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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
AMERICAN POSTAL WORKERS UNION
AFL-CIO

D Employer identification number
52-0913725

E Telephone number
202-842-4215

F Accounting method: Cash Accrual
 Other (specify) ► **MODIFIED CA**

Number and street (or P O box if mail is not delivered to street address) Room/suite
1300 L STREET, N.W.

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► **WWW.APWU.ORG**

J Organization type (check only one) ► 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **63,777,433.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ► **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ► **N/A**
M Check ► if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a				
	b Indirect public support	1b				
	c Government contributions (grants)	1c				
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d				0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				3,981,902.
	3 Membership dues and assessments	3				46,113,938.
	4 Interest on savings and temporary cash investments	4				
	5 Dividends and interest from securities	5				518,279.
	6 a Gross rents	6a	SEE STATEMENT 1	195,940.		
	b Less rental expenses	6b	SEE STATEMENT 2	62,796.		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c				133,144.
7 Other investment income (describe ► _____)	7					
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other		
			12,269,592.			
	b Less cost or other basis and sales expenses	8b		162,640.		
	c Gain or (loss) (attach schedule)	8c	<63,970.>	<162,640.>		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 3		STMT 4	<226,610.>	
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>						
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a					
b Less direct expenses other than fundraising expenses	9b					
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11 Other revenue (from Part VII, line 103)	11				697,782.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				51,218,435.	
Expenses	13 Program services (from line 44, column (B))	13				
	14 Management and general (from line 44, column (C))	14				
	15 Fundraising (from line 44, column (D))	15				
	16 Payments to affiliates (attach schedule)	16	SEE STATEMENT 5			2,240,518.
	17 Total expenses (add lines 16 and 44, column (A))	17				45,054,299.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				6,164,136.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				13,539,864.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 6			<430,435.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				19,273,565.

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Form 990 (2005)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 7,691,634.			
26 Other salaries and wages	26 7,439,012.			
27 Pension plan contributions	27 2,783,556.			
28 Other employee benefits	28 2,852,269.			
29 Payroll taxes	29 1,281,760.			
30 Professional fundraising fees	30			
31 Accounting fees	31 130,169.			
32 Legal fees	32 1,465,499.			
33 Supplies	33 372,857.			
34 Telephone	34 517,255.			
35 Postage and shipping	35 285,683.			
36 Occupancy	36 3,036,825.			
37 Equipment rental and maintenance	37 772,585.			
38 Printing and publications	38 224,896.			
39 Travel	39 1,637,106.			
40 Conferences, conventions, and meetings	40 56,392.			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 496,243.			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 7	43g 11,770,040.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 42,813,781.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ORGANIZED LABOR

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a IMPLEMENTATION OF NATIONAL COLLECTIVE BARGAINING AGREEMENT WITH US POSTAL SERVICE FOR 300,000 MEMBERS OF BARGAINING UNIT, INCLUDING NEGOTIATION & GRIEVANCE ARB PROCEDURES.

(Grants and allocations \$) If this amount includes foreign grants, check here

b ORGANIZING-UNION SOLICITS VOLUNTARY MEMBERSHIP FROM EMPLOYEES OF USPS & FROM PRIVATE CONTRACTORS PROVIDING SERVICES TO USPS

(Grants and allocations \$) If this amount includes foreign grants, check here

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

(Grants and allocations \$) If this amount includes foreign grants, check here

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

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	42,013.	45	232,097.	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	2,054,018.			
		b Less: allowance for doubtful accounts		1,524,430.	47c	2,054,018.
	48 a	Pledges receivable				
		b Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
		b Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	584,234.
	54	Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		11,954,438.	54	14,729,122.
	55 a	Investments - land, buildings, and equipment: basis STMT 11				
		b Less: accumulated depreciation			55c	
56	Investments - other			56		
57 a	Land, buildings, and equipment: basis	13,804,257.				
	b Less: accumulated depreciation STMT 10	8,948,153.	2,663,415.	57c	4,856,104.	
58	Other assets (describe ▶ DEPOSITS)		84,207.	58	71,840.	
59	Total assets (must equal line 74). Add lines 45 through 58		16,268,503.	59	22,527,415.	
Liabilities	60	Accounts payable and accrued expenses	2,728,639.	60	2,726,407.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
		b Mortgages and other notes payable		64b		
65	Other liabilities (describe ▶ CASH OVERDRAFT)			65	527,443.	
66	Total liabilities. Add lines 60 through 65)		2,728,639.	66	3,253,850.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	13,539,864.	67	19,273,565.	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		13,539,864.	73	19,273,565.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		16,268,503.	74	22,527,415.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	52,353,385.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<228,957.>	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SEE STATEMENT 12</u>	b4	1,363,907.	
	Add lines b1 through b4		b	1,134,950.
c	Subtract line b from line a		c	51,218,435.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	51,218,435.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	45,897,735.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SEE STATEMENT 13</u>	b4	843,436.	
	Add lines b1 through b4		b	843,436.
c	Subtract line b from line a		c	45,054,299.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): <u>INTERCOMPANY ELIMINATIONS</u>	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	45,054,299.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED LIST				
	0.00	7691634.	1357721.	77,741.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	88			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X	
<p>Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization</p>				
d Does the organization have a written conflict of interest policy?	75d		X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.) **Yes No**

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	X	
	c Dues, assessments, and similar amounts from members		
	85c N/A		
	d Section 162(e) lobbying and political expenditures		
	85d N/A		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A	85g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
	b Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87a N/A		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
	N/A	89b	
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ DC		
	b Number of employees employed in the pay period that includes March 12, 2005	90b	462
91 a	The books are in care of ▶ SECRETARY-TREASURER Telephone no ▶ 202-842-4215 Located at ▶ 1300 L STREET, N.W., WASHINGTON, DC ZIP + 4 ▶ 20005		
	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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

	Yes	No
91b		X
91c		X

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a HEALTH PLAN SERVICE					
b CHARGE					3,981,902.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	900004	640,318.			45,473,620.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	518,279.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	133,144.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<226,610.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SALE OF SUPPLIES					197,370.
b MISCELLANEOUS REVENUE					287,816.
c ROYALTIES			15	201,435.	
d FIDELITY BOND					
e REIMBURSEMENT					11,161.
104 Subtotal (add columns (B), (D), and (E))		640,318.		626,248.	49,951,869.
105 Total (add line 104, columns (B), (D), and (E))					51,218,435.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Terry D. Steptolen Date: 10/26/06 Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: Alan Woodson Date: 10/26/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: CALIBRE CPA GROUP
1850 K STREET, N.W.
WASHINGTON, DC 20006 EIN: _____ Phone no: 202-331-9880

2005 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND			.000	16	619,171.			619,171.			0.
2	BUILDING			.000	16	3218538.			3218538.	1541856.		0.
3	AUTOS			.000	16	248,891.			248,891.			52,960.
4	EQUIPMENT			.000	16	5570271.			5570271.	4091314.		268,054.
5	OTHER ASSETS			.000	16	4147386.			4147386.	2818740.		175,229.
	* TOTAL 990 PAGE 2 DEPR					13804257.		0.	13804257.	8451910.	0.	496,243.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
HEALTH PLAN BUILDING - BURTONSVILLE, MD		1	195,940.
TOTAL TO FORM 990, PART I, LINE 6A			195,940.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY TAXES		62,796.	
- SUBTOTAL -	1		62,796.
TOTAL TO FORM 990, PART I, LINE 6B			62,796.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
BONDS	2,847,360.	2,910,433.	0.	<63,073.>
U.S. TREASURIES	8,721,117.	8,743,673.	0.	<22,556.>
OTHER BONDS	544,264.	554,703.	0.	<10,439.>
STOCKS	156,851.	124,753.	0.	32,098.
TO FORM 990, PART I, LINE 8	12,269,592.	12,333,562.	0.	<63,970.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PROPERTY AND EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,016,025.	0.	853,385.	<162,640.>
TO FM 990, PART I, LN 8		1,016,025.	0.	853,385.	<162,640.>

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	5
<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>		
AFL-CIO	WASHINGTON, DC		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>	
PER CAPITA TAXES		2,240,518.	
TOTAL TO FORM 990, PART I, LINE 16		2,240,518.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED APPRECIATION OF INVESTMENTS		<228,957.>	
PRIOR PERIOD ADJUSTMENT		<201,478.>	
TOTAL TO FORM 990, PART I, LINE 20		<430,435.>	

FORM 990	OTHER EXPENSES			STATEMENT	7
<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
DIVISION CONFERENCES	5,653.				
GRIEVANCE PROCESSING SYSTEM	81,596.				
MEMBERSHIP CARDS, PRINTING AND MAILING	47,227.				
COPA FUND SUPPORT	346,829.				
VOTER REGISTRATION DRIVE	28,478.				
OTHER PROJECTS	150,181.				
NATIONAL EXECUTIVE BOARD	23,922.				
HEARING IMPAIRED PROGRAM	50,537.				
COALITION OF LABOR UNION WOMEN	30,455.				
NATIONAL POSTAL FORUM	22,961.				

POST OFFICE WOMEN	
EQUAL RIGHTS (POWER)	82,089.
POSTAL REFORM ISSUE	30,744.
OTHER MISCELLANEOUS	97,016.
PROF FEES -	
ARBITRATORS	2,579,808.
CONSULTING	531,505.
PROMOTIONAL	1,114,365.
COMMUNICATIONS	1,086,407.
ASSISTANCE TO	
AFFILIATES	796,611.
COMPUTER AND DATA	
PROCESSING	1,091,258.
DUES AND	
SUBSCRIPTIONS	53,044.
INSURANCE	477,493.
HEADQUARTER EXPENSES	455,460.
AUTO EXPENSE	5,413.
LOCAL TRAVEL	
EXPENSES	81,233.
MEETINGS AND	
CONFERENCES	911,982.
OFFICER ELECTIONS	323,811.
NON POSTAL	
ORGANIZING EXPENSES	370,184.
CONTRACT	
NEGOTIATIONS	416,297.
OTHER CONTRIBUTIONS	199,481.
TRUSTEESHIP EXPENSES	2,521.
TEMPORARY HELP	154,093.
INCOME AND PERSONAL	
PROPERTY TAXES	55,427.
INVESTMENT EXPENSES	65,959.
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TOTAL TO FM 990, LN 43	11,770,040.
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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		2,134,715.		2,134,715.
CORPORATE STOCKS	FMV	156,851.			156,851.
<hr/>		<hr/>	<hr/>	<hr/>	<hr/>
TO FORM 990, LINE 54, COL B		156,851.	2,134,715.		2,291,566.
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FORM 990		GOVERNMENT SECURITIES		STATEMENT	9
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US GOVERNMENT OBLIGATIONS	FMV	12,355,041.		12,355,041.	
TOTAL TO FORM 990, LINE 54, COL B		12,355,041.		12,355,041.	

FORM 990		DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
LAND	619,171.	0.	619,171.		
BUILDING	3,218,538.	1,541,856.	1,676,682.		
AUTOS	248,891.	52,960.	195,931.		
EQUIPMENT	5,570,271.	4,359,368.	1,210,903.		
OTHER ASSETS	4,147,386.	2,993,969.	1,153,417.		
TOTAL TO FORM 990, PART IV, LN 57		13,804,257.	8,948,153.	4,856,104.	

FORM 990		OTHER SECURITIES		STATEMENT	11
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES			
OTHER BONDS	FMV	82,515.			
TO FORM 990, LINE 54, COL B		82,515.			

FORM 990		OTHER REVENUE NOT INCLUDED ON FORM 990		STATEMENT	12
DESCRIPTION	AMOUNT				
RENTAL EXPENSES ON LINE 6B	62,796.				
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	162,640.				
INCOME OF CONSOLIDATED ENTITIES	1,138,471.				
TOTAL TO FORM 990, PART IV-A		1,363,907.			

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
RENTAL EXPENSES ON LINE 6B	62,796.
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	162,640.
EXPENSES OF CONSOLIDATED ENTITIES	618,000.
TOTAL TO FORM 990, PART IV-B	843,436.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 14

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93B	REGISTRATION FEES FOR CONFERENCES & CONVENTIONS
93D	HEALTH PLAN SERVICE CHARGES
94	MEMBERSHIP DUES AND ASSESSMENTS
103A	SALE OF UNION T-SHIRTS, HATS, KEYCHAINS, ETC. TO MEMBERS
103B	REIMBURSEMENTS & MISC REVENUE

PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BURRUS, WILLIAM H	PRESIDENT, 40	143,187	9,794	0
GUFFEY, CLIFFORD	EXECUTIVE VP, 40	125,098	9,062	29,402
STAPLETON, TERRY	SEC-TREAS, 40	125,044	9,225	0
ALBANSE, STEPHEN	ASST DIR LEGIS DEPT, 40	105,487	8,098	0
BAILEY, BRUCE A	NATL BUS AGENT, 40	85,182	26,891	0
BALOGUN, IDOWU	REP AT LARGE, 40	99,698	26,463	0
BARRON, MARTIN	NATL BUS AGENT, 40	84,403	18,919	2,685
BELL, GREGORY	DIRECTOR, 40	114,237	18,045	0
BELL, MERLIE H	NATL BUS AGENT, 40	85,182	23,831	0
BLOOMER, JR, ROBERT M	NATL BUS AGENT, 40	85,182	23,058	0
BRAUNSTEIN, ROY	DIRECTOR, 40	51,490	0	3,000
BROOKS, LAMONT A	NATL BUS AGENT, 40	85,182	18,941	0
BUGARY, RUSSELL	NATL BUS AGENT, 40	85,182	24,245	0
BURKE, JAMES M	REGL COORDIN, 40	94,629	7,260	0
CARNEY, SUSAN M	DIRECTOR, 40	106,953	24,326	0
CHOCK, NILDA R	NATL BUS AGENT, 40	85,182	6,488	0
CLARK, JOHN	NATL BUS AGENT, 40	85,182	23,685	0
CONEWAY, JLYSSES	NATL BUS AGENT, 40	85,182	6,617	0
CORADI, PETER J	NATL BUS AGENT, 40	85,182	18,358	0
DUNN, BRIAN	NATL BUS AGENT, 40	80,506	23,776	0
ERSKINE, RANNY	NATL BUS AGENT, 40	11,934	0	0
FINNERTY, TERRENCE	NATL BUS AGENT, 40	83,623	23,958	0
FOLEY, DONALD	NATL BUS AGENT, 40	83,623	6,617	0
FOSTER, MICHAEL	AST DIRECTOR, 40	99,698	7,732	0
GALLAGHER, MIKE	NATL BUS AGENT, 40	85,182	6,617	0
GIORDANO, FRANK	NATL BUS AGENT, 40	85,182	6,617	0
GONZALES, OMAR M	REGL COORDIN, 40	94,629	24,172	0
GUILLORY, MORLINE	NATL BUS AGENT, 40	85,182	23,948	0
HARRISON, JR, PERCY	NATL BUS AGENT, 40	85,182	24,676	0
HERN, PAUL W	NATL BUS AGENT, 40	83,623	15,468	0
JOHNSON, DWIGHT	NATL BUS AGENT, 40	85,182	23,642	0
KEHLERT, JEFFREY	NATL BUS AGENT, 40	85,182	19,601	0
KESSLER, ROBERT	NATL BUS AGENT, 40	85,182	6,617	0
KLOEPFER, GARY W	ASST DIRECTOR, 40	99,698	26,729	0
KNEPP, RUSSELL	NATL BUS AGENT, 40	85,182	6,617	0

PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KRUETH, LYLE	NATL BUS AGENT, 40	85,182	18,444	0
LACAPRIA JOSEPH	NATL BUS AGENT, 40	85,182	24,701	0
LISENBE, SAMUEL C	NATL BUS AGENT, 40	85,182	15,359	0
LUKOSUS, STEPHEN	NATL BUS AGENT, 40	85,182	24,746	0
MAIER, TOM	NATL BUS AGENT, 40	86,482	19,585	474
MANLEY, BILL	NATL BUS AGENT, 40	85,182	29,287	0
MARTINEZ, TERRY B	NATL BUS AGENT, 40	85,182	25,147	0
MCCARTHY, JAMES	DIRECTOR, 40	114,195	8,593	11,256
MCLENNAN, SHIRLEY N	NATL BUS AGENT, 40	85,182	10,828	0
MELLEN, WILLIAM	NATL BUS AGENT, 40	85,182	19,112	0
MEROW, MARILYN L	NATL BUS AGENT, 40	85,182	6,488	0
MROWSKI, DOUGLAS	NATL BUS AGENT, 40	80,508	26,399	0
MORRIS, MICHAEL F	ASST DIRECTOR, 40	106,953	8,098	0
NESMITH, RONALD	NATL BUS AGENT, 40	89,804	6,617	0
OBRIEN, THOMAS	NATL BUS AGENT, 40	87,539	6,617	0
OLLUMKOR, NANCY	NATL BUS AGENT, 40	82,220	18,275	0
ORTIZ, ALBERTO	NATL BUS AGENT, 40	29,074	0	0
PALLAS-BARBE, LYNN	NATL BUS AGENT, 40	106,788	9,929	6,113
PATARINI, JAMES	NATL BUS AGENT, 40	37,118	0	0
POWELL, ELIZABETH	REGL COORDIN, 40	94,629	7,273	0
PRITCHARD, ROBERT	DIRECTOR, 40	106,465	8,098	0
RAYMER, STEVEN G	DIRECTOR, 40	106,953	26,186	0
REID, MICHAEL	DIR LEGIS DEPT, 40	114,237	26,748	0
RICHARDSON, CLAUDIA	NATL BUS AGENT, 40	70,477	21,181	4,493
RICHARDSON, PAMELA	NATL BUS AGENT, 40	85,182	19,474	0
RIGIERO, FRANK	NATL BUS AGENT, 40	84,403	14,647	0
ROBBINS, ANNE MARIE	NATL BUS AGENT, 40	85,182	24,427	14,346
ROBBINS, CHARLES H	NATL BUS AGENT, 40	85,182	6,488	0
ROBINSON, JOYCE B	DIRECTOR, 40	106,953	11,181	0
ROMERO, FRANK A	DIRECTOR, 40	106,953	26,312	0
RORMAN, TROY L	NATL BUS AGENT, 40	85,182	22,899	0
SANDERS, FRANKIE	REGL COORDIN, 40	94,629	24,978	0
SCOGGINS, JAMES E	NATL BUS AGENT, 40	85,182	23,737	0
SEE, GREGORY	ASST DIRECTOR, 40	94,848	7,604	381
SHEPARD, RICHARD	NATL BUS AGENT, 40	85,182	6,488	0

PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SOTO, DANIEL	NATL BUS AGENT, 40	85,182	17,697	0
STONE, SHARYN	REGL COORDIN, 40	94,629	21,111	0
STRUNK, ROBERT C	ASST DIRECTOR, 40	107,217	8,098	0
STUTTS, BOB	NATL BUS AGENT, 40	35,616	0	3,889
SULLIVAN, WILLIAM E	NATL BUS AGENT, 40	85,182	6,587	0
SUNDEGAARD, CHARLES	NATL BUS AGENT, 40	85,182	23,187	0
TAFF, DENNIS	NATL BUS AGENT, 40	80,766	24,795	1,703
TATUM, DALE L	NATL BUS AGENT, 40	85,182	6,488	0
TAYLOR, SHIRLEY J	NATL BUS AGENT, 40	85,182	6,488	0
TRUJILLO, LEONARD F	NATL BUS AGENT, 40	85,182	19,379	0
WILCOX, CHARLES	NATL BUS AGENT, 40	85,669	6,617	0
WILLIAMS, PATRICIA A	ASST DIRECTOR, 40	106,953	25,558	0
WILLIAMS, WOODROW	NATL BUS AGENT, 40	85,182	6,488	0
WILSON, ERIC M	NATL BUS AGENT, 40	85,182	25,083	0
WOODS BILLY R	NATL BUS AGENT, 40	85,182	23,893	0
YANUZZI, LOUISE	NATL BUS AGENT, 40	29,172	0	0
ZAMANAKOS, STEVEN	NATL BUS AGENT, 40	85,182	6,617	0
ZIMMERMAN, VANCE	NATL BUS AGENT, 40	85,182	23,496	0
TOTAL		7,691,634	1,357,721	77,741

STATEMENT 21

OFFICER COMPENSATION ALLOCATION

Name of officer	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances	Total	Program Services	MGT and GEN
BURRUS, WILLIAM H	143,187	9,794	0	152,981	152,981	0
GUFFEY, CLIFFORD	125,098	9,062	29,402	163,562	81,781	81,781
STAPLETON, TERRY	125,044	9,225	0	134,269	120,842	13,427
ALBANSE, STEPHEN	105,487	8,098	0	113,585	113,585	0
BAILEY, BRUCE A	85,182	26,891	0	112,073	112,073	0
BALOGUN, IDOWU	99,698	26,463	0	126,161	126,161	0
BARRON, MARTIN	84,403	18,919	2,685	106,007	106,007	0
BELL, GREGORY	114,237	18,045	0	132,282	132,282	0
BELL, MERLIE H	85,182	23,831	0	109,013	109,013	0
BLOOMER, JR, ROBERT M.	85,182	23,058	0	108,240	108,240	0
BRAUNSTEIN, ROY	51,490	0	3,000	54,490	54,490	0
BROOKS, LAMONT A	85,182	18,941	0	104,123	104,123	0
BUGARY, RUSSELL	85,182	24,245	0	109,427	109,427	0
BURKE, JAMES M	94,629	7,260	0	101,889	101,889	0
CARNEY, SUSAN M	106,953	24,326	0	131,279	124,715	6,564
CHOCK, NILDA R	85,182	6,488	0	91,670	91,670	0
CLARK, JOHN	85,182	23,685	0	108,867	108,867	0
CONEWAY, ULYSSES	85,182	6,617	0	91,799	91,799	0
CORADI, PETER J	85,182	18,358	0	103,540	103,540	0
DUNN, BRIAN	80,506	23,776	0	104,282	104,282	0
ERSKINE, RANNY	11,934	0	0	11,934	11,934	0
FINNERTY, TERENCE	83,623	23,958	0	107,581	107,581	0
FOLEY, DONALD	83,623	6,617	0	90,240	90,240	0
FOSTER, MICHAEL	99,698	7,732	0	107,430	107,430	0
GALLAGHER, MIKE	85,182	6,617	0	91,799	91,799	0
GIORDANO, FRANK	85,182	6,617	0	91,799	91,799	0
GONZALES, OMAR M.	94,629	24,172	0	118,801	118,801	0
GUILLORY, MORLINE	85,182	23,948	0	109,130	109,130	0
HARRISON, JR, PERCY	85,182	24,676	0	109,858	109,858	0
HERN, PAUL W	83,623	15,468	0	99,091	99,091	0
JOHNSON, DWIGHT	85,182	23,642	0	108,824	108,824	0
KEHLERT, JEFFREY	85,182	19,601	0	104,783	104,783	0
KESSLER, ROBERT	85,182	6,617	0	91,799	91,799	0
KLOEPFER, GARY W.	99,698	26,729	0	126,427	126,427	0

STATEMENT 21

OFFICER COMPENSATION ALLOCATION

Name of officer	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances	Total	Program Services	MGT and GEN
KNEPP, RUSSELL	85,182	6,617	0	91,799	91,799	0
KRUETH, LYLE	85,182	18,444	0	103,626	103,626	0
LACAPRIA, JOSEPH	85,182	24,701	0	109,883	109,883	0
LISENBE, SAMUEL C	85,182	15,359	0	100,541	100,541	0
LUKOSUS, STEPHEN	85,182	24,746	0	109,928	109,928	0
MAIER, TOM	86,482	19,585	474	106,541	106,541	0
MANLEY, BILL	85,182	29,287	0	114,469	114,469	0
MARTINEZ, TERRY B	85,182	25,147	0	110,329	110,329	0
MCCARTHY, JAMES	114,195	8,593	11,256	134,044	127,342	6,702
MCLENNAN, SHIRLEY N	85,182	10,828	0	96,010	96,010	0
MELLEN, WILLIAM	85,182	19,112	0	104,294	104,294	0
MEROW, MARILYN L.	85,182	6,488	0	91,670	91,670	0
MROWSKI, DOUGLAS	80,506	26,399	0	106,905	106,905	0
MORRIS, MICHAEL F	106,953	8,098	0	115,051	115,051	0
NESMITH, RONALD	89,804	6,617	0	96,421	96,421	0
OBRIEN, THOMAS	87,539	6,617	0	94,156	94,156	0
OLUMEKOR, NANCY	82,220	18,275	0	100,495	100,495	0
ORTIZ, ALBERTO	29,074	0	0	29,074	29,074	0
PALLAS-BARBE, LYNN	106,788	9,929	6,113	122,830	122,830	0
PATARINI, JAMES	37,118	0	0	37,118	37,118	0
POWELL, ELIZABETH	94,629	7,273	0	101,902	101,902	0
PRITCHARD, ROBERT	106,465	8,098	0	114,563	114,563	0
RAYMER, STEVEN G	106,953	26,186	0	133,139	133,139	0
REID, MICHAEL	114,237	26,748	0	140,985	140,985	0
RICHARDSON, CLAUDIA	70,477	21,181	4,493	96,151	96,151	0
RICHARDSON, PAMELA	85,182	19,474	0	104,656	104,656	0
RIGIERO, FRANK	84,403	14,647	0	99,050	99,050	0
ROBBINS, ANNE MARIE	85,182	24,427	14,346	123,955	123,955	0
ROBBINS, CHARLES H	85,182	6,488	0	91,670	91,670	0
ROBINSON, JOYCE B.	106,953	11,181	0	118,134	118,134	0
ROMERO, FRANK A	106,953	26,312	0	133,265	133,265	0
RORMAN, TROY L	85,182	22,999	0	108,181	108,181	0
SANDERS, FRANKIE	94,629	24,978	0	119,607	119,607	0
SCOGGINS, JAMES E	85,182	23,737	0	108,919	108,919	0

STATEMENT 21

OFFICER COMPENSATION ALLOCATION

Name of officer	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances	Total	Program Services	MGT and GEN
SEE, GREGORY	94,848	7,604	381	102,833	102,833	0
SHEPARD, RICHARD	85,182	6,488	0	91,670	91,670	0
SOTO, DANIEL	85,182	17,697	0	102,879	102,879	0
STONE, SHARYN	94,629	21,111	0	115,740	115,740	0
STRUNK, ROBERT C	107,217	8,098	0	115,315	115,315	0
STUTTS, BOB	35,616	0	3,889	39,505	39,505	0
SULLIVAN, WILLIAM E.	85,182	6,587	0	91,769	91,769	0
SUNDGAARD, CHARLES	85,182	23,187	0	108,369	108,369	0
TAFF, DENNIS	80,766	24,795	1,703	107,264	107,264	0
TATUM, DALE L	85,182	6,488	0	91,670	91,670	0
TAYLOR, SHIRLEY J.	85,182	6,488	0	91,670	91,670	0
TRUJILLO, LEONARD F.	85,182	19,379	0	104,561	104,561	0
WILCOX, CHARLES	85,669	6,617	0	92,286	92,286	0
WILLIAMS, PATRICIA A.	106,953	25,558	0	132,511	132,511	0
WILLIAMS, WOODROW	85,182	6,488	0	91,670	91,670	0
WILSON, ERIC M.	85,182	25,083	0	110,265	110,265	0
WOODS BILLY R	85,182	23,893	0	109,075	109,075	0
YANUZZI, LOUISE	29,172	0	0	29,172	29,172	0
ZAMANAKOS, STEVEN	85,182	6,617	0	91,799	91,799	0
ZIMMERMAN, VANCE	85,182	23,496	0	108,678	108,678	0
	7,691,634	1,357,721	77,741	9,127,096	9,018,622	108,474

COPY

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions.	Name of Exempt Organization AMERICAN POSTAL WORKERS UNION AFL-CIO	Employer identification number 52-0913725
	Number, street, and room or suite no. If a P.O. box, see instructions. 1300 L STREET, N.W.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **SECRETARY-TREASURER**
Telephone No. **202-842-4215** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**.

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *J Ann Woodson* Title *CPA* Date *7/31/06*

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name CALIBRE CPA GROUP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1850 K STREET, N.W.
	City or town, province or state, and country (including postal or ZIP code) WASHINGTON, DC 20006

EXTENSION APPROVED
AUG 25 2006
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN