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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning Jan 1, 2010, and ending Dec 31, 2010**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organizationNational Assoc. of Letter Carriers Br. 462

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 12762

Room/suite

City or town, state or country, and ZIP + 4

Huntsville, AL35815-2762**D** Employer identification number63-6049595**E** Telephone number256-533-2999**F** Group Exemption Number ►**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (S) ◀ (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 ► \$ 1,029,987**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	<u>— 0 —</u>
	2	Program service revenue including government fees and contracts	2	<u>— 0 —</u>
	3	Membership dues and assessments	3	<u>77,225</u>
	4	Investment income	4	<u>209</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>— 0 —</u>
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>— 0 —</u>
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>— 0 —</u>
	8	Other revenue (describe in Schedule O)	8	<u>21,553</u>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	<u>98,987</u>
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<u>— 0 —</u>
	11	Benefits paid to or for members	11	<u>— 0 —</u>
	12	Salaries, other compensation, and employee benefits	12	<u>31,753</u>
	13	Professional fees and other payments to independent contractors	13	<u>— 0 —</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>14,463</u>
	15	Printing, publications, postage, and shipping	15	<u>4,809</u>
	16	Other expenses (describe in Schedule O)	16	<u>53,587</u>
	17	Total expenses. Add lines 10 through 16 ►	17	<u>103,612</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(4625)</u>
	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	<u>199,274</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>(418)</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	<u>194,231</u>

For Paperwork Reduction Act Notice, see the separate instructions.

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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	84,224	79,599
23 Land and buildings	115,620	115,620
24 Other assets (describe in Schedule O)	0	0
25 Total assets	199,844	195,219
26 Total liabilities (describe in Schedule O)	(570)	(988)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,274	194,231

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

What is the organization's primary exempt purpose?

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.

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

28 N/A

(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
John Winston 14003 Camden Cir Huntsville, AL 35803	President (20)	7,253	—	—
Mike Hunsucker 2611 Evermore Dr HSV, AL 35803	Vice Pres. (8)	3,288	—	—
Glenn Thomas 6402 Marsh Ave HSV, AL 35806	Sect. (3)	1,680	—	—
John Taylor 1029 Riverchase Rd HSV, AL 35803	Trea. (5)	1,920	—	—
Kim Whitt 7110 Logan Dr HSV, AL 35802	Editor - (4)	1,200	—	—
Judy Mitchell 7909 Westhampton #1 HSV, AL 35802	Health Ben. (1)	480	—	—
Paul Coovette 104 Brackton Dr Madison AL 35756	Steward (3)	1,380	—	—
Tom Criswell 137 Castleton Dr Acworth, AL 35763	Sgt at Arms (1)	420	—	—
Michael Hicks 18154 Happy Hollow Rd. Elkmont, AL 35802	Steward (3)	1,380	—	—
David Jefferson 25904 Jay Bee Way Elkmont, AL 35802	Asst. Steward (1)	360	—	—
Bill Jones 14025 Raplaire Dr HSV, AL 35803	Trustee (1)	600	—	—
Cynthia Luckie 107 Minister A. Madison AL 35757	Asst. Steward (1)	0	—	—
		1075		

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 40a ; section 4912 40a ; section 4955 40a		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. 41		
42a The organization's books are in care of John Taylor Telephone no. 256-508-2337 Located at 1201 Posey St Huntsville, AL ZIP + 4 35816		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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).
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

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 ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

(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 <i>[Signature]</i>	Date <i>5/11/11</i>
	Type or print name and title <i>John D. Taylor Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

National Assoc. of Letter Carriers Br 462

Employer identification number

63-6049595

Part I Line 8 Other Revenue

Region 8 Assembly Registration Receipts -

\$ 18,811

Food Drive Receipts

\$ 2500

Reimbursement of Convention Receipts

\$ 242

Total Other Revenue - 21,553

Part I Line 16 Other Expenses

Region 8 Assembly - 20,088

Food Drive Expenses 2,215

Training and Convention Expenses 25,490

Expenses to benefit members 4,794

52,587

Part I Line 20 Change in net assets

Increase in liabilities by (418)

Part II Lin 26 Total liabilities

Tax withheld not paid in 2010 (988)

Name of the organization

National Assoc of Letter Carriers Dr 462

Employer identification number

63-6049595

Part IV List of Officers, Trustees, and Key Employees

Name	Address	Title	Comp.	Cont.	Exp.
Tim Lyons		Steward (3)	1,380	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2704 Fair Acres	HSV, AL 35805				
Freddie Moore		Steward (3)	1,380	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4225 Tee Jay Dr	HSV, AL 35810				
John Moore		Steward (3)	1,380	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3701 Mastin Lake Rd	HSV, AL 35810				
Jim Rau		Trustee (1)	600	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
144 Cobb St.	Woodville, AL 35776				
Gerald Rodriguez		Steward (3)	1,380	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2813 Elmore Rd.	HSV, AL 35805				
Donna Sanderson		Steward (3)	690	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
315 Bellefonte Rd	Scottsboro, AL 35769				
Bobby J. Tanner		Trustee (1)	600	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
80 Ensley Dr	Arab, AL 35016				
Jeff Tucker		Asst. Stew. (1)	360	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
405 Wells Rd	Meridianville, AL 35759				
Scott White		Asst Stew (1)	360	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
135 Old Camp Rd.	Meridianville, AL				
Dan Zolynsky		Asst. Stew (1)	360	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
150 Lewis Ln	Harrison, AL 35758				