

# 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





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

OMB No 1545-1150

2013

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calenda	ar year, or tax year beginning January 01 , 2	013, and ending	Decen	nber 31	, 20 13		
_			C Name of organization		D Employ	er identification	on number		
	Address o	change	American Postal Workers Union	55 0626547					
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepho				
H	Initial retu		PO Box 4248			304-623-4779			
H		erminated City or town, state or province country, and ZIP or foreign postal code F							
Amended return  Application pending			Clarksburg, W V 26302		Numbe	er <b>&gt;</b>	2474		
G	Account	ting Method		н	Check ▶	If the org	anization is not		
1 1	<b>N</b> ebsite	e: <b>&gt;</b>				attach Sch			
JT	ax-exen	npt status (che	ck only one) - ☐ 501(c)(3) ☐ 501(c) ( ) <b>(</b> (insert no ) ☐ 4947(a)	)(1) or 527	(Form 990	, 990-EZ, or	990-PF)		
		organization	☐ Corporation ☐ Trust ☐ Association ☐ Oth	ner					
L	Add line	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more, or if total	al assets	1			
(Pa	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b>	\$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bal	lances (see the	instructi	ons for Pa	rt I)		
		Check If	the organization used Schedule O to respond to any quest	tion in this Part I	l	· · · ·	🛄		
	1	Contributio	ns, gifts, grants, and similar amounts received			1			
	2	Program se	ervice revenue including government fees and contracts			2			
	3	Membersh	p dues and assessments		<u></u>	3	53006		
	4	Investment	income .			4	16		
	5a	Gross amo	unt from sale of assets other than inventory	5a					
	b	Less cost	or other basis and sales expenses	5b					
	C		ss) from sale of assets other than inventory (Subtract line 5b fr	5	ic				
	6	-	d fundraising events	1					
e	a	Gross inci	ome from gaming (attach Schedule G if greater than						
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
ě			aising events reported on line 1) (attach Schedule G if the		14				
_			h gross income and contributions exceeds \$15,000)	6b					
	C	Less direc	t expenses from gaming and fundraising events	6c					
	d		e or (loss) from gaming and fundraising events (add lines 6	and 6b and su	btract				
		line 6c)			3d				
	7a	Gross sales	s of inventory, less returns and allowances	7a					
	b	Less cost	of goods sold	7b					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c			
	8	Other revenue (describe in Schedule O) .				8			
<u>Ci</u>	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	53022		
A Messey and A R	10		similar amounts paid (list in Schedule O)		-	10	0		
	11		iid to or for members	·-f ;	1	11	1663		
	12		her compensation, and employee benefits	•- •• ,	1	12	20175		
	13		al fees and other payments to independent contractors ு ை	1	3	0			
	14		rent, utilities, and maintenance	<u> </u>	14	5028			
	15		iblications, postage, and shipping		. [1	5	0		
			nses (describe in Schedule O)	,	p	16	6942		
<u>                                      </u>	17		nses. Add lines 10 through 16	51-13, L-2		17	33808		
Net MSSets)  [	18		deficit) for the year (Subtract line 17 from line 9)			8	19214		
	19	net assets	or fund balances at beginning of year (from line 27, column	n (A)) (must agree	e with				
			r figure reported on prior year's return)		]_1	9	25328		
Nei	20		ges in net assets or fund balances (explain in Schedule O)		<b>—</b>	20	0		
_	21	Net assets	or fund balances at end of year Combine lines 18 through 20		<b>▶</b>   2	21	44542		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

Pai	t II	Balance Sheets (see the instruction					_
		Check if the organization used Schedu	le O to respond to ar				🗸
					(A) Beginning of year		(B) End of year
22	Cas	sh, savings, and investments		. Г	28109	22	47456
23		d and buildings		[	1 0	23	0
24		er assets (describe in Schedule O)			0	24	0
25		al assets			28109	25	47456
26		al liabilities (describe in Schedule O) .		-	2781		2914
27		assets or fund balances (line 27 of colui	nn (B) <b>must</b> agree with	l line 21)	25328		44542
Par		Statement of Program Service Acco					
,	- TILL	Check if the organization used Schedu	ile O to respond to ar	v auestion in this l	Part III	/n.	Expenses
Mhai	uc tho	e organization's primary exempt purpose?	no o to toopone to a	., 4000	<u> </u>		equired for section f(c)(3) and 501(c)(4)
							anizations and section
Desc	ribe th	he organization's program service accom	olishments for each of	its three largest pr	ogram services,		17(a)(1) trusts, optional
as m	easur	ed by expenses. In a clear and concise enefited, and other relevant information for	manner, describe the	services provided	, the number of	tor	others)
	) 115 DE	enemed, and other relevant information for	each program the				Т
28							
						00.	
	(Gran	its\$ ) If this amou	nt includes foreign gra	nts, check here	▶ 🗓	28	a 0
29							
						ļ	
	(Gran	its\$ ) If this amou	nt includes foreign gra	nts, check here	. ▶ 🗔	29	a 0
30							
	(Gran	its\$ ) If this amou	nt includes foreign gra	nts, check here	▶ 🗓	30	a 0
31	Other	r program services (describe in Schedule (	))				
				includes foreign grants, check here			_
•	(Gran	nts \$ ) If this amou	nt includes foreign gra	nts, check here	. ▶ 🗓	31	a <u>0</u>
	(Gran	hts \$ ) If this amou		nts, check here	. •	31	
32	(Gran	program service expenses (add lines 28	a through 31a)			32	2 0
	(Gran	program service expenses (add lines 28 List of Officers, Directors, Trustees, and	a through 31a) (ey Employees (list each	one even if not comp	pensated—see the i	32	2 0
32	(Gran	program service expenses (add lines 28	a through 31a)  Key Employees (list each ule O to respond to an	n one even if not comp ny question in this (c) Reportable	pensated—see the i	32 nstru	2 0 uctions for Part IV)
32	(Gran	program service expenses (add lines 28 List of Officers, Directors, Trustees, and	a through 31a)  (ey Employees (list each lie O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation	pensated—see the I	nstru ·	2 0 uctions for Part IV) 
32	(Gran	List of Officers, Directors, Trustees, and Check if the organization used Sched	a through 31a)  (ey Employees (list each alle O to respond to an (b) Average	n one even if not comp ny question in this (c) Reportable	pensated—see the I	32 nstru	2 0 uctions for Part IV)
32 Par	(Gran Total	List of Officers, Directors, Trustees, and Check if the organization used Sched  (a) Name and title	a through 31a)  (ey Employees (list each alle O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the I Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstru	2 0 uctions for Part IV) 
32 Par	(Gran Total t.IV	I program service expenses (add lines 28 List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title	a through 31a)  (ey Employees (list each alle O to respond to an blue of the control of the cont	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the I Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstru	2 0 uctions for Part IV)
32 Par Mark	(Gran Total t.IV R. Cot Box 1:	I program service expenses (add lines 28 List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title  ttrill.  266. Bridgeport. WV 26330	a through 31a)  (ey Employees (list each lie O to respond to an (b) Average hours per week devoted to position exception)  President	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the I Part IV  (d) Health benefits, contributions to employ benefit plans, and	32 nstru	2 0 uctions for Part IV) 
32 Par Mark RR 2 Jeffr	(Gran Total t.IV R. Cot Box 12	I program service expenses (add lines 28 List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title  ttrill	a through 31a)  (ey Employees (list each lie O to respond to an between the control of the contr	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the I Part IV(d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	2 0 uctions for Part IV)
32 Par Mark RR 2 Jeffre Rt. 1	(Gran Total t.IV R. Cot Box 1: Ev. I. Fli	I program service expenses (add lines 28 List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title  ttrill	a through 31a)  (ey Employees (list each list of the content of th	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the I Part IV(d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	2 0 uctions for Part IV)
32 Par Mark RR 2 Jeffre Rt. 1 Rebe	R. Cot Box 1: Box 1: Cca A	I program service expenses (add lines 28 List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title  ttrull	a through 31a)  (ey Employees (list each list of the content of th	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  15383.99	pensated—see the I Part IV	32 nstru	2 0  uctions for Part IV)
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Mark RR.2 Jeffr Rt. 1 Rebe 1004 Tina Rt. 1 Susa 1.Per RQua	R. Cot Box 1: Ex. I. Fluctor A. I. Walland Box 1: Cota A. I. Walland J. Efaw Box 1: Cota A. M. Cota A. M. Cota A. M.	List of Officers, Directors, Trustees, and I Check if the organization used Sched  (a) Name and title  ttrill	a through 31a)  (ey Employees (list each lie O to respond to an bours per week devoted to position)  President  Vice President ended 9/7/2013  Treasurer ended 9/7/2013  Secretary ended 9/7/2013  Maintenance Craft Director  Clerk Craft Director	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  15383.99  106.98	pensated—see the I Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru	2 0  uctions for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			<del>- !-</del>
	District the POOL If We are the state of the POOL If We are the PO		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>✓</b>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
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 outstanding at the end of the tax year covered by this return?	38a		<b>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	`		
39 a	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9  39a			ļ
b	Gross receipts, included on line 9, for public use of club facilities  39b	1		,
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			-
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	,	1
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	,
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	,		,
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		· ✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no ▶	<b></b>		
	Located at ► ZIP + 4 ►.			<del></del>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	NO V
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	'1	\$ 1 m	. ;
	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U S?  If "Yes," enter the name of the foreign country	42c		_ ✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44-	Did the assessment as a second of the second		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	`	1
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	,	1

ronn 99	10-62 (2	013)									aye ¬
AG	Did t	he organization engage, directly or in	ndirectly in political c	ampaign activities	on hel	nalf of or	ın opp	osition		Yes	No
46		ndidates for public office? If "Yes," of			OII DEI		 		46		1
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51	s only s must answer que	stions 47–49b ar			nplete	the ta		or line	es
	Check if the organization used Schedule O to respond to any question in this Part VI								<u> </u>	· ·	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during tyear? If "Yes," complete Schedule C, Part II									Yes	No ✓
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Did the organization make any transfers to an exempt non-charitable related organization?										
		oyees) who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	cor	(d) Health benefits contributions to emplo benefit plans, and deficompensation		/ee (e)	Estimate	stimated amount of her compensation	
							!				
								_			
						······································					
51	Com \$100	number of other employees paid over plete this table for the organization' ,000 of compensation from the organ Name and business address of each independent	pensated independent contractors who one, enter "None "			who e	each received more that (c) Compensation				
										<del> ,                                  </del>	· · · · · ·
											•
					<del></del>						
52	Did ti none	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	Note All section 5 completed Schedul	01(c)(3) organizatio e A .					☐ Yes	<b>7</b> I	
Under po	enalties rect, an	of perjury, I declare that I have examined this r d complete Declaration of preparer (other than	officer) is based on all info	ying schedules and stat irmation of which prepa	ements, er has a	and to the t	ge			belief,	rt ıs
Sign Here		Signature of bifficer  Mark P. Cottrill President	bot		·	Date	1-5	8=1	1		
	Mark R Cottrill, President Type or print name and title					1/28/2014					
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		Check self-en	☐ if	PTIN		
Use (		Firm's name					s EIN 🕨				
May th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See I	nstructions		Phon	e no		□ Vas	<u> </u>	۷۵

Form **990-EZ** (2013)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Employer identification number American Postal Workers Union Part 1 Line 16 Conference and Meetings -\$6,942 Part 2 Line 26A and 26B Payroll Liabilities