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Short Form Return of Organization Exempt From Income Tax

2011

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 2011 calendar year, or tax year beginning Jan 1, 2011, and ending Dec 31, 2011

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

C Name of organization: National Assn. 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 AL 35815-2762

D Employer identification number: 63-6049595
E Telephone number: 256-533-2999
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 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 ▶ \$ 97,497

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	73,767
	4 Investment income	4	174
	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	—0—
	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	—0—	
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	—0—	
8 Other revenue (describe in Schedule O)	8	23,550	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	97,497	
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	29,686
	13 Professional fees and other payments to independent contractors	13	—0—
	14 Occupancy, rent, utilities, and maintenance	14	20,646
	15 Printing, publications, postage, and shipping	15	3160
	16 Other expenses (describe in Schedule O)	16	34,419
17 Total expenses. Add lines 10 through 16 ▶	17	87,911	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,586
	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	194,231
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	127
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	203,944

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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	79,599	89,185
23 Land and buildings	115,620	115,620
24 Other assets (describe in Schedule O)	0	0
25 Total assets	195,219	204,805
26 Total liabilities (describe in Schedule O)	(988)	(861)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,231	203,944

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 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	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31 Other program services (describe in Schedule O)	
31 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
Paul Caoutte 104 Brockton Rd Madison, AL 35756	Steward (3)	1380	-0-	-0-
Tom Criss Rilli 137 Castleton Rd Harvest, AL 35761	Sec. at large (1)	420	-0-	-0-
Michael Hicks 18154 Happy Hollow Rd. Elk Mountain, AL 35620	Steward (3)	1380	-0-	-0-
Richard Hogan 24 W. Chelsea Cir Lacey Spr., AL 35754	Rep (1)	480	-0-	-0-
Mike Hunsicker 2611 Overmore Dr HSV, AL 35803	Vice Pres (4)	3295	-0-	-0-
David Jefferson 25904 Bee Jay Way Elk Mountain, AL 35620	Asst Steward (1)	300	-0-	-0-
Dill Jones 14005 Randalmore Dr HSV, AL 35803	Trustee (2)	600	-0-	-0-
Tim Kirkland 103 Green Springs Dr Madison, AL 35758	Trustee (2)	203	-0-	-0-
Concetta Kuchie 107 Minister Pl. Madison, AL 35757	Asst Steward (1)	60	-0-	-0-
Tim Lyons 2704 Fairacres Rd HSV, AL 35805	Steward (3)	1380	-0-	-0-
Freddie Moore 4225 Tee Bay Dr. HSV, AL 35810	Steward (3)	1380	-0-	-0-
John Moore 3701 Martin Lake HSV, AL 35810	Steward (3)	1380	-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		X
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)		X
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)?		X
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		X
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?		X
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		X
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.		X
40e		
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>John Taylor</u> Telephone no. ▶ <u>256-508-2337</u> Located at ▶ <u>1201 Dosa St Huntsville AL 35810</u> ZIP + 4 ▶ <u>35810</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.		X
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: ▶ _____		X
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		X
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		X
44b		
c Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X
45b		

	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		<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

	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 5/6/12
	Type or print name and title John A Taylor Treasurer	

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

Supplemental Information to Form 990 or 990-EZ

2011

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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.

Name of the organization

National Assoc of Letter Carrier Br. 462

Employer identification number

63-6049595

Part I Line 8 Other Revenue

Region 8 Assembly Registration Receipts -

\$ 19,525

Food Drive Receipts \$ 2,500

Other Receipts \$ 1,531

Insurance Payment + Refunds

Total Other Revenue \$ 23,556

Part I Line 16 Other Expenses

Region 8 Assembly + Training \$ 16,620

Food Drive Expenses \$ 2,964

Training and Conventions \$ 9,400

Expenses to benefit Members \$ 5,435

Total Other Expenses \$ 34,419

Part I Line 20 Change in net assets

decrease of liabilities by \$ 127

Part II Line 26

Total liabilities

Taxes withheld not paid in 2011 (861)

Supplemental Information to Form 990 or 990-EZ

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.

Name of the organization

National Assoc. of Letter Carriers Bx 462

Employer identification number

63-6049595

Part IV List of Officers

Name	Address	Title	Comp.	Cont.	Exp.
Jim Rau	144 Cobb St. Woodville, AL 35776	Trustee	600.00	0	0
Cervi Rodriguez	2813 Elmure St. HSV, AL 35705	Steward	1380.00	0	0
Donna Sanderson	315 Bellfonte Rd Scottsboro, AL 35769	Steward	575.00	0	0
Jim Simmons	1161 Simmon Ln. New Market, AL 35761	Asst. Steward	270.00	0	0
Joel Tanner	80 Enslly Dr Arab, AL 35016	Trustee	600.00	0	0
John Taylor	1029 Riverchase Rd. HSV, AL 35803	Treasurer	2198.00	0	0
Glenn Thomas	6402 Marsh Ave HSV, AL 35806	Sect.	1680.00	0	0
Jeff Tucker	405 Wells Rd Meridianville, AL 35759	Asst. Steward	300.00	0	0
Scott White	135 Old Camp Rd. Meridianville, AL 35759	Asst Steward	90.00	0	0
Kim Whiff	7710 Hagen HSV, AL 35802	Editor	1200.00	0	0
John Winston	14003 Camden Cir HSV, AL 35803	President	8055.00	0	0

Name of the organization

National Assoc of Letter Carriers Br 462

Employer identification number

63-6049595

Part IV List of Officers-

Name	Address	Title	Comp.	Cent.	Exp.
Dan Zolynsky	150 Kenis St. Madison, AL 35758	Asst. Steward	360.00	-9-	-9-