See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jan. 1 **, 2010, and ending** Dec. 31 **, 20** 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: National Assoc. of Letter Carriers

Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 24 — Room/suite:

City or town, state or country, and ZIP + 4: Topeka, KS 66601-0024

D Employer identification number: 48-6113769

E Telephone number: (785) 232-6835

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	388
	2	Program service revenue including government fees and contracts		2	Ø
	3	Membership dues and assessments		3	53795
	4	Investment income		4	141
	5a	Gross amount from sale of assets other than inventory	5a Ø		
	b	Less: cost or other basis and sales expenses	5b Ø		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	Ø
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a Ø		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 997		
	c	Less: direct expenses from gaming and fundraising events	6c 128		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	869
	7a	Gross sales of inventory, less returns and allowances	7a Ø		
	b	Less: cost of goods sold	7b Ø		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	Ø
	8	Other revenue (describe in Schedule O)		8	2369
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	57562
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	Ø
	11	Benefits paid to or for members		11	Ø
	12	Salaries, other compensation, and employee benefits		12	33347
	13	Professional fees and other payments to independent contractors		13	Ø
	14	Occupancy, rent, utilities, and maintenance		14	4276
	15	Printing, publications, postage, and shipping		15	2139
	16	Other expenses (describe in Schedule O)		16	19640
	17	**Total expenses.** Add lines 10 through 16 ▶		17	59402
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1840)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	34439
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	Ø
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	32599

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	34439	22	32599
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	34439	25	32599
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	34439	27	32599

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

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

30 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

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

(a) Name and 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	(e) Expense account and other allowances
See Attached - LM-3				

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ Kansas			
42a	The organization's books are in care of ▶ NALC BRANCH 10 - Treasurer Telephone no. ▶ (785) 232-6835			
	Located at ▶ 1620 NW Gage Blvd, Room #3, Topeka, KS ZIP + 4 ▶ 66618			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	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 U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

(a) Name and address of each employee paid more than $100,000	(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

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here

▶ Signature of officer — Date: 5/11/2011

▶ Type or print name and title: Stephen D. Mason - Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	**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.**	**2010** Open to Public Inspection

Name of the organization	Employer identification number
National Assoc. of Letter Carriers	48 - 6113769

Line 10 - Ø

Line 16 - cat 06 - $11819
12 - $200
13 - $240
14 - $150
15 - $94
16 - $1344
17 - $326
18 - $930
19 - $400
25 $32 - $1623
21 - $2514

Total for Line 16 - $19640 - Total for Line 16

Line 8 - $2369. - Ticket Sales for Steak Fry

— COPY —

U S Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No 1245-0003
Expires 10-31-2013

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1 FILE NUMBER	2. PERIOD COVERED	3 (a) AMENDED — If this is an amended report correcting a previously filed report, check here ☐ (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here ☐ (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here ☐
	082-560	MO DAY YEAR From 01 01 2010 Through 12 31 2010	

8. MAILING ADDRESS *(Type or print in capital letters)*

First Name: Karen

Last Name: Lewis

P.O. Box · Building and Room Number *(if any)*: P.O. Box 24

Number and Street:

City: Topeka

State: KS ZIP Code + 4: 66601-0024

4 AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION *(Local, Lodge, etc)*

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*

9 Are your organization's records kept at its mailing address? *(If "No," provide address in Item 56)* Yes ☐ No ☒

56 ADDITIONAL INFORMATION *(If more space is needed, attach additional pages properly identified)*

Item Number	
	#9: 1620 NW Gage Blvd., Room #3, Topeka, Kansas 66618 #17: Michael Horton - President - amount $14,416

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete *(See Section VI on penalties in the instructions)*

57. SIGNED: Karen D. Lewis — PRESIDENT *(If other title, see instructions)*

03 21 2011 — Date

(785) 232-6835 — Telephone Number

58. SIGNED: [signature] — TREASURER *(If other title, see instructions)*

03 12 2010 — Date

(785) 232-6835 — Telephone Number

FILE NUMBER 082 – 560

During the Reporting Period Did Your Organization

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	☐	☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	☐	☒
12. Have a political action committee (PAC) fund?	☐	☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	☐	☒
14. Have an audit or review or its books and records by an outside accountant or by a parent body auditor/representative?	☐	☒
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*	☐	☒
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee or another labor organization or of an employee benefit plan?	☐	☒
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?	☒	☐
18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business employee?	☐	☒

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item)

19. How many members did your organization have at the end of the reporting period? 188

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee or your organization? $ 50000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions? Yes ☒ No ☐
(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions)

22. What is the date of your organization's next regular election of officers? MO 12 YEAR 2011

23. What are your organization's rates of dues and fees? $23.43
(Enter a minimum and maximum if more than one rate applies for any line)

	Rates of Dues and Fees
(a) Regular Dues/Fees	$ 609.00 per year *(Month, Year, etc)*
(b) Initiation Fees	$
(c) Transfer Fees	$
(d) Work Permits	$ per *(Month, Year, etc)*

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER 082-560

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: Horton; First Name: Michael; Title: President	C	12872	1544	14416
2. Last Name: Mock; First Name: Thomas; Title: Vice-President	C	2203	1646	3849
3. Last Name: Tellison; First Name: Michelle; Title: Recording Secretary	C	2062	Ø	2062
4. Last Name: Mason; First Name: Stephen; Title: Treasurer	C	1731	Ø	1731
5. Last Name: Lyden; First Name: Randy; Title: Trustee	C	550	Ø	550
6. Last Name: Maloney; First Name: Michael; Title: Trustee	C	550	Ø	550
7. Last Name: Burke; First Name: William; Title: Trustee	C	550	Ø	550Ø
8 Totals from additional pages *(if any)*		1959	0	1959
9. Totals of Lines 1 through 8		22477	4539	27016
			10 Less Deductions	2952
Enter the Total from Line 11 in ..... Item 45 ⇨			11. Net Disbursements	24064

*Code for Status (C) past officer — P, continuing officer — C, new officer during the reporting period — N

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

ORGANIZATION NAME: Letter Carriers Natl. Assoc. AFL-CIO

ENDING DATE OF PERIOD COVERED: 12/31/2010

FILE NUMBER 082-560

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name: Brunkow; First Name: Duane Title: Health Benefits Rep	F	533	0	533
Last Name: Bidwell; First Name: Sandy Title: Sargent-At-Arms	C	661	0	661
Last Name: Masters; First Name: Thomas Title: OWCP REP	F	765	0	765
Last Name: Title:				
Last Name: Title:				
Last Name: Title:				
Last Name: Title:				
Last Name: Title:				
Totals				

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER 082 – 560

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25 Cash	34439	32599	32 Accounts Payable	0	0
26 Loans Receivable	0	0	33 Loans Payable	0	0
27 U S Treasury Securities	0	0	34 Mortgages Payable	0	0
28 Investments	0	0	35 Other Liabilities	0	0
29. Fixed Assets	0	0	36 TOTAL LIABILITIES	0	0
30. Other Assets	0	0			
31. TOTAL ASSETS	34439	32599	37 NET ASSETS *(Item 31 less Item 36)*	34439	32599

STATEMENT B RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38 Dues	53795	45 To Officers *(from Item 24)*	24064
39 Per Capita Tax	0	46 To Employees *(less deductions)*	12378
40 Fees, Fines, Assessments & Work Permits	0	47 Per Capita Tax	0
41 Interest & Dividends	141	48 Office & Administrative Expense	8420
42. Sale of Investments & Fixed Assets	0	49 Professional Fees	0
43 Other Receipts	3626	50 Benefits	0
44. TOTAL RECEIPTS	57562	51 Contributions, Gifts & Grants	3121
		52 Purchase of Investments & Fixed Assets	0
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.		53 Loans Made	0
		54 Other Disbursements	11419
		55 TOTAL DISBURSEMENTS	59169