

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 10-01, 2008, and ending 09-30, 2009

B Check if applicable

- Address change
Name change
Initial return
Termination
Amended return
Application pending

C Name of organization: COMMUNICATIONS WORKERS OF AMERICA
Number and street (or P O box, if mail is not delivered to street address): PO BOX 143
City or town, state or country, and ZIP + 4: BELTSVILLE, MD 20704

D Employer identification number: 53-0216893
E Telephone number: (301) 537-1582
F Group Exemption Number: . . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: CWA2390.COM

J Organization type (check only one) - [X] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

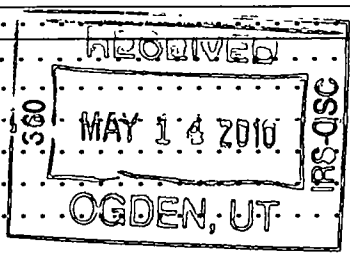
H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 54,254

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'REVENUE' column on the left and a 'Net Assets' column on the right. Total revenue is 54,254 and total net assets at end of year is 77,061.



SCANNED JUL 02 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns include (A) Beginning of year and (B) End of year. Total assets at end of year: 77,166. Total liabilities: 105. Net assets: 77,061.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? COLLECTIVE BARGAINING		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	LABOR UNION COLLECTIVE BARGAINING	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVEN T COSTLOW 210 HANNES STREET SILVER SPRING, 20901	PRESIDENT 25	5,949	0	206
FONDA WHITE 4917 MANHEIM AVE BELTSVILLE MD, 20705	TREASURER 20	3,144	0	316
HOWARD L ROCHELLE 1171-A GUNN HALL DRIVE ROCKVILLE, 23454	AREA REPRESENTA 5	432	0	397
FRANK WILLIAMS 324 10TH STREET BELLE WV, 25015	AREA REPRESENTA 5	0	0	0
CHARLOTTE WIRTH 391 PHIRNE ROAD WEST GLEN BURNIE, 21061	AREA REPRESENTA 4	1,774	0	541
WILLIAM ELWOOD 13506 NATIONAL PIKE CLEAR SPRING, 21722	AREA REPRESENTA 5	454	0	247
LAWRENCE GERVELLA 1633 WILLIAM AVE CLARKSBURG WV, 26301	AREA REPRESENTA 8	431	0	425
JOSEPH RIHA 707 MUSTANG COURT BEL AIR MD, 21014	VICE PRESIDENT 10	443	0	166
IRVING JACKSON 6606 GREENLAND ST RIVERDALE MD, 20737	AREA REPRESENTA 3	0	0	0
STEVEN WITTEN 223 CRESSWELL ROAD BALTIMORE MD, 21225	AREA REPRESENTA 7	1,749	0	555
JERRY K SASAMOTO 7626 BLUFF POINT LANE ELKRIDGE MD, 21075	AREA REPRESENTA 5	0	0	0
RICHARD A BROWN 2114 BLAZ COURT UPPER MARLBORO MD, 20774	AREA REPRESENTA 3	0	0	0
RONALD D STEVENS 12804 BUTLERS RD AMELIA VA, 23002	AREA REPRESENTA 5	0	0	0
BARNETT E LANEY 5425 VARNUM STREET BLADENSBURG MD, 20710	AREA REPRESENTA 5	1,005	0	83
MARTINUS A SYKES 1101 KENNEBEC STREET 201 OXON HILL, 20745	AREA REPRESENTA 5	196	0	58

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations Enter		
a	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 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The books are in care of ▶ FONDA WHITE Telephone no ▶ 301-537-1582 Located at ▶ 17000 SCIENCE DR BOWIE, MD ZIP + 4 ▶ 20715		
b	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)?		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

Table with 3 columns: Question (46-49), Yes, No. Questions cover political campaign activities, lobbying, school operation, and transfers to exempt organizations.

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

Total number of other independent contractors each receiving over \$100,000

Sign Here section containing signature of officer (Fonda R. White), date (5/1/10), and title (FONDA WHITE, TREASURER).

Paid Preparer's Use Only section containing preparer's signature (WALTER C CHRIST), date (03-31-2010), firm name (CHRIST AND ASSOCIATES INC), address (5711 INDUSTRY LANE 5, FREDERICK, MD 21704), and phone number (301-696-9747).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
STATE/NATIONAL UNION EXPENSES	908
OFFICE AND ADMINISTRATION EXPENSE	4,308
PAYROLL TAXES	1,385
CONVENTION & REGISTRATION FEES	1,565
TRAVEL	7,147
CONTRIBUTIONS	325
MISCELLANEOUS	<u>2,218</u>
 TOTAL	 <u><u>17,856</u></u>

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
PAYROLL TAXES	<u>2,196</u>	<u>105</u>
 TOTAL	 <u><u>2,196</u></u>	 <u><u>105</u></u>

**FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	<u>75</u>
 TOTAL	 <u><u>75</u></u>

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS SCHEDULE

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER CHANGES	<u>4,410</u>
TOTAL	<u><u>4,410</u></u>

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization COMMUNICATIONS WORKERS OF AMERICA	Employer identification number 53-0216893
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 143	
	City, town or post office, state, and ZIP code For a foreign address, see instructions BELTSVILLE, MD 20704	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► **FONDA WHITE 17000 SCIENCE DR BOWIE, MD 20715**

Telephone No ► **301-537-1582**

FAX No ►

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05-17, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for
- calendar year 20__ or
- tax year beginning 10-01, 20 08, and ending 09-30, 20 09

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions