

Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

OMB No 1545-1150

# 2006

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2006 calendar year, or tax year beginning 10/01/06, and ending 9/30/07

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CWA LOCAL 1060 HOLDING CORPORATION</b>		<b>D</b> Employer identification number <b>22-3184107</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>595 SOMERSET STREET</b>		<b>E</b> Telephone number <b>908-561-8806</b>
		City or town, state or country, and ZIP + 4 <b>NORTH PLAINFIELD NJ 07060-4908</b>		<b>F</b> 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  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: \_\_\_\_\_

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

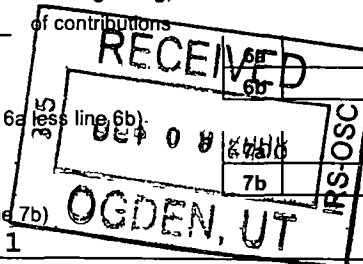
**J** Organization type (check only one):  501(c) ( 5 ) (insert no)  4947(a)(1) or  527

**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 \$100,000 or more, file Form 990 instead of Form 990-EZ. **\$ 21,554**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe <b>See Statement 1</b> )	8	21,554	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	21,554	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	500
	14	Occupancy, rent, utilities, and maintenance	14	18,188
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <b>See Statement 2</b> )	16	1,238
17	<b>Total expenses</b> (add lines 10 through 16)	17	19,926	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	1,628
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	130,981
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>	20	-12,000
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	120,609



### Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,601	4,887
23 Land and buildings	124,724	119,066
24 Other assets (describe _____)		
25 <b>Total assets</b>	134,325	123,953
26 <b>Total liabilities</b> (describe <b>See Statement 4</b> )	3,344	3,344
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	130,981	120,609

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2006)

5P

<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <b>See Statement 5</b>	
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  (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) <b>See Statement 6</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b> <span style="float: right;"><b>0</b></span>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 of the instructions)				
(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
See Statement 7				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		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	33		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	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____ <b>0</b>	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a 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?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

**Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**

- 40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955
- b 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," attach an explanation
- 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?

	Yes	No
40b		
40e		X

41 List the states with which a copy of this return is filed  None

42a The books are in care of  **TAXPAYER** Telephone no  **908-561-8806**  
**595 SOMERSET ST**  
 Located at  **NO PLAINFIELD, NJ** ZIP + 4  **07060-4908**

- b At any time during the calendar year, did the organization have an interest in or over a financial account in a foreign country (such as a bank account, securities account)?  
 If "Yes," enter the name of the foreign country
- c At any time during the calendar year, did the organization maintain an office outside the United States?  
 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 990 and enter the amount of tax-exempt interest received or accrued during the tax year

**Please Sign Here**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) if no signature of officer is given.  
 *DOUGLAS BROWN*  
 Signature of officer  
**DOUGLAS BROWN**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature  *David M. Muldowney*  
 Firm's name (or yours if self-employed), address, and ZIP + 4 **David M. Muldowney, Jr., CPA**  
**PO Box 129**  
**Colts Neck, NJ 07722-0129**  
 EIN  **22-3843507**  
 Phone no  **732-431-4332**

22-3184107

**Federal Statements**

FYE: 9/30/2007

**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
RENTAL INCOME	\$ 21,537
OTHER INCOME	17
Total	<u>\$ 21,554</u>

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Supplies	18
INSURANCE	1,000
REPAIRS AND MAINTENANCE	30
MISCELLANEOUS	45
INTEREST EXPENSE	145
Total	<u>\$ 1,238</u>

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
RETURN OF FUNDS FROM PARENT ORGANIZATION	\$ -12,000
Total	<u>\$ -12,000</u>

**Statement 4 - Form 990-EZ, Part II, Line 26 - Other Liabilities**

Description	Beginning of Year	End of Year
SECURITY DEPOSIT	\$ 3,344	\$ 3,344
Total	<u>\$ 3,344</u>	<u>\$ 3,344</u>

**Federal Statements**

**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

HOLDS TITLE TO REAL ESTATE ON BEHALF OF COMMUNICATION  
WORKERS OF AMERICA, LOCAL 1060. COLLECTS RENT FROM THE  
LOCAL AND TWO OTHER TENANTS.

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service  
Accomplishments**

Description

HOLDS TITLE TO REAL ESTATE ON BEHALF OF COMMUNICATION  
WORKERS OF AMERICA, LOCAL 1060. COLLECTS RENT FROM THE  
LOCAL AND TWO OTHER TENANTS.

22-3184107

**Federal Statements**

FYE: 9/30/2007

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
DOUGLAS BROWN 165 WOODLAND AVENUE FORDS NJ 08863	PRESIDENT	0	0	0	0
SUSAN MCEWAN 303 COMPASS COURT NEPTUNE NJ 07753	VICE PRES	0	0	0	0
JOHN DZIEDZIC 1626 BERGEN AVENUE LINDEN NJ 07036	GRIEVANCE CH	0	0	0	0
SHARON DICKEY 609 DRAKE AVENUE MIDDLESEX NJ 08846	RECORD SEC	0	0	0	0
LAWRENCE KASPEREEN 25 GRAND AVENUE WASHINGTON NJ 07882		0	0	0	0

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2006**

Attachment  
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **CWA LOCAL 1060 HOLDING CORPORATION** Identifying number **22-3184107**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,409

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	1,249
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	5,658
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)

DAA