

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

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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
AFL-CIO

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1300 L STREET NW NO 200

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200054128

D Employer identification number
52-0913725

E Telephone number
(202) 842-4215

G Gross receipts \$ 61,379,193

F Name and address of principal officer
ELIZABETH POWELL
1300 L STREET NW NO 200
WASHINGTON, DC 200054128

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

J Website: ▶ WWW APWU ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1971 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
APWU IS RESPONSIBLE FOR THE NEGOTIATION AND IMPLEMENTATION OF A COLLECTIVE BARGAINING CONTRACT WITH THE USPS ON BEHALF OF THE MEMBERS OF THE UNION AND EMPLOYEES IN THE BARGAINING UNIT

2 Check this box 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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	389
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,179,644
7b Net unrelated business taxable income from Form 990-T, line 34	472,192

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	54,359,172	57,771,803
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,039,348	1,076,253
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,447,999	1,089,526
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,846,519	59,937,582
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,169,735	22,353,708
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,519,509	19,633,419
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	51,689,244	41,987,127
19 Revenue less expenses Subtract line 18 from line 12	5,157,275	17,950,455
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	59,291,153	78,448,017
21 Total liabilities (Part X, line 26)	2,459,228	2,546,613
22 Net assets or fund balances Subtract line 21 from line 20	56,831,925	75,901,404

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 _____ Date 2018-06-01
ELIZABETH POWELL SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name JOANN WOODSON Preparer's signature JOANN WOODSON Date _____
Check if self-employed PTIN P01293745
Firm's name ▶ CALIBRE CPA GROUP PLLC Firm's EIN ▶ 47-0900880
Firm's address ▶ 7501 WISCONSIN AVENUE SUITE 1200 WEST BETHESDA, MD 20814 Phone no (202) 331-9880

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 APWU IS RESPONSIBLE FOR THE NEGOTIATION AND IMPLEMENTATION OF A COLLECTIVE BARGAINING CONTRACT WITH THE USPS ON BEHALF OF THE MEMBERS OF THE UNION AND EMPLOYEES IN THE BARGAINING UNIT

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 See Additional Data

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️	Yes	
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		No
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? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		No
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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️		No
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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b 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 (No); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 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 The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 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, address, and telephone number of the person who possesses the organization's books and records: ELIZABETH POWELL SECRETARY-TREASUR 1300 L STREET NW SUITE 200 WASHINGTON, DC 200054128 (202) 842-4215

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						9,546,891	0		2,417,730

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 86

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MURPHY ANDERSON PLLC 1701 K STREET NW SUITE 210 WASHINGTON, DC 20006	LEGAL	1,353,113
KELLY PRESS INC 1701 CABIN BRANCH DRIVE CHEVERLY, MD 20785	PRINTING	1,142,177
CAESERS ENTERTAINMENT 1 HARRAHS CT LAS VEGAS, NV 89119	HOTEL	1,033,266
INTUITIVE BUSINESS CONCEPTS 8640 GUILFORD RD ST 232 COLUMBIA, MD 21046	CONSULTING	641,173
URBAN LAW FIRM 4270 S DECATUR BLVD SUITE A LAS VEGAS, NV 89103	LEGAL	151,335

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	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 ▶						
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES	900099	44,546,092	44,546,092			
	b HEALTH PLAN SERVICE	900099	11,843,138	11,843,138			
	c PER CAPITA FROM ASSOCI	900004	1,179,644		1,179,644		
	d SALE OF SUPPLIES	900099	202,929			202,929	
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		57,771,803					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,121,406			1,121,406	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶		225,114			225,114	
	6a Gross rents	(i) Real	(ii) Personal				
			556,529				
		b Less rental expenses	311,088				
		c Rental income or (loss)	245,441				
	d Net rental income or (loss) ▶		245,441			245,441	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,085,370				
		b Less cost or other basis and sales expenses	1,130,523				
		c Gain or (loss)	-45,153				
	d Net gain or (loss) ▶		-45,153			-45,153	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099	522,055	522,055				
b LEGAL SETTLEMENT & AWA	900099	87,277	87,277				
c _____							
d All other revenue		9,639	9,639				
e Total. Add lines 11a-11d ▶		618,971					
12 Total revenue. See Instructions ▶		59,937,582	57,008,201	1,179,644	1,749,737		

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).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,022,304			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,031,057			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	780,079			
9 Other employee benefits	4,339,592			
10 Payroll taxes	1,180,676			
11 Fees for services (non-employees)				
a Management				
b Legal	1,678,403			
c Accounting	136,700			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	170,290			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,679,495			
12 Advertising and promotion	1,101,658			
13 Office expenses	1,546,164			
14 Information technology	374,502			
15 Royalties				
16 Occupancy	1,030,704			
17 Travel	489,334			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	81,469			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,173,108			
23 Insurance	148,014			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT	11,357			
b AFFILIATIONS & ASST	2,930,931			
c GENERAL UNION EXPENSES	2,007,151			
d RENT- HQ	1,578,213			
e All other expenses	2,495,926			
25 Total functional expenses. Add lines 1 through 24e	41,987,127			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,234,703	1	5,354,561
	2 Savings and temporary cash investments	303,091	2	2,598,742
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	40,082	4	14,523
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,231,266		
	b Less accumulated depreciation	4,367,028		
	11 Investments—publicly traded securities	50,166,336	11	64,543,101
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	70,656	15	72,852
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,291,153	16	78,448,017	
Liabilities	17 Accounts payable and accrued expenses	2,459,228	17	2,546,613
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,459,228	26	2,546,613
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	56,831,925	27	75,901,404
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	56,831,925	33	75,901,404
	34 Total liabilities and net assets/fund balances	59,291,153	34	78,448,017

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,937,582
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,987,127
3	Revenue less expenses Subtract line 2 from line 1	3	17,950,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,831,925
5	Net unrealized gains (losses) on investments	5	1,119,024
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,901,404

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 52-0913725

Name: AMERICAN POSTAL WORKERS UNION
AFL-CIO

Form 990 (2017)

Form 990, Part III, Line 4a:

IMPLEMENTATION OF NATIONAL COLLECTIVE BARGAINING AGREEMENT WITH US POSTAL SERVICE FOR 300,000 MEMBERS OF BARGAINING UNIT, INCLUDING NEGOTIATION & GRIEVANCE ARBITRARY PROCEDURES ORGANIZING-UNION SOLICITS VOLUNTARY MEMBERSHIP FROM EMPLOYEES OF USPS & FROM PRIVATE CONTRACTORS PROVIDING SERVICES TO USPS

Form 990, Part III, Line 4b:

EDUCATION-PUBLICATION OF MONTHLY TABLOID, BI-WEEKLY NEWSLETTERS & OTHER PRINTED MATTER, CONDUCTING TRAINING PROGRAMS IN STEWARDSHIP AND
FEDERAL REPORTING, ETC

Form 990, Part III, Line 4c:

OPERATION OF APWU HEALTH PLAN (SEPARATE REPORTING ENTITY) UNDER FEHBA PROGRAM TO PROVIDE HEALTH/MEDICAL INSURANCE BENEFITS TO HP MEMBERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARK DIMONDSTEIN PRESIDENT	40 00	X		X				162,704	0	43,930
DEBBIE SZEREDY EXECUTIVE VICE-PRESIDENT	40 00	X		X				143,341	0	36,842
ELIZABETH POWELL SECRETARY-TREASURER	40 00	X		X				151,660	0	38,716
STEPHEN BROOKS DIRECTOR SUPPORT SERVICES	40 00	X		X				104,626	0	26,692
CLINT BURELSON DIRECTOR CLERK DIVISION	40 00	X		X				130,019	0	35,105
MICHAEL FOSTER DIRECTOR MOTOR VEHICLE	40 00	X		X				138,906	0	35,456
STEVE RAYMER DIRECTOR MAINTENANCE DIV	40 00	X		X				138,649	0	35,387
VANCE ZIMMERMAN DIRECTOR INDUSTRIAL RELATIONS	40 00	X		X				141,557	0	36,172
OMAR GONZALEZ WESTERN RGNL COORDINATOR	40 00	X		X				115,374	0	29,434
SHARYN STONE CENTRAL RGNL COORDINATOR	40 00	X		X				116,873	0	29,839

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MICHAEL GALLAGHER EASTERN RGNL COORDINATOR	40 00	X		X				116,392	0	29,709
KENNETH BEASLEY SOUTHERN RGNL COORDINATOR	40 00	X		X				117,175	0	29,921
JOHN DIRZIUS NE REGIONAL COORDINATOR	40 00	X		X				117,078	0	29,894
JUDY BEARD DIRECTOR LEGISLATIVE DEPT	40 00			X				145,866	0	35,323
IDOWU BALOGUN ASST DIR A MAINT DIV	40 00			X				130,462	0	33,300
LAMONT BROOKS ASST DIR C CLERK DIV	40 00			X				129,740	0	33,105
SUSAN CARNEY DIRECTOR HUMAN RELATIONS	40 00			X				129,210	0	32,961
JOHN MARCOTTE DIRECTOR HEALTH PLAN	40 00			X				7,187	0	1,940
TERRY MARTINEZ ASST DIR B MAINT DIV	40 00			X				130,912	0	33,421
ANTHONY MCKINNON PREV DIR INDUSTRIAL RELATIONS	40 00			X				41,763	0	6,118

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
NANCY OLUMEKOR DIRECTOR RETIREE DEPT	40 00			X				109,016	0	29,434
LYNN PALLAS-BARBER ASST DIR B CLERK DIV	40 00			X				131,101	0	33,472
JAVIER PINERES ASST DIR MOTOR VEHICLE DIV	40 00			X				129,329	0	32,994
JOYCE ROBINSON DIRECTOR RESEARCH & EDUC	40 00			X				127,663	0	33,337
ANNA SMITH DIRECTOR ORGANIZATION DEPT	40 00			X				129,064	0	32,922
BRUCE AMEY NBA SO REG SW SUB-REG MVS	40 00			X				104,808	0	26,741
JEFFREY BEATON NBA B CENTRAL REG MAINT DIV	40 00			X				104,349	0	26,617
ROBERT BLOOMER NBA A ATLANTIC REG	40 00			X				105,369	0	26,893
SONIA CANCHOLA NBA A SAN FRANCISCO AREA	40 00			X				104,397	0	26,630
VICKI CARIOS NBA A DENVER REG	40 00			X				100,821	0	26,703

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
PETER CORADI NBA A NEW YORK REGION	40 00			X				105,165	0	26,838
JACK CRAWFORD NBA A DALLAS REGION	40 00			X				104,511	0	26,661
LARRY CRAWFORD NBA B DALLAS REGION	40 00			X				104,610	0	26,688
PAT DAVIS-WEEKS NBA B TAMPA FL	40 00			X				105,902	0	27,037
RANDY DOWNARD NBA B CINN REG	40 00			X				31,372	0	0
BRIAN DUNN NBA B WITCHITA REG	40 00			X				104,458	0	26,647
BRIAN DUNSMORE NBA A WESTERN REGION	40 00			X				105,758	0	26,616
CRAIG FISHER NBA CENTRAL REG MAINT	40 00			X				105,213	0	26,639
JOHN GEARHARD NBA A SOUTHERN REG MAINT	40 00			X				107,670	0	27,514
JOANN GERHART-STELLA NBA B DENVER CO AREA	40 00			X				104,511	0	26,661

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CHRISTOPHER HOWE NBA NORTHEAST REG MAINT	40 00			X				0	0	0
JOHN JACKSON NBA PHILADELPHIA REGION	40 00			X				104,454	0	26,646
DWIGHT JOHNSON NBA SW SUB AND SO REG MVS	40 00			X				106,527	0	27,206
ROBERT KESSLER NBA A ST LOUIS REG	40 00			X				106,841	0	27,290
LOUIS KINGSLEY NBA A WESTERN REGION	40 00			X				104,403	0	26,632
JOSEPH LACAPRIA NBA NORTHEAST REG MVS	40 00			X				104,649	0	26,698
WILLIAM LASALLE NBA EASTERN REG MAINT DIV	40 00			X				102,692	0	26,689
SAM LISENBE NBA C WORTH AREA	40 00			X				105,962	0	27,053
CHARLES LOCKE NBA D SAN FRANCISCO AREA	40 00			X				104,446	0	26,644
STEPHEN LUKOSUS NBA B NEW ENGLAND REG	40 00			X				105,779	0	27,004

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARTIN MATER NBA B MNPLS MN REG	40 00			X				107,450	0	27,455
JUDITH MCCANN NBA SUPPORT SERVICES	40 00			X				98,848	0	26,689
JERRY MCILVAIN NBA B MEMPHIS	40 00			X				110,094	0	28,168
WILLIAM MELLEN NBA A MNPLS MINN REG	40 00			X				104,614	0	26,689
MARILYN MEROW NBA A DENVER REG	40 00			X				32,314	0	0
MICHAEL FUNK JR NBA A WESTERN REGION	40 00			X				104,610	0	26,688
THOMAS O'BRIEN NBA C NEW ENGLAND REG	40 00			X				105,673	0	26,975
MIKE O'HEARN NBA B CHICAGO REG	40 00			X				105,015	0	26,797
RUFINA PAGADUAN NBA PACIFIC AREA	40 00			X				98,745	0	26,661
JAMES PATARINI NBA ALASKA AREA PART TIME	40 00			X				41,872	0	11,305

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
CARLOS PAZ NBA FT WORTH AREA MAINT	40 00			X				104,943	0	26,778
JEROME PITTMAN NBA WESTERN REG MVS	40 00			X				104,808	0	26,741
KENNETH PRINZ NBA EASTERN REG MVS	40 00			X				105,644	0	26,967
CHRISTINE PRUITT NBA B WICHITA REG	40 00			X				101,953	0	26,749
PAMELA RICHARDSON NBA B WASH DC REG	40 00			X				104,511	0	26,661
FRANK RIGIERO NBA A NEW ENGLAND REG	40 00			X				104,621	0	26,691
ROBERT ROMANOWSKI NBA A PHILADELPHIA REG	40 00			X				133,153	0	34,395
DAVE SARNACKI NBA NE REG	40 00			X				104,439	0	26,642
MICHAEL SCHMID NBA C CINN OH REG	40 00			X				98,796	0	26,675
JAMES SCOGGINS NBA C SAN FRANCISCO REG	40 00			X				105,512	0	26,931

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DANIEL SKEMP NBA B ST LOUIS REG	40 00			X				105,571	0	26,947
DANIEL SOTO NBA CARIBBEAN AREA	40 00			X				104,253	0	26,592
JAMES STEVENSON NBA C CHICAGO REG	40 00			X				104,355	0	26,649
MICHAEL SULLIVAN NBA B TAMPA FL	40 00			X				104,506	0	26,660
ELIZABETH SWIGERT NBA B NORTHEAST REG	40 00			X				98,895	0	26,702
DENNIS TAFF NBA B ST LOUIS REG	40 00			X				40,192	0	0
VINCE TARDUCCI NBA CENTRAL REG MAINT	40 00			X				104,626	0	26,692
SHIRLEY TAYLOR NBA B SAN FRANCISCO AREA	40 00			X				105,902	0	27,037
BERNARD TIMMERMAN NBA A NORTHEAST AREA	40 00			X				104,506	0	26,660
LINDA TURNEY NBA CENTRAL REG	40 00			X				104,949	0	26,779

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JIMMIE WALDON NBA WESTERN REGION MAINT	40 00			X				104,754	0	26,727
CURTIS WALKER NBA C CENTRAL REG	40 00			X				104,427	0	26,639
RACHEL WALTHALL NBA A WASH DC REGION	40 00			X				104,367	0	26,622
BILLY WOODS NBA MEMPHIS REG	40 00			X				105,737	0	26,992
WILLIAM WRIGHT NBA CENTRAL REG MVS	40 00			X				104,699	0	26,712
PHILLIP TABBITA MNGR NEG SPVRT & SPCL PROJ	40 00					X		120,393	0	30,760
ELIZABETH CONOLLY CONTROLLER	40 00					X		119,338	0	30,480
TWEE NGUYEN ASST CONTROLLER	40 00					X		115,872	0	29,562
JENNIFER WARBURTON SR ADVISOR ON GOVT AFFAIRS	40 00					X		115,856	0	28,131
ROGER CRONK SR MANAGER INFO TECHNOLOGY	40 00					X		115,744	0	29,559

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN POSTAL WORKERS UNION AFL-CIO	Employer identification number 52-0913725
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) APWU COMMITTEE OF POLITICAL ACTION	1300 L STREET NW WASHINGTON, DC 20006	52-1130171		729,612
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1j below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	THE ORGANIZATION HELPS SUPPORT THE SECTION 527 BY PROMPTLY TRANSFERING THE CONTRIBUTIONS RECEIVED TO THE SEPARATE SEGREGATED FUND

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AMERICAN POSTAL WORKERS UNION
AFL-CIO

Employer identification number
52-0913725

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		782,171		782,171
b Buildings		3,287,251	851,246	2,436,005
c Leasehold improvements		1,324,028	903,766	420,262
d Equipment		4,757,758	2,594,670	2,163,088
e Other		80,058	17,346	62,712
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,864,238

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-0913725

Name: AMERICAN POSTAL WORKERS UNION
AFL-CIO

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING STANDARDS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INC OME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MOR E LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN APWU PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WO ULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN POSTAL WORKERS UNION
AFL-CIO

Employer identification number
52-0913725

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	
b	Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	
b	Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 52-0913725

Name: AMERICAN POSTAL WORKERS UNION
AFL-CIO

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK DIMONDSTEIN PRESIDENT	(i)	162,704	0	0	43,930	0	206,634	0
	(ii)	0	0	0	0	0	0	0
1DEBBIE SZEREDY EXECUTIVE VICE-PRESIDENT	(i)	136,452	0	6,889	36,842	0	180,183	0
	(ii)	0	0	0	0	0	0	0
2ELIZABETH POWELL SECRETARY-TREASURER	(i)	143,394	0	8,266	38,716	0	190,376	0
	(ii)	0	0	0	0	0	0	0
3CLINT BURELSON DIRECTOR CLERK DIVISION	(i)	130,019	0	0	35,105	0	165,124	0
	(ii)	0	0	0	0	0	0	0
4MICHAEL FOSTER DIRECTOR MOTOR VEHICLE	(i)	131,320	0	7,586	35,456	0	174,362	0
	(ii)	0	0	0	0	0	0	0
5STEVE RAYMER DIRECTOR MAINTENANCE DIV	(i)	131,063	0	7,586	35,387	0	174,036	0
	(ii)	0	0	0	0	0	0	0
6VANCE ZIMMERMAN DIRECTOR INDUSTRIAL RELATIONS	(i)	133,971	0	7,586	36,172	0	177,729	0
	(ii)	0	0	0	0	0	0	0
7JUDY BEARD DIRECTOR LEGISLATIVE DEPT	(i)	130,826	0	15,040	35,323	0	181,189	0
	(ii)	0	0	0	0	0	0	0
8IDOWU BALOGUN ASST DIR A MAINT DIV	(i)	123,332	0	7,130	33,300	0	163,762	0
	(ii)	0	0	0	0	0	0	0
9LAMONT BROOKS ASST DIR C CLERK DIV	(i)	122,610	0	7,130	33,105	0	162,845	0
	(ii)	0	0	0	0	0	0	0
10SUSAN CARNEY DIRECTOR HUMAN RELATIONS	(i)	122,080	0	7,130	32,961	0	162,171	0
	(ii)	0	0	0	0	0	0	0
11TERRY MARTINEZ ASST DIR B MAINT DIV	(i)	123,782	0	7,130	33,421	0	164,333	0
	(ii)	0	0	0	0	0	0	0
12LYNN PALLAS-BARBER ASST DIR B CLERK DIV	(i)	123,971	0	7,130	33,472	0	164,573	0
	(ii)	0	0	0	0	0	0	0
13JAVIER PINERES ASST DIR MOTOR VEHICLE DIV	(i)	122,199	0	7,130	32,994	0	162,323	0
	(ii)	0	0	0	0	0	0	0
14JOYCE ROBINSON DIRECTOR RESEARCH & EDUC	(i)	123,469	0	4,194	33,337	0	161,000	0
	(ii)	0	0	0	0	0	0	0
15ANNA SMITH DIRECTOR ORGANIZATION DEPT	(i)	121,934	0	7,130	32,922	0	161,986	0
	(ii)	0	0	0	0	0	0	0
16ROBERT ROMANOWSKI NBA A PHILADELPHIA REG	(i)	127,387	0	5,766	34,395	0	167,548	0
	(ii)	0	0	0	0	0	0	0
17PHILLIP TABBITA MNGR NEG SPPRT & SPCL PROJ	(i)	113,926	0	6,467	30,760	0	151,153	0
	(ii)	0	0	0	0	0	0	0

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.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN POSTAL WORKERS UNION
AFL-CIO

Employer identification number

52-0913725

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CATEGORIES OF MEMBERSHIP WITH VOTING ELIGILITY ARE ACTIVE POSTAL, PRIVATE SECTOR, FULL DUES CASH PAY AND \$24 RETIREE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS IN GOOD STANDING OTHER THAN HONORARY STATUS MEMBERS ARE ENTITLED THE RIGHT TO VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE DELEGATES AND REPRESENTATIVES OF THE MEMBERS THROUGH MAJORITY VOTE DURING THE NATIONAL CONVENTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON RECEIPT OF FORM 990 FROM THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT, THE PRESIDENT, EXECUTIVE VICE PRESIDENT AND THE SECRETARY-TREASURER REVIEW THE RETURN BEFORE FILING THE FORM 990 FOR PROCESSING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS AVAILABLE UPON REQUEST AND ALSO FOUND IN THE NON-FOR-PROFIT SEARCH AT FOUNDATION CENTER AND GUIDESTAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE PUBLICLY AVAILABLE ON THE DEPARTMENT OF LABOR WEBSITE THE ORGANIZATION PROVIDES THE FINANCIAL STATEMENTS TO MEMBERS UPON REQUEST THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24B AFFILIATIONS & ASSISTANCE EXPENSES	THE APWU PARTICIPATES WITH SOME OF ITS AFFILIATED LOCAL UNION ON A NUMBER OF PROGRAMS RELATED TO THE EXEMPT FUNCTION THESE PROGRAMS INCLUDE ORGANIZING PROGRAMS TO INCREASE MEMBERSHIP, UTILIZATION OF LOCAL UNION STAFF ON VARIOUS ASSIGNMENTS AND OTHER COORDINATED EFFORTS THESE AMOUNTS ARE REFLECTED AS AFFILIATED AND ASSISTANCE EXPENSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2A	THE FINANCIAL STATEMENTS ARE PRESENTED USING THE MODIFIED CASH BASIS OF ACCOUNTING THIS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT BEEN CHANGED FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN POSTAL WORKERS UNION
AFL-CIO

Employer identification number

52-0913725

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) APWU FLORIDA LLC 1300 L ST NW WASHINGTON, DC 20005	HOLD TITLE TO PROPERTY	DC			AMERICAN POSTAL WORKERS UNION AFL-CIO
(2) APWU NEW YORK LLC 1300 L ST NW WASHINGTON, DC 20005	HOLD TITLE TO PROPERTY	DC			AMERICAN POSTAL WORKERS UNION AFL-CIO
(3) APWU NEW JERSEY LLC 1300 L ST NW WASHINGTON, DC 20005	HOLD TITLE TO PROPERTY	DC			AMERICAN POSTAL WORKERS UNION AFL-CIO
(4) APWU TRAVEL AND PLANNING LLC 1300 L ST NW WASHINGTON, DC 20005	TRAVEL SERVICES	DC			AMERICAN POSTAL WORKERS UNION AFL-CIO

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) APWU HOLDING CORPORATION	J	1,864,213	
(2) APWU HEALTH PLAN	Q	11,843,138	
(3) APWU COMMITTEE OF POLITICAL ACTION	R	729,612	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 52-0913725
Name: AMERICAN POSTAL WORKERS UNION
 AFL-CIO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1300 L STREET NW WASHINGTON, DC 20005 23-7058046	SCHOLARSHIP BENEFITS FOR THE CHILDREN OF POSTAL CLERKS	DC	501(C)(3)	LINE 12C, III-FI			No
1300 L STREET NW WASHINGTON, DC 20005 52-1975237	OWNS THE APWU HEADQUARTERS BUILDING	DC	501(C)(2)				No
1300 L STREET NW WASHINGTON, DC 20005 52-1130171	SEPARATE SEGREGATED FUND	DC	527				No
799 CROMWELL PARK DRIVE GLEN BURNIE, MD 21061 52-0940594	HEALTH PLAN TO ALL MEMBERS, RETIREES AND ELIGIBLE DEPENDENTS	DC	501(C)(9)				No
1300 L STREET NW WASHINGTON, DC 20005 51-0624578	TO HOLD PROPERTY FOR APWU	DC	501(C)(2)				No
1300 L STREET NW WASHINGTON, DC 20005 52-6130923	DEFINED BENEFIT PLAN	DC	401(B)				No
1300 L STREET NW WASHINGTON, DC 20005 52-6100773	DEFINED BENEFIT PLAN	DC	401(B)				No
1300 L STREET NW WASHINGTON, DC 20005 52-0913725	DEFINED CONTRIBUTION PLAN	DC	401(K)				No
1300 L STREET NW WASHINGTON, DC 20005 52-0913725	DEFINED CONTRIBUTION PLAN	DC	401(K)				No
1300 L STREET NW WASHINGTON, DC 20005 35-2456340	SEPARATE SEGREGATED FUND	DC	527				No