



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending **DECEMBER 31**, 20 **10**

| | | | |
|---|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN POSTAL WORKERS UNION #0735 | | D Employer identification number 48-0802662 |
| | Doing Business As | | E Telephone number 316 945-9430 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | PO BOX 12190 City or town, state or country, and ZIP + 4 WICHITA KS 67277-2190 | | G Gross receipts \$ 267715 |
| F Name and address of principal officer DARRELL TATE 6920 PUEBLO WICHITA KS 67209 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ | | | |
| K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ UNION | | L Year of formation 2010 | M State of legal domicile KS |

Part I Summary

| | | | |
|---|---|--|----------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COLLECTIVE BARGAINING TO SECURE BETTER WORKING CONDITIONS | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 31 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 280413 | 264415 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6990 | 4050 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1378 | 855 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3486 | 10750 |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 292267 | 280070 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1663 | 1978 |
| Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 16301 | 11019 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 163431 | 151122 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | 0 | 0 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 105375 | 103596 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 286770 | 267715 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 5497 | 12335 |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year |
| 21 Total liabilities (Part X, line 26) | | 145090 | 157445 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | | 6522 | 5382 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|--|--------------------|
| Sign Here | Signature of officer <i>Darrell D Tate</i> | Date <i>4/6/11</i> |
| | Type or print name and title DARRELL D TATE | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010) | 1

SCANNED JUL 11 2010

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:**COLLECTIVE BARGAINING TO SECURE BETTER WORKING CONDITIONS****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: 501(c)) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**COLLECTIVE BARGAINING - REPRESENTED POSTAL WORKERS IN GRIEVANCE ARBITRATION PROCEDURE, NEGOTIATED AGREEMENTS AND NUMEROUS MEETINGS WITH POSTAL MANAGEMENT TO IMPROVE WORKING CONDITIONS.****4b** (Code: 501(c)) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**EDUCATION: PUBLISHED SUPPLEMENT TO THE PLAINDEALER. TRAINED ARBITRATION ADVOCATES, PROVIDED LEGISLATIVE INFORMATION TO MEMBERS, CONDUCTED AND PARTICIPATED IN SEMINARS AND NATIONAL CONVENTIONS.****4c** (Code: 501(c)) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**GOOD AND WELFARE: ASSISTED MEMBERS WITH HEALTH PLAN AND OWCP CLAIMS. PROVIDED MONITARY ASSISTANCE****ORGANIZATION: PROVIDED PRORAM AND INFORMATION PACKETS FOR NEW MEMBERS PARTICIPATED WITH WICHITA LABOR FEDERATION HELD MONTHLY MEETINGS.****4d** Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

| | Yes | No |
|--|------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | ✓ |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | ✓ |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | ✓ |
| 4 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? If "Yes," complete Schedule C, Part II | 4 | ✓ |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | ✓ |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | ✓ |
| 7 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 | 7 | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ✓ |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | ✓ |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ✓ |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | ✓ |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | ✓ |
| 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 in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | ✓ |
| f 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 | 11f | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | ✓ |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ✓ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | ✓ |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | ✓ |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ✓ |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | ✓ |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | ✓ |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | ✓ |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | ✓ |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | ✓ |
| 23 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? <i>If "Yes," complete Schedule J</i> | 23 | ✓ |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | 24a | ✓ |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ✓ |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | ✓ |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ✓ |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | ✓ |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | ✓ |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | ✓ |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | ✓ |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 28 | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | ✓ |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | ✓ |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | ✓ |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | ✓ |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | ✓ |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | ✓ |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 0 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a 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 | 2a 31 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b ✓ | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a 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 | | ✓ |
| b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a 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? | 6a | | ✓ |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a 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 | | ✓ |
| b 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 | 7d | | |
| 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 | | ✓ |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a 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: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b 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 | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☐

Section A. Governing Body and Management

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 0 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Does the organization have members or stockholders? 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| a The governing body? 8a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Each committee with authority to act on behalf of the governing body? 8b | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10a Does the organization have local chapters, branches, or affiliates? 10a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b | <input type="checkbox"/> | <input type="checkbox"/> |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | <input type="checkbox"/> | <input type="checkbox"/> |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Does the organization have a written whistleblower policy? 13 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Does the organization have a written document retention and destruction policy? 14 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| a The organization's CEO, Executive Director, or top management official 15a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Other officers or key employees of the organization 15b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16a 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b | <input type="checkbox"/> | <input type="checkbox"/> |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **KANSAS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DARRELL TATE 6920 PUEBLO WICHITA KS 316 945 9430**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRYAN, CINDY K DIRECTOR OF ORGANIZATION | 3 | | | ✓ | | | | 3719 | 0 | 1626 |
| (2) HENDRIX, PAUL K DIRECTOR OF MECHANIZATION | 0 | | | ✓ | | | | 1038 | 0 | 1388 |
| (3) HOESCH, JANICE M SECRETARY/TREASURER | 0 | | | ✓ | | | | 360 | 0 | 172 |
| (4) PRUITT, CHRISTINE PAST PRESIDENT | 40 | | | ✓ | | | | 72198 | 0 | 2594 |
| (5) REED, FELICIA EXECUTIVE AIDE | 1 | | | ✓ | | | | 914 | 0 | 3113 |
| (6) TATE, DARRELL PAST VICE PRESIDENT, NEW PRESIDENT | 6 | | | ✓ | | | | 13,353 | 0 | 1982 |
| (7) THOMPSON, RITA L CLERK CRAFT DIRECTOR | 0 | | | ✓ | | | | 40 | 0 | 0 |
| (8) VANSYOC, MELONIE INSTALLATION DIRECTOR | 0 | | | ✓ | | | | 5904 | 0 | 957 |
| (9) UNDERWOOD, WM C. MAINTENANCE CRAFT DIRECTOR | 0 | | | ✓ | | | | 369 | 0 | 507 |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 97895 | 0 | 12339 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

| | Yes | No |
|----------|-----|----|
| 3 | | ✓ |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

| | Yes | No |
|----------|-----|----|
| 4 | | ✓ |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 5 | | ✓ |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

| |
|--|
| |
|--|

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | 264415 | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 264415 | | | |
| Program Service Revenue | 2a | REIMBURSED AFL-CIO DUES | Business Code | 4050 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue . | | | | | |
| | g | Total. Add lines 2a-2f | | 4050 | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 855 | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| 5 | | Royalties | | 0 | | | |
| 6a | | Gross Rents | (i) Real | 0 | 0 | | |
| b | | Less: rental expenses | | 0 | 0 | | |
| c | | Rental income or (loss) | | 0 | 0 | | |
| d | | Net rental income or (loss) | | 0 | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | 0 | 0 | | |
| b | | Less: cost or other basis and sales expenses | (ii) Other | 0 | 0 | | |
| c | | Gain or (loss) | | 0 | 0 | | |
| d | | Net gain or (loss) | | 0 | | | |
| 8a | | Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | a | 0 | | | |
| b | | Less: direct expenses | b | 0 | | | |
| c | | Net income or (loss) from fundraising events . | | 0 | | | |
| 9a | | Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | |
| b | | Less: direct expenses | b | 0 | | | |
| c | | Net income or (loss) from gaming activities . | | 0 | | | |
| 10a | | Gross sales of inventory, less returns and allowances | a | 0 | | | |
| b | | Less: cost of goods sold | b | 0 | | | |
| c | | Net income or (loss) from sales of inventory . | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | NEWTON MERGER | 7486 | | | | | |
| b | REIMBURSED EXPENSES | 2858 | | | | | |
| c | | | | | | | |
| d | All other revenue | 406 | | | | | |
| e | Total. Add lines 11a-11d | | 10750 | | | | |
| 12 | Total revenue. See instructions. | | 280070 | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1978 | 1978 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 11019 | 11019 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 110234 | 110234 | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | | |
| 7 | Other salaries and wages | 28899 | 28899 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1749 | 1749 | | |
| 9 | Other employee benefits | 0 | 0 | | |
| 10 | Payroll taxes | 10240 | 10240 | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | 0 | | |
| b | Legal | 0 | 0 | | |
| c | Accounting | 0 | 0 | | |
| d | Lobbying | 0 | 0 | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | 0 | | |
| g | Other | 0 | 0 | | |
| 12 | Advertising and promotion | 0 | 0 | | |
| 13 | Office expenses | 15159 | 15159 | | |
| 14 | Information technology | 0 | 0 | | |
| 15 | Royalties | 0 | 0 | | |
| 16 | Occupancy | 19664 | 19664 | | |
| 17 | Travel | 6768 | 6768 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | | |
| 19 | Conferences, conventions, and meetings | 21703 | 21703 | | |
| 20 | Interest | 0 | 0 | | |
| 21 | Payments to affiliates | 22786 | 22786 | | |
| 22 | Depreciation, depletion, and amortization | 4914 | 4914 | | |
| 23 | Insurance | 3065 | 3065 | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a | PLAIN DEALER | 5307 | 5307 | | |
| b | MARKETING | 4230 | 4230 | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 267715 | 267715 | | |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 26524 | 1 | 35649 |
| | 2 Savings and temporary cash investments | 69163 | 2 | 77307 |
| | 3 Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 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) voluntary employees' beneficiary organizations (see instructions) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 120719 | | |
| | b Less: accumulated depreciation | 10b 80430 | | |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 4200 | 15 | 4200 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 145090 | 16 | 157445 | |
| Liabilities | 17 Accounts payable and accrued expenses | 6522 | 17 | 5382 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities. Complete Part X of Schedule D | 0 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 6522 | 26 | 5382 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 36187 | 27 | 52861 |
| | 28 Temporarily restricted net assets | 59500 | 28 | 60095 |
| | 29 Permanently restricted net assets | 49403 | 29 | 44489 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0 | 30 | 0 |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | 0 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 0 | 32 | 0 |
| | 33 Total net assets or fund balances | 145090 | 33 | 157445 |
| | 34 Total liabilities and net assets/fund balances | 151612 | 34 | 162827 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

| | | | |
|----------|--|----------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 280070 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 267715 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 12355 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 145090 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 157445 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | ✓ |
| 2b | | ✓ |
| 2c | | |
| 3a | | ✓ |
| 3b | | |

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

AMERICAN POSTAL WORKER'S UNION #0735

Business or activity to which this form relates

UNION

Identifying number

48-0802662

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 instructions) | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 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 |
| | | 76,565 | 76,565 |
| | | 13244 | 13244 |
| 7 | Listed property. Enter the amount from line 29 | 7 | 80809 |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 0 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | 0 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 0 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | 0 |
| 13 | Carryover of disallowed deduction to 2011. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | 0 |
| 15 | Property subject to section 168(f)(1) election | 15 | 0 |
| 16 | Other depreciation (including ACRS) | 16 | 0 |

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 2010 | 17 | |
| 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 2010 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 | |
| i Nonresidential real property | | | 27 5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2010 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 | 4914 |
| 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 instructions | 22 | 4914 |
| 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.

Cat No 12906N

Form **4562** (2010)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? | | 24b If "Yes," is the evidence written? | | | | | | | | | |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|----|--|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | | | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | | | |
| SEE ATTACHED | | % | | | | | | | | | |
| DEPRECIATION | | % | SEE ATTACHED | | | | | | | | |
| SCHEDULE | | % | | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| | | % | | | | S/L - | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | 4914 | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | 89809 | | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2010 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2010 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

AMERICAN POSTAL WORKERS UNION #0735

Employer identification number

48-0802662

PART VI SECTION A QUESTION 6: TAX EXEMPT ORGANIZATION WITH MEMBERS

PART VI SECTION A QUESTION 7A: MEMBERS ELECT THE MEMBERS OF THE EXECUTIVE BOARD

PART VI SECTION A QUESTION 7B: MEMBERS APPROVE SIGNIFICANT DECISIONS

PART VI SECTION B QUESTION 11A: IN ADDITION TO THE EXECUTIVE BOARD SIX (6) TRUSTEES ARE ELECTED BY THE GENERAL

MEMBERSHIP TO AUDIT THE BOOKS OF THE TREASURER. FORM 990 WAS SUBMITTED TO THE TRUSTEED FOR REVIEW.

PART VI SECTION B QUESTION 15: PRESIDENT'S COMPENSATION IS BASED ON WAGES NEGOTIATED FOR THE BARGAINING UNIT

PLUS 10% OTHER OFFICERS ARE COMPENSATED 1 GRADE ABOVE THEIR CURRENT POSTAL SALARY.

PART VI SECTION C QUESTION 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ Investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|----------------------------------|---|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| Building | 01/01/03 | 100 | 51,259.95 | 51,259.95 | 25 | s/l | 0 | |
| Building/Shed | 01/01/00 | 100 | 6,330.51 | 6,330.51 | 25 | s/l | 253.20 | |
| Building Improvements | 01/01/06 | 100 | 16,139.81 | 16,139.81 | 5 | s/l | 3,227.96 | |
| Building Monument Sign | 01/01/06 | 100 | 2,835.12 | 2,835.12 | 7 | s/l | 405.02 | |
| Total Building | | | 76,565.39 | 76,565.39 | | | 3,886.18 | |
| Equipment | 01/01/00 | 100 | 7,742.44 | 7,742.44 | 5 | s/l | 0 | |
| Equipment | 01/01/06 | 100 | 4,229.75 | 4,229.75 | 5 | s/l | 845.94 | |
| Equipment | 01/01/06 | 100 | 1,271.62 | 1,271.62 | 7 | s/l | 181.66 | |
| Total Equipment | | | 13,243.81 | 13,243.81 | | | 1,027.60 | |
| Land | 01/01/77 | | 15,559.54 | | | | | |
| Land | 01/01/77 | | 15,350.00 | | | | | |
| Total Land | | | 30,909.54 | | | | | |
| Total Land, Bldg & Equip | | | 120,718.74 | | | | | |

Schedule D Form 990

| Form 990 Explanations, 2010 | Prior Year - 2009 Account Definition | Current Year - 2010 | |
|------------------------------------|--------------------------------------|---------------------|--------|
| Form 990 Part 1 Summary Line 8 | 280413 | 264415 | |
| Profit & Loss Statement | 287403 Membership Dues | 268465 | |
| Profit & Loss Statement | -2535 New Member Dues Rebates | 0 | |
| Profit & Loss Statement | -4455 Reimbursed AFL-CIO Dues | -4050 | |
| Form 990 Part 1 Summary Line 9 | 6990 | 4050 | |
| Profit & Loss Statement | 2535 New Member Dues Rebates | 0 | |
| Profit & Loss Statement | 4455 Reimbursed AFL-CIO Dues | 4050 | |
| Form 990 Part 1 Summary Line 10 | | | |
| Profit & Loss LM2 B Item 40 | 1378 Interest | 855 | |
| Form 990 Part 1 Summary Line 11 | | | |
| Profit & Loss LM2 B Item 48 | 3486 | 10750 | |
| Form 990 Part 1 Summary Line 12 | | | |
| Profit & Loss LM2 B Item 49 | 292267 | 280070 | |
| | 280413 | 268465 | |
| | 1378 Total Interest | 855 | |
| | 10476 Other Income | 10750 | |
| Form 990 Part 1 Summary Line 13 | | | |
| Profit & Loss | 1663 | 1978 | |
| LM 2 Schedule 14 Stmt B Item 52 | 214 Memorials | 261 | |
| | 400 Cash Donations | 100 | |
| | 1048 Non-Cash Donations | 1617 | |
| Form 990 Part 1 Summary Line 14 | | | |
| Profit & Loss | 16301 | 11019 | |
| LM 2 Schedule 20 Item 55 | 15780 USPS Disbursing/Health Ins | 10798 | |
| | 398 APWU Accident (ABA) | 221 | |
| | 123 WEJ Insurance | 0 | |
| Form 990 Part 1 Summary Line 15 | | | |
| Profit & Loss | 163431 | 151122 | |
| Part IX Line 5 LM2 Schedule 11 | 107611 Current Officers | 110234 | |
| Part IX Line 7 LM2 Schedule 12 | 40996 Employee Payroll | 28899 | |
| Part IX Line 8 LM 2 Schedule 20 | 4407 401K | 1749 | |
| Part IX Line 10 LM2 Stmt B Line 65 | 10417 Payroll Taxes | 10240 | |
| Form 990 Part 1 Line 17 | | | |
| | 105375 | 103596 | |
| LM Stmt B Line 68 | 281856 Total Disbursements | 262801 | |
| Profit & Loss | P& L Stmt | | 261661 |
| | Credit Card Reconciliation | | 1140 |
| Depreciation Worksheet | 4914 Depreciation Expense | 4914 | |
| | -163431 Less Line 15 | -151122 | |
| | -16301 Less Line 14 | -11019 | |
| | -1663 Less Line 13 | -1978 | |
| Form 990 Part 1 Summary Line 18 | | | |
| Part IX Line 25 | 286770 | 267715 | |
| Form 990 Part 1 Summary Line 19 | | | |
| | 5497 | 12355 | |
| | 292267 Revenue | 280070 | |
| | 286770 Expenses | 286770 | |

| | | |
|---|------------------------------------|--------|
| Form 990 Part 1 Summary Line 20 | | |
| LM 2 Stmt A Line 29 | 145090 Total Assets | 157445 |
| Balance Sheet | 9661.85 Savings | 17212 |
| Balance Sheet | 59500.44 CDs | 60095 |
| Balance Sheet | 2652444 Checking | 35649 |
| LM 2 Stmt A Line 22 | 95686.73 Total Cash | 112956 |
| Balance Sheet LM 2 Stmt A Line 26 | 4200 Plain Dealer - Investment | 4200 |
| Balance Sheet | 1207189 Fixed Assets | 120719 |
| Depreciation Work Sheet | -75516 Accumulated Depreciation | -80430 |
| Form 990 Part 1 Summary Line 21 | | |
| LM 2 Sch 10 LM2 Stmt A Line 33 | 6522 Total Current Liabilities | 5382 |
| | 2003 Master Card | 813 |
| | 724 401k | 865 |
| | 1054 FICA | 1112 |
| | 276 FUTA | 293 |
| | 1293 FED WH | 1147 |
| | 246 MEDICARE | 260 |
| | 194 SUTA | 320 |
| | 392 STATE WH | 325 |
| | 340 OTHER | 247 |
| Form 990 Part 1 Summary Line 22 | | |
| LM2 Stmt A Line 35 | 138568 Net Assets or Fund Balances | 152063 |
| | 145090 Total Assets | 157445 |
| LM2 Stmt A Line 33 | -6522 Current Liabilities | -5382 |
| Form 990 Part VIII Stmt of Revenue P&L Statement | 280418 Member Ship Dues | 264415 |
| Form 990 Part VIII Stmt of Rev Line 2a&b | | |
| Profit and Loss Stmt | 6990 | 4050 |
| Profit and Loss Stmt | 2535 New Member Bonus | 0 |
| Profit and Loss Stmt | 4455 Reimbursed AFL-CIO Dues | 4050 |
| Form 990 Part VIII Stmt of Rev Line 3 P&L Stmt LM 2 Stmt B Line 39 | 1378 Interest Income | 855 |
| Form 990 Part VIII Stmt of Rev Line 11e P&L Stmt LM2 Stmt B Line 47 & 48 | 3486 Total | 10750 |
| LM 2 Stmt B Line 47 | 2612 Reimbursed Expenses | 3420 |
| LM 2 Stmt B Line 48 | 874 Other | 7330 |
| Form 990 Part VIII Stmt of Rev Line 12 LM2 Statement B Line 49 | 292267 Total | 280070 |
| Profit & Loss Stmt | 280413 Membership Dues | 264415 |
| Profit & Loss Stmt | 2535 New Member Bonus | 0 |
| Profit & Loss Stmt | 4455 Reimbursed AFL-CIO Dues | 4050 |
| Profit & Loss Stmt | 1378 Interest Income | 855 |
| Profit & Loss Stmt | 3486 Other Revenue | 10750 |
| Form 990 Part X Line 1 Balance Sheet | 26524 Checking Account | 35649 |
| Form 990 Part X Line 2 Balance Sheet | 69163 Total | 77307 |
| Balance Sheet | 9662 Savings | 17212 |
| | 59501 CDs | 60095 |
| Form 990 Part X Line 10a,b and c Balance Sheet | 120719 Total Prop. Furn & Equip | 120719 |
| Depreciation Worksheet | -75516 Accumulated Depreciation | -80430 |
| | 45203 Total | 40289 |

| | | |
|------------------------------|---------------------------------|--------|
| Form 990 Part X line 12 | | |
| LM 2 Stmt A Line 27 | 45203 | 40289 |
| Form 990 Part X Line 16 | | |
| | 145090 Total | 157445 |
| Balance Sheet | 26524 Checking Account | 35649 |
| Balance Sheet | 69163 Savings & CD | 77307 |
| Depreciation Worksheet | 45203 Fixed Assets | 40289 |
| Balance Sheet | 4200 Investments - Plain Dealer | 4200 |
| Form 990 Part X Line 26 | | |
| LM 2 Sch 10 & Stmt A Line 33 | 6522 Current Liabilities | 5382 |
| Form 990 Part X Line 27 | | |
| Balance Sheet | 36187 | 52861 |
| | 9662 Savings | 17212 |
| | 26525 Checking | 35649 |
| Form 990 Part X Line 28 | | |
| Balance Sheet | 59500 CDs | 60095 |
| Form 990 Part X Line 29 | | |
| Balance Sheet | 49403 Total | 44489 |
| | 4200 Plain Dealer | 4200 |
| Depreciation Worksheet | 45203 Fixed Assets | 40289 |
| Form 990 Part X Line 33 | | |
| LM 2 Statement Line 29 | 145090 Total | 157445 |
| Balance Sheet | 9662 Savings | 17212 |
| Balance Sheet | 26525 Checking | 35650 |
| Balance Sheet | 59500 CDs | 60095 |
| Balance Sheet | 4200 Plain Dealer | 4200 |
| Depreciation Worksheet | 45203 Fixed Assets | 40289 |
| Form 990 Part X Line 34 | | |
| | 151612 Total | 162827 |
| | 145090 Total Assets | 157445 |
| | 6522 Total Liabilities | 5382 |