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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1 , 2011, and ending December 31 , 20 11

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

C Name of organization
National Association of Letter Carriers

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

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) ▶

I Website: ▶

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	51433
	4	Investment income		4	158
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 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 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	4479
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	56070
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	29560
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	4045
	15	Printing, publications, postage, and shipping		15	1912
	16	Other expenses (describe in Schedule O)		16	16506
	17	**Total expenses.** Add lines 10 through 16 ▶		17	52023
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4047
	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	32599
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	36646

2 of P

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	32599	22	36646
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	32599	25	36646
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)	32599	27	36646

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See attached LM-3				

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and 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: 6-12-12

Karen G. Lewis President

Type or print name and title

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)

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

2011

Open to Public Inspection

Name of the organization
National Association of Letter Carriers

Employer identification number
48-6113769

Line 8

Health Benefit Reimbursement $1181

941 Refund $439

At&T $2

Steak Fry Ticket Sales $1601

Voided Check $50

MDA $1206

Total for Line 8 = $4479

Line 16

State Convention $2846

Bond $200

Flowers $500

Retirement Gifts $438

Refreshments $112

Officer/Steward Training $2223

RAP Session $1113

Christmas Baskets $453

Office Expenses $2161

Donation $2372

Misc. Expense $25

Steak Fry Expense $3056

HBR Seminar $1007

Total for Line 16 $16506

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

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE 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: ☐
E	082-560	MO DAY YEAR From 01/01/2011 Through 12/31/2011	(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: ☐

4. AFFILIATION OR ORGANIZATION NAME	
LETTER CARRIERS, NATL ASN, AFL-CIO	
5. DESIGNATION (Local, Lodge, etc.)	6 DESIGNATION NUMBER
BRANCH	10
7. UNIT NAME (if any)	
CAPITAL CITY LETTER CARRIERS	

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

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

First Name	Last Name
KAREN	LEWIS
P.O. Box - Building and Room Number (If any)	
PO BOX 24	
Number and Street	
City	
TOPEKA	
State	ZIP Code + 4
KS	66601-0024

56. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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.)
3-19-12 (Date) 785-232-6835 (Telephone Number)

58. SIGNED: Kathy D. M — TREASURER (If other title, see instructions.)
3/19/12 (Date) 785-232-6835 (Telephone Number)

FILE NUMBER: 082-560

COMPLETE ITEMS 10 THROUGH 23

10. During the reporting period did the labor organization have a 'subsdiary organization' as defined in section X of the instructions? Yes [ ] No [X]

11. During the reporting period did the labor organization 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? Yes [ ] No [X]

12. During the reporting period did the labor organization have a political action committee (PAC) fund? Yes [ ] No [X]

13. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes [ ] No [X]

14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes [ ] No [X]

15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes [ ] No [X]

16. During the reporting period did the labor organization 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 of another labor organization or of an employee benefit plan? Yes [ ] No [X]

17. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000? Yes [X] No [ ]

18. During the reporting period did the labor organization have loans totalin more than $250 to any officer, employee, or member, or make any loans to a business enterprise? Yes [ ] No [X]

19. How many members did the labor organization have at the end of the reporting period? 183

20. What is the maximum amount recoverable under your organization's fidelity bond, for a loss caused by any officer or employee of your organization? 28,000

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes [ ] No [X]

22. What is the date of the labor organization's next regular election of officers? 12/2012

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

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	629.98	per	year	0	0
(b) Initiation Fees	0	per	0	0	0
(c) Transfer Fees	0	per	0	0	0
(d) Work Permits	0	per	0	0	0

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions

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) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
1.	Last Name: Lewis	First Name: Karen	Middle Initial:	$12,983	$1,738	$14,721
	Title: President		Status: N			
2.	Last Name: Gillin	First Name: Stewart	Middle Initial:	$2,685	$165	$2,850
	Title: Vice-President		Status: N			
3.	Last Name: Jellison	First Name: Michelle	Middle Initial:	$1,652	$358	$2,010
	Title: Recording Secretary		Status: C			
4.	Last Name: Mason	First Name: Stephen	Middle Initial:	$1,760	$798	$2,558
	Title: Treasurer		Status: C			
5.	Last Name: Lyden	First Name: Randy	Middle Initial:	$448	$0	$448
	Title: Trustee		Status: C			
6.	Last Name: Burke	First Name: William	Middle Initial:	$448	$173	$621
	Title: Trustee		Status: C			

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) Name (Enter title of officer, such as PRESIDENT or TREASURER)				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
7.	Last Name: Mitchell	First Name: Daryl	Middle Initial:	$448	$0	$448
	Title: Trustee		Status: N			
8.	Last Name: Pierce	First Name: Barbara	Middle Initial:	$976	$907	$1,883
	Title: Trustee		Status: N			
9.	Last Name: Clemens	First Name: Brian	Middle Initial:	$672	$254	$926
	Title: Sargent-At-Arms		Status: C			
10.	Last Name:	First Name:	Middle Initial:			
	Title:		Status:			
11.	Last Name:	First Name:	Middle Initial:			
	Title:		Status:			
12.	Last Name:	First Name:	Middle Initial:			
	Title:		Status:			
13.	Total of Lines 1-12.			$22,072	$4,393	$26,465
					14. Less Deductions	$3,406
				The Total from Line 15 will be entered in Item 45	15. Net Disbursements	$23,059

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

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

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	$32,599	$36,646	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	$32,599	$36,646	37. NET ASSETS (Item 31 Less Item 36)	$32,599	$36,646

STATEMENT B RECEIPT AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues	$51,433	45. To Officers (from Item 24)	$23,059
39. Per Capita Tax	$0	46. To Employees (less deductions)	$6,052
40. Fees, Fines, Assesments & Work Permits	$0	47. Per Capita Tax	$0
41. Interest & Dividends	$158	48. Office & Administrative Expense	$8,957
42. Sale of Investments & Fixed Assets	$0	49. Professional Fees	$0
43. Other Receipts	$4,479	50. Benefits	$0
44. TOTAL RECEIPTS	$56,070	51. Contributions, Gifts & Grants	$3,566
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form		52. Purchase of Investments & Fixed Assets	$0
		53. Loans Made	$0
		54. Other Disbursements	$10,389
		55. TOTAL DISBURSEMENTS	$52,023

FILE NUMBER. 082-560

56. ADDITIONAL INFORMATION SUMMARY

Question 17: Question 17: #17 - Karen Lewis - President - amount $14, 721

General Information:

Address of Record: Address of Record: #9 - records kept at 1620 N.W. Gage Blvd, Room #3, Topeka, Kansas 66618.

FILE NUMBER·

VALIDATION SUMMARY PAGE