	rt X, line 2	21, for	escrow	or cu	istodial a	account	: liability?	☐ Yes	□ No	
b	If "Y	es," explain the arrangen	ment in Part XIII	Check here	e if the ex	planati	on has	been	provide	d ın Pa	rt XIII			
Pa	irt V	Endowment Fund	<b>s.</b> Complete ıf	the organ	ızatıon a	ınswer	ed "Y	es" or	n Form	990, I	•			
<b>1</b> a	Begin	ning of year balance .		(a)Currer	nt year	<b>(b)</b> Pi	rior yea	r	(c)Two y	ears ba	ck (d)Three ye	ars back (e	e)Four years	back
b	Contr	ibutions												
C	Net in	nvestment earnings, gains	s, and losses											
d	Grant	s or scholarships	•											
е		expenditures for facilities	s											
f	Admır	nistrative expenses .												
g	End o	f year balance												
2	Prov	ride the estimated percen	tage of the curre	ent year end	d balance	(line 1	g, colu	mn (a	)) held a	ıs				
а	Boar	rd designated or quasi-en	idowment 🟲											
b	Pern	nanent endowment 🟲												
c	Tem	porarily restricted endow	ment 🟲											
	The	percentages on lines 2a,	2b, and 2c shou	ld equal 100	0%									
За		there endowment funds r inization by	not in the posses	sion of the	organızatı	on that	t are h	eld an	d admın	ıstered	for the		Yes	No
	-	unrelated organizations										3a(i		10
	• •	related organizations .						٠.٠				3a(i		
b		'es" on 3a(11), are the rela		s listed as r	equired o	n Sche	dule R	? .				3b		
4	Desc	cribe in Part XIII the inter	nded uses of the	organizatio	n's endow	vment f	unds						•	
Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.													
	Desc	ription of property	anization answ (a) Cost or oth		" On Forr		•				Form 990, Pa	•	10. Book value	
	Desc	inputor or property	(investme		(2) 0030	or other	24313 (1		(5) Acc		305, 00,000		value	
1a	Land						17	9,000					1	.79,000
b	Buildi	ngs									528,835		-5	28,835
c	Lease	hold improvements												
d	Equip	ment									68,617		-	-68,617

1,681,497

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

1,681,497

1,263,045

	<b>Investments—Other Securities.</b> Complete if the o See Form 990, Part X, line 12.	rgamzación ansi	vered les on Form 990, F	are iv, inie iib.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
	al derivatives			
	Tied equity interests	· ·		
A)				
В)				
C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment	990, Part IV, li	(c) Method of	valuation
(1)			Cost or end-of-year	market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	on (b) must equal Form 990. Part X. col (B) line 13.)			
	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX		s' on Form 990, Pa	rt IV, line 11d See Form 990, l	Part X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
11) (2)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
1) (2) (3)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
1) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
Part IX	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes  (a) Description			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columpart X) (1)	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columbat X L. 1) Federal (	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbia) (1) Federal (1) (2) (3) (4) (5) (6) (7) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line $\mathbf{2e}$ 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 )	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12	)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	Page <b>5</b>		
Part XIII	Supplemental Info		
Ret	urn Reference		
			Schedule D (Form 990) 2017

efile GRAPH	DL	DLN: 93493018001129			
(Form 990 or 990- EZ) Complete to provide information Form 990 or 990-EZ or to provide information Form 990 or 990-EZ or to provide information		Supplemental Information to Form 9	90 or 990-F7	2017 Open to Public	
		Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional **\int \text{Attach to Form 990 or 990-EZ.}*  Information about Schedule O (Form 990 or 990-EZ) and **\text{Attach to Form 990 or 990-EZ)} and **\text{Attach to Form 990 or 990-EZ)}.	cific questions on information.		
Department of the T		www.irs.gov/form990.		Inspection	
Name of the ord COMMUNICATION LOCAL 1032 990 Schedul	WORKERS C	plemental Information	52-1233872	ntification number	
Return Reference		Explanation			
FORM 990, PAGE 2, PART III, LINE 4D	N/A				

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WAS OR WILL BE CONDUCTED PAGE 6,

PART VI, LINE 11B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC PAGE 6, PART VI.

LINE 19