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OMB No 1545-0047

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20	
B Check if applicable	C Name of organization
☐ Address change	AMERICAN POSTAL WORKERS UNION 3264 CLARKSBURG LOCAL Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 4248 City or town, state or province, country, and ZIP or foreign postal code CLARKSBURG, WV 26302
☐ Name change	
☐ Initial return	
☐ Final return/terminated	
☐ Amended return	
☐ Application pending	D Employer identification number 55-0626547
	E Telephone number 304-796-4616
	F Group Exemption Number ▶ 2474
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 LABOR UNION	
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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 72,496.00	

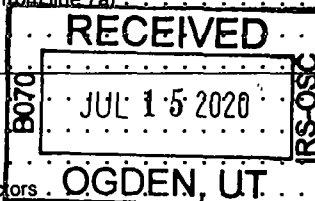
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,185.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	69,311.00
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,496.00
	10	Grants and similar amounts paid (list in Schedule O)	10	1,095.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	35,330.00
	13	Professional fees and other payments to independent contractors	13	2,589.00
	14	Occupancy, rent, utilities, and maintenance	14	3,856.00
15	Printing, publications, postage, and shipping	15	388.00	
16	Other expenses (describe in Schedule O)	16	29,925.00	
17	Total expenses. Add lines 10 through 16	17	73,183.00	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-687.00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24,647.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	23,960.00

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

SCANNED MAR 18 2021



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
22 Cash, savings, and investments	25,029.00	22	24,276.00
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	25,029.00	25	24,276.00
26 Total liabilities (describe in Schedule O)	382.00	26	316.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,647.00	27	23,960.00

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? LABOR UNION/INDUSTIRAL RELATIONS

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** NEGOTIATING COLLECTIVE BARGAINING AGREEMENT, IMPLEMENTATION OF SAME THROUGH ARBITRATION AND GRIEVANCES FOR APPROXIMATELY 220 MEMBERS(Grants \$) If this amount includes foreign grants, check here ☐ **28a****29** EDUCATION AND TRAINING OF APPROXIMATELY 220 MEMBERS(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30** MEMBER RECRUITMENT, HOLDING EVENTS, SUPPORT AND COOPERATION WITH OTHER LABOR ORGANIZATIONS ATTENDANCE AT LABOR CONFERENCES.(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32** Total program service expenses (add lines 28a through 31a) **32****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
JERRY ASHBY				
MOTOR VEHICLE CRAFT DIRECTOR	1	1,898.00		
JOSEPH ASHCRAFT				
STEWART	1	514.00		
TODD BALLARD				
VICE PRESIDENT	5	4,557.00		
ALLESONDRIA CAIN				
STEWART	0	189.00		
DANIEL CLUTTER				
TREASURER	4	6,342.00		
DANIEL COX				
STEWART	0	1,199.00		
DIANA CURRY				
SECRETARY	2	2,286.00		
BRIAN DARO				
TRUSTEE	0	125.00		
BETTY JO DAVIS				
TRUSTEE	0	125.00		
WALTER MCELWAYNE				
TRUSTEE	0	75.00		
SINIKKAA MELVIN				
PRESIDENT	9	11,147.00		
RONALD MOORE				
TRUSTEE	0	50.00		

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	
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets		25	
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	

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

What is the organization's primary exempt purpose? _____ 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	501(c)(3) and 501(c)(4) organizations, optional for others)
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28			
(Grants \$) If this amount includes foreign grants, check here ▶		28a	

29			29a
(Grants \$) If this amount includes foreign grants, check here ▶			29a

30 (Grants \$ _____) If this amount includes foreign grants, check here ► ☐	30a	
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31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31a
32	Total program service expenses (add lines 28a through 31a)	☐	32

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 ☐

[illegible]

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 ☐

	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		X
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		X
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)?		X
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		
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		X
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		X
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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations Enter 39a		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		X
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>DANIEL CLUTTER</u> Telephone no ▶ <u>304-796-4616</u> Located at ▶ <u>200 CAVA DRIVE, CLARKSBURG, WV</u> ZIP + 4 ▶ <u>26301</u>		
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 ▶		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X

- 46 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

	Yes	No
46		X

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. ☐

- 47 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

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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."

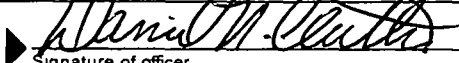
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

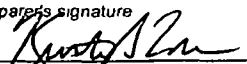
- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No
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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 	Date <u>07/11/2020</u>
	Type or print name and title DANIEL CLUTTER, TREASURER	

Paid Preparer Use Only	Print/Type preparer's name KRISTEN S. QUEEN, CPA	Preparer's signature 	Date <u>7/6/20</u>	Check ☐ if self-employed	PTIN P01056545
	Firm's name MURRAY, QUEEN & COMPANY PLLC			Firm's EIN 46-1703894	
	Firm's address 118 E MAIN ST, BRIDGEPORT, WV 26330			Phone no 304-842-5192	
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

AMERICAN POSTAL WORKERS UNION 3264 CLARKSBURG LOCAL

Employer identification number

55-0626547

PART 1 LINE 10 INCLUDES PAYMENT TO STATE APWU OF 881 AND MEMBER DONATIONS OF 247

PART 1 LINE 16 OTHER EXPENSES INCLUDE TRAVEL, MEALS AND ENTERTAINMENT 14,562;

CONFERENCE EXPENSES 5,160; INSURANCE EXPENSE 344; BANK CHARGES 236; OFFICE EXPENSE

945; ORGANIZING ACTIVITIES EXPENSE 8,678

PART II LINE 26 LIABILITIES ARE ALL PAYROLL LIABILITIES

Name of the organization

Employer identification number

AMERICAN POSTAL WORKERS UNION 3264 CLARKSBURG LOCAL

55-0626547