

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
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.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

**C** Name of organization: AMERICAN POSTAL WORKERS- UNION 238  
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 171196  
City or town, state or province, country, and ZIP or foreign postal code: KANSAS CITY, KS 66117

**D** Employer identification number: 51-0157810  
**E** Telephone number: (913) 281-0766  
**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify)

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

**I** Website: N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(5) (insert no )  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 125,611

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 120,233
4	Investment income 357
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O) 5,021
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 125,611
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members 1,956
12	Salaries, other compensation, and employee benefits 45,504
13	Professional fees and other payments to independent contractors 1,867
14	Occupancy, rent, utilities, and maintenance 7,520
15	Printing, publications, postage, and shipping 1,424
16	Other expenses (describe in Schedule O) 54,999
17	<b>Total expenses.</b> Add lines 10 through 16 113,270
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 12,341
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 202,887
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 215,228

**Part II Balance Sheets** (see the instructions for Part II)  
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	201,530	<b>22</b>	213,871
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,357	<b>24</b>	1,357
<b>25 Total assets</b> . . . . .	202,887	<b>25</b>	215,228
<b>26 Total liabilities</b> (describe in Schedule O). . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	202,887	<b>27</b>	215,228

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)  
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
**IMPROVE WAGES, BENEFITS AND WORKING CONDITIONS FOR POSTAL WORKERS IN THE KAW VALLEY AREA**  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

**28**  
 See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		<b>29a</b>	
(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		
<b>30</b>		<b>30a</b>	
(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	113,270

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)  
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LASHONDA JACKSON	000 00	2,682		
VICE PRESIDE				
PAM BYRD	000 00	6,197		
SECRETARY-TR				
STEPHANIE MCGHEE	000 00	2,399		
EXEC BOARD				
MICHELLE FITZPATRICK	000 00	5,760		
PRESIDENT				
CHANATHALA SANOUBANE	000 00	1,817		
EXEC BOARD				
BRENDA STALLINGS	000 00	1,817		
EXEC BOARD				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of PAM BYRD Telephone no (913) 281-0766 Located at 5039 MERRIAM DRIVE MERRIAM, KS ZIP + 4 66203

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

***** Signature of officer	2019-04-15 Date
PAM BYRD SECRETARY-TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFERY L VANEK CPA	Preparer's signature	Date 2019-04-15	Check <input type="checkbox"/> if self-employed	PTIN P01913530
	Firm's name ▶ NOVAK BIRKS PC			Firm's EIN ▶ 43-1122456	
	Firm's address ▶ 4600 MADISON AVE STE 120 KANSAS CITY, MO 641123003			Phone no (816) 931-6111	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 51-0157810

**Name:** AMERICAN POSTAL WORKERS- UNION 238

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> ORGANIZATION FOR THE BENEFIT OF POSTAL WORKERS (Grants \$ )	<b>28a</b>	113,270
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

AMERICAN POSTAL WORKERS- UNION 238

Employer identification number

51-0157810

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	OTHER REVENUE - TRAVEL REIMB 4,786 OTHER REVEVUE - REFUNDS 235 TOTAL 5,021

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 2,213 CONVENTION EXPENSE 43,774 INSURANCE 190 MISC EXPENSE 100 TELEPHONE & INTERNET 5,448 PAYROLL TAXES 1,444 PER CAPITA TAX 1,830 TOTAL 54,999

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 20	NET ASSETS RECONCILING ITEM 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	BUILDING & OFFICE EQUIPMENT 45,593 45,593 LESS ACCUMULATED DEPRECIATION 45,572 45,593 PAYROLL LIABILITIES - DEBIT 1,336 1,357 TOTAL 1,357 1,357

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	IMPROVE WAGES, BENEFITS AND WORKING CONDITIONS FOR POSTAL WORKERS IN THE KAW VALLEY AREA