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**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 387	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent.	1b 0	
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	✓
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	✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6 Did the organization have members or stockholders?	6	✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	✓
a The governing body?		
b Each committee with authority to act on behalf of the governing body?		
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	✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
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?	15a	✓
a The organization's CEO, Executive Director, or top management official	15b	✓
b Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).		
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	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 

Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

**Part XI Reconciliation of Net Assets**Check 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	97818
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	112363
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-14545
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	75987
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	-7346
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	68640

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? . . . . .	2a	✓
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	✓
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.	2c	✓
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3a	✓
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-1337? . . . . .	3a	✓
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	3b	

## AMERICAN POSTAL WORKERS UNION, AFL-CIO

## JACKSON MS AREA LOCAL 1207

## DEPRECIATION SCHEDULE

December 31, 2011

## DEPRECIATION FROM 1-1-2011 TO 12-31-2011

DESCRIPTION	PURCHASE DATE	N U	LIFE YR	ORIGINAL BALANCE	DEPRE BALANCE	PREVIOUS DEPRE	CURRENT DEPRE	REMAINING DEPRE BASES
<b>CATEGORY: FIXED ASSETS</b>								
FENCE	4/28/1994	N	8	60	485.00	0.00	0.00	
BUILDING(MPR)	7/11/1995	N	6	83	500.00	0.00	0.00	
CARPET	7/27/1995	N	6	177	1065.00	0.00	0.00	
LAPTOPS/EQUIPMENT	3/31/2004	N	5	676	3384.42	0.00	0.00	
COMPUTER	7/25/1995	N	6	382	2295.35	0.00	0.00	
FLOOR TILE	8/8/1995	N	6	379	2274.74	0.00	0.00	
COMPUTER SOFTWARE	8/3/1995	N	6	146	880.00	0.00	0.00	
ANNING	9/11/1995	N	6	506	3039.33	0.00	0.00	
BUILDING IMPROVEMENT	12/23/1995	N	6	150	900.00	0.00	0.00	
STEEL SIDING	6/9/1997	N	8	508	2174.00	1892.00	0.00	
FRONT DOOR	4/30/1997	N	6	249	1494.48	500.00	0.00	
FAX, COMPUTERS	8/3/1997	N	6	547	3284.66	0.00	0.00	
TABLES, CHAIRS	12/30/1998	N	6	319	1355.44	562.00	0.00	
HEAT/AIR SYSTEM	3/29/1999	N	8	499	1519.88	998.00	1475.82	
TABLES, CHAIRS	9/10/2010	U	3	542	599.00	599.40	0.00	
TABLES	12/29/1999	N	6	226	716.04	645.00	0.00	
COMPUTER/FURNITURE	12/1/2000	N	5	1075	2150.00	2150.00	1075.92	
<b>TOTALS</b>				<b>6524</b>	<b>28117.34</b>	<b>74846.40</b>	<b>2551.74</b>	
BUILDING		U	30	2369	24354.74	2369.00	46733.26	
IMPROVEMENTS			30	242	2494.27	242.00	4794.73	
LAND					0.00	0.00	14560.48	
<b>GRAND TOTALS</b>				<b>2611</b>	<b>54966.35</b>	<b>9957.40</b>	<b>68640.21</b>	
LINE 28F	Door Prizes					650.00		
	Apron/Cap/Tshirts/etc					3030.00		
	Refreshment for meetings					1595.00		
	Newsletter					1436.00		
	Web					432.00		
	Miscellaneous					382.00		
<b>LINE 28F TOTAL</b>						<b>7525.00</b>		

**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

**2011**

Open to Public  
Inspection

Name of the organization

American Postal Workers Union (Jackson) MS Area Local #1207

Employer identification number

04-0524230

Corrected page #6

# Page 12 (7346 Depreciation) sheet attached

Miss read Questions & Forgot to add.  
to form.

Name of the organization

American Postal Workers Union (Jackson MS)

Employer identification number

64-0624230