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)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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Do not enter social security numbers on this form as it may be made public/506 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	ne 2014 caler	ndar year, or tax year beginning 7/1/2014 , and ending	6/30/20	015
В					dentification number
	Address	s change	COMMUNICATION WORKERS OF AMERICA 88612 LOCAL		
	Name o	change 🗢	*Number and street (or PO box, if mail is not delivered to street address) Room/suite	2	5-1630999
	Initial re	eturn	PO BOX 6	Telephone n	
	Final retu	ırn/terminated	City or town State ZIP code		
	Amende	ed return	COUDERSPORT PA 16915		
	Applicat	tion pending		Group Exe	emption
			()5 1	Number >	•
G	Accour	nting_Method	X Cash Accrual Other (specify) ► H Che	ck 🏲 🔽	if the organization is
		te: ► N/A			o attach Schedule B
					0-EZ, or 990-PF)
	Tax-exer	mpt status (che	(CK CIN) CHO) =		
K	Form of	f organization	Corporation Trust Association X Other LABOR Ut	NON	
L	Add line	es 5b, 6c, and	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
	(Part II,	column (B) b	pelow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	97,321
P	art l	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions fo	or Part I)
		Check if	f the organization used Schedule O to respond to any question in this Part I	•	X
	1	Contributio	ns, gifts, grants, and similar amounts received .	1	
	2	Program se	ervice revenue including government fees and contracts	2	
	3	Membersh	ip dues and assessments	3	94,553
	4	Investment	rincome	4	1,402
	5a	Gross amo	ount from sale of assets other than inventory 5a	`` \$	
	b	Less cost	or other basis and sales expenses 5b	<u>li îv</u>	
\vec{N}	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
\mathcal{Q}	6	Gaming an	d fundraising events	>	
7	а		me from gaming (attach Schedule G if greater than	\$ / \$ /	
Revenue VOS		\$15,000)	6a	_	
, TØ	b		me from fundraising events (not including \$ of contributions		
Re		from fundra	aising events reported on line 1) (attach Schedule G if the	1 🔖	
30		sum of suc	th gross income and contributions exceeds \$15,000). 6b 1,36	_	
_,	С		t expenses from gaming and fundraising events. 6c 2,98	30	
9	d	Net income	e or (loss) from gaming and fundraising events (add lines 6aland 6b and subtract		
<u>t</u>	_			6d	-1,614
ည	7a		s of inventory, less returns and allowances	—	
ב ה	b	Cass cost	of goods sold it or (loss) from sales of inventory (Subtractine 7b from line 7a) nue (describe in Schedule O)		•
•	C	Other reve	it or (loss) from sales of inventory (Subtract line 7b from line 7a) nue (describe in Schedule O)	7c 8	0
ก	8 9	04.0	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	94,341
5	10		I similar amounts paid (list in Schedule O)	10	34,341
	11		aid to or for members	11	32,315
JEKPORSESINY JS	12	•	ther compensation, and employee benefits .	12	7,440
	13		al fees and other payments to independent contractors	13	1,685
Çeç.	14		/, rent, utilities, and maintenance	14	485
	15		ublications, postage, and shipping	15	186
	16		enses (describe in Schedule O)	16	68,799
Net Assets 🜓 😤	17		enses. Add lines 10 through 16		110,910
S	18		(deficit) for the year (Subtract line 17 from line 9)	18	-16,569
je.	5 19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		<u> </u>
Ąŝ	Ť.		r figure reported on prior year's return)	19	155,396
et /	20		nges in net assets or fund balances (explain in Schedule O)	20	
Ž	21		or fund balances at end of year. Combine lines 18 through 20	21	138,827
Fo	r Paner	_	tion Act Notice, see the separate instructions.		Form 990-EZ (2014)

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Form	990-EZ (2014)

Form 990-EZ (2014) COMMUNICATION WORKERS OF AMERICA 88612 LOCAL

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

25-1630999

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-	Check if the organization used Schedule O to re	spond to any question in t	his Part II				
			(A	Beginning of	year		(B) End of year
22	,			155	,396	22	138,827
23	Land and buildings					23	
24 25	Other assets (describe in Schedule O) Total assets .			155	5,396	24	138,827
25 26	Total liabilities (describe in Schedule O)	-	 -	100	,,550	26	130,027
27	•) must agree with line 21)		155	5,396		138,827
Pa	rt III Statement of Program Service Accomplish						<u></u>
	Check if the organization used Schedule O to	o respond to any question	in this Part III				Expenses
		OCAL IUE/CWA LABOR				٠, ,	uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomplishm						nizations, optional thers)
	neasured by expenses In a clear and concise manne		ovided, the number of	of		101 0	ulcio ,
ers 28	sons benefited, and other relevant information for each						T
20							
	(Grants \$) If this amount	includes foreign grants, c	heck here	>		28a	
29							
					 -		
	(Grants \$) If this amount	includes foreign grants, o	heck here	<u> </u>	Ш	29a	<u> </u>
30							
			· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount	includes foreign grants, c	heck here	-	Ϊ	30a	
31	Other program services (describe in Schedule O)				<u> </u>	30a	
• •		t includes foreign grants, c	heck here	•		31a	
32	Total program service expenses. (add lines 28a th	rough 31a)				32	0
	rt IV List of Officers, Directors, Trustees, and K	ey Employees (list each o	ne even if not compens	ated – see th	e inst	ruction	ns for Part IV)
		•		ated – see th	e inst	ruction	ns for Part IV)
	rt IV List of Officers, Directors, Trustees, and K	•	in this Part IV	(d) Healti	n benefit		
	rt IV List of Officers, Directors, Trustees, and K	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributemployee be	n benefit tions to enefit pla	s ins,	(e) Estimated amount of other compensation
Pa	Check of Officers, Directors, Trustees, and Konder of the Officers, Directors, Dire	respond to any question (b) Average	(c) Reportable compensation	(d) Health	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa R/	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa R/PRI	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribut employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
R/PRIC	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa PRI RIC VIC	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa PRE RIC VIC	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
RAPRIC VIC	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER	(b) Average hours per week devoted to position Hr/WK	In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribution of the contribution of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FR/ PRIC VIC STE SEF	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribution of the contribution of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
RAF CHI	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER IEF STEWARD NA REYNOLDS	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FRA PRE PRE PRE PRE PRE PRE PRE PRE PRE PRE	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER LEF STEWARD NA REYNOLDS CORDING SECRETARY	(b) Average hours per week devoted to position Hr/WK Hr/WK	In this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa R/C STE SEF CHI DIA REC	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FR/ RIC VIC STE SEF AAF DIA REC JEN	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FRA PRIC VIC STE SEF AAF DIA REC JEN JON	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER JEF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY N MILLER	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa PRE PRE PRIC VIC STE AAF AAF IEN JON TRI	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FRA PRIC VIC STE SEF CHI DIA REC JEN JON TRU	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY N MILLER JSTEE	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pare RIC VIC STE SEF AAFIN DIA RECUIR STEIN JON TRUBLY BLANDING TRUBLY BLANDIN	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY I MILLER JSTEE MAIURO	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FRA PRIC VIC STE SEF AAF CHI DIA IEN JON TRI BLA TRI TRI	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY VINIFER KELLY ANCIAL SECRETARY VINIFER MILLER JSTEE MAIURO JSTEE	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pa FRA PRIC VIC STE SEF PAAF IDIA TRI TRI JIM JIM	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY N MILLER JSTEE MAIURO JSTEE BELL	hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
PRE PRIC VICE SEF	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY N MILLER JSTEE MAIURO JSTEE BELL G COMMITTEE	hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
PRESENT AND TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER JEF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY INIFER KELLY ANCIAL SECRETARY INIER JSTEE MAIURO JSTEE BELL G COMMITTEE	hours per week devoted to position (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900 1,800	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
Pare RIC VIC STEENED DIA TRU JIM NECESTE NECES	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER EF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY N MILLER JSTEE MAIURO JSTEE BELL G COMMITTEE EVE KELLEY JR G COMMITTEE	hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of
PRICOLOGICAL SERVICE S	Check if the organization used Schedule O to (a) Name and title ANK KAZISKA ESIDENT HARD DUGAN E PRESIDENT EVE KELLY SR RGEANT AT ARMS RON VOLLMER JEF STEWARD NA REYNOLDS CORDING SECRETARY INIFER KELLY ANCIAL SECRETARY INIFER KELLY ANCIAL SECRETARY INIER JSTEE MAIURO JSTEE BELL G COMMITTEE	hours per week devoted to position (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,900 1,800	(d) Health contribute employee be and deferred of	n benefit tions to enefit pla	s ins,	(e) Estimated amount of

			(
		25-16309	99	Page 3
Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	rt V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	_33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) .	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		_X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		 ^-
50	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	123	5 '	21
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	: 1 2	¥ 1.2	280
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Taras Securitare	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			Y
39	Section 501(c)(7) organizations. Enter	7646		^}{
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	` *		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	16.03	٠,	. 1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		% ≥. ·	لا ناد فيد .
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40.		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	* * 3		101 464:
d	4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	-	17	
u	40c reimbursed by the organization .	_ 1111		*
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	- ' * * * 7	i ja	> & 4.
	transaction? If "Yes," complete Form 8886-T .	40e	^ %·_	X
41	List the states with which a copy of this return is filed			
	The organization's books are in care of ► HASKINS ACCOUNTING SERVICES Telephone no ►	(814) 2	74-94	84
7 2 G		6915		<u> </u>
	***************************************	13 13	Vaa	NI.
D	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)?	42h	Yes	No
	If "Yes," enter the name of the foreign country	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	3 7 7	13 g	194
	Financial Accounts (FBAR)		*	8.5
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?.	42c		X
·	If "Yes," enter the name of the foreign country		1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			•
70				·
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
44 a	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774		 ^ -
U	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			<u> </u>
-	explanation in Schedule O	44d	·	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

Form 9	90-ÉZ (2014) COMMUNICATION WOF	RKERS OF AMERICA 886	12 LOCAL		25-16309	99	Page
	1					Yes	No
46	Did the organization engage, directly or indirect		tivities on behalf of or i	n opposition	. The L		1 3.00
	to candidates for public office? If "Yes," complet			_ _'	46		X
Part			47 40h and 50 and	aaaaalata tha tabl			
	All section 501(c)(3) organizations m 50 and 51.	nust answer questions	47—490 and 52, and	complete the table	es for line	38	
	Check if the organization used Sche	edule O to respond to a	ny question in this P	art VI			. Г
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			Yes	No
47	Did the organization engage in lobbying activities	es or have a section 501(h) election in effect durir	ng the tax		1.00	
	year? If "Yes," complete Schedule C, Part II	•	•		47		
48	Is the organization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule	E	48		
49 a	Did the organization make any transfers to an e	exempt non-charitable relat	ed organization?.		49a		X
b	If "Yes," was the related organization a section	_			49b	<u> </u>	<u> </u>
50	Complete this table for the organization's five hi		•		•		
	employees) who each received more than \$100	0,000 of compensation from	n the organization. If th	ere is none, enter "N	one "		
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amour		ount of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MiSC)	benefit plans, and deferred compensation		ompens	
	None				+		
Name		- Hr/WK 00)				
Name		1111111			†		
Title		Hr/WK 00			1		
Name							
Title		Hr/WK 00					
Name		_					
Title		Hr/WK 00)				
Name		-					
Title		Hr/WK 00	<u> </u>				-
f 51	Total number of other employees paid over \$10 Complete this table for the organization's five his		endent contractors who	n each received more	than		
31	\$100,000 of compensation from the organization	-		o each received more	lian		
	= 						
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ce	(c) Compens	ation	
Name	None Str		_				
City	ST	ZIP					
Name	Str		_				
City		ZIP					
Name							
Crty		ZIP					
Name		ZIP					
Name		4 11					
City		ZIP					
d	Total number of other independent contractors	each receiving ove					
52	Did the organization complete Schedule A? No	te. All section 501(
	completed Schedule A						
	penalties of perjury, I declare that I have examined this return,						
true, co	orrect, and complete Declaration of preparer (other than officer) is based on all informat					
	trank Alarista						
Sign							
Here	FRANK KAZISKA, PRESIDENT Type or print name and title						

Paid
Preparer
Use Only

Pnnt/Type preparer's name

JEFFERY HASKINS
Firm's name ► HASKINS ACCOUNTING SERVICES
Firm's address ► 807 S MAIN ST, COUDERSPORT, PA 1

May the IRS discuss this return with the preparer shown above? See ins

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

2014

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Inspection Name of the organization Employer identification number COMMUNICATION WORKERS OF AMERICA 88612 LOCAL 25-1630999 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings. 4,007 Form 990-EZ, Part I, Line 16, Other Expenses International Union Per Capita Expenses 43,168 Form 990-EZ, Part I, Line 16, Other Expenses Post Office Box Rent 15 Form 990-EZ, Part I, Line 16, Other Expenses Administrative and Office Expenses 726 Form 990-EZ, Part I, Line 16, Other Expenses Lost Time Reimbursement Paid to Employer 11,417 Form 990-EZ, Part I, Line 16, Other Expenses Contributions & Donations 9,466

Schedule O (Form 990 or 990-EZ) (2014)	Pa	ge 2
Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Employer identification number	
	25-1630999	
		.

Schedule O (Form 990 or 990-EZ) (2014)