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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 , 2011, and ending , 20

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
PO Box 825
City or town, state or country, and ZIP + 4
Greenville SC 29602

D Employer identification number
576023573

E Telephone number
864-238-6226

F Group Exemption Number ► **N/A**

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 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 ► **\$79668**

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 ☐

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	77,285
4	Investment income	4	8
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 \$ 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	2375
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79668
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	36101
13	Professional fees and other payments to independent contractors	13	2459
14	Occupancy, rent, utilities, and maintenance	14	19708
15	Printing, publications, postage, and shipping	15	1024
16	Other expenses (describe in Schedule O)	16	12957
17	Total expenses. Add lines 10 through 16	17	72249
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7419
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	64803
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	72222

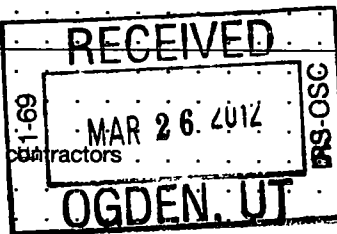
For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2011)

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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	18385	22 22325
23 Land and buildings	51489	23 51489
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	69874	25 73814
26 Total liabilities (describe in Schedule O)	5071	26 1593
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64803	27 72222

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? Enforce the National Contract & protect letter carriers

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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 Monitor violations of the National contract with the Postal Service. The branch protects the rights of the letter carriers and tries to prevent abuse by management.	
(Grants \$) If this amount includes foreign grants, check here ☐	28a
29 The branch takes part in State and National conventions. We also send the officers and stewards to training so that they may better represent the membership of the branch.	
(Grants \$) If this amount includes foreign grants, check here ☐	29a
30 The branch has a retiree/installation banquet for our members to attend. We also have a yearly Christmas party for the membership.	
(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
Larry Arrowood 1325 Old Vinland School Rd. Easley SC 29640	Vice President 2hrs.	3176	0	0
Mitch Bryson 113 Dustin Street Easley SC 29642	Director of Retirees 1Hr.	1212	0	0
Michael Burnette 125 Rivanna Lane Greenville SC 29607	Trustee 1Hr.	1037	0	0
Brian Carithers 4 Lanewood Dr. Greenville SC 29607	Sgt. at Arms 1Hr.	312	0	0
Robert Frazier 210 Fairfield Dr. Mauldin SC 29662	Treasurer 4 Hrs.	5732	0	0
Thomas Harlow PO Box 824 Greenville SC 29602	President 5 Hrs.	9016	0	0
Mark Harris 112 Davenport Rd. Apt. 122 Simpsonville SC 29680	Secretary 3Hrs.	2296	0	0
Jimmy Highsmith 16 Carriage Dr. Greenville SC 29609	Trustee 1 Hr.	0	0	0
John Holcombe 2 knollwood Circle Liberty SC 29657	Trustee 1 Hr.	1237	0	0
Scott Lezan 2 Rutherford Greenville SC 29609	Health Benefits Dir. 1 Hr.	312	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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 0		
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 0	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
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	<u>N/A</u>	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<u>N/A</u>	
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. ▶ <u>N/A</u>		
42a The organization's books are in care of ▶ <u>Robert Frazier</u> Telephone no. ▶ <u>864-238-6226</u> Located at ▶ <u>210 Fairfield Dr. Mauldin SC</u> ZIP + 4 ▶ <u>29662-2234</u>		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

- 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** ☐ Yes ☒ No

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☐ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 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
N/A	N/A	0	0	0

f Total number of other employees paid over \$100,000 ▶ 0

- 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
n/a	n/a	0

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

- 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 Robert Frazier Date 3/22/12
☒ Type or print name and title Robert Frazier Treasurer

Paid Preparer Use Only 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

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Name of the organization

Employer identification number

Line 8 Other Receipts DRAWING INCOME 50/50 monthly drawing 132.00 Drawings 50/50 107.00 Total Drawings = 239.00

Asset Sales 25.00 Christmas Party Ticket Sales 675.00 Recognition Dinner Ticket Sales 510.00 Misc. income 21.09 Total=1231.09

Refunds IRS overpayment 12.66 Member reimbursment 421.30 PO Box refund 24.00 Refund 447.16 Total = 905.12

TOTAL OTHER RECEIPTS is 2375.21

Line 16 Other Expenses State Convention \$4395.88 ,50/50 Winnings \$112.00 , Committee of Presidents Meeting \$1153.93 , Health Benefit

Training \$273.26 , National Rap Session Meeting \$765.80 , Secretary Treasurer Training \$899.93 , Other Training \$3802.00

Attendance Drawing \$500.00 , Mileage \$832.80 , Meeting Refreshments \$221.44

TOTAL OTHER EXPENSES = \$12,957.04

Line 26 \$1593 This is the amount of payroll taxes \$1222.03 due as of Dec. 31 and Branch credit card \$370.66 total =1592.69