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

OMB No 1545-1150

2012**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 2012 calendar year, or tax year beginning January 1, 2012, and ending December 31, 2012**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)

P.O. BOX 24

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

TOPEKA, KANSAS 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. \$ 0

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 ☐

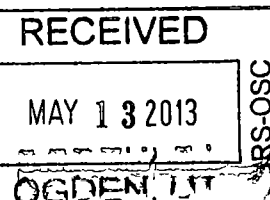
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	51,629
	4	Investment income	4	139
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other 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	3819	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55587	
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	29349
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	4126
	15	Printing, publications, postage, and shipping	15	2205
	16	Other expenses (describe in Schedule O)	16	27090
	17	Total expenses. Add lines 10 through 16	17	62770
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7183)
	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	36646
	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	29463

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

SCANNED MAY 31 2013



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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	36646	22 29463
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	36646	25 29463
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)	36646	27 29463

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III ☐	(Required for section 501(c)(3) organizations)

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		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	0
32 Total program service expenses (add lines 28a through 31a) ▶	32	0

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 ☐

[illegible]

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	37b	✓
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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ►	40b	✓
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 ►		
42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►		
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	☐
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

	Yes	No
46		☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

	Yes	No
47		☒

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		☒
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		☒
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- b** If "Yes," was the related organization a section 527 organization?

49b		☒
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- 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 title of each employee paid more than \$100,000	(b) 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."

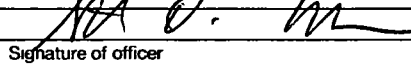
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- 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 <u>5/7/2013</u>
	STEPHEN D. MASON TREASURER 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

2012

**Open to Public
Inspection**

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

48-6113769

LINE 8 :

HEALTH BENEFITS REIMBURSTMENT 2853.00

941 REFUND 388.00

TRAINING REFRESHMENT-REIMBURSTMENT 130.00

FOOD DRIVE SHIRTS SALES 286.00

MDA 162.00

TOTAL FOR LINE 8: 3819.00

LINE 16 :

STATE TRAINING 2573.00

NATIONAL CONVENTION 15841.00

BOND 200.00

FLOWERS FUND 400.00

RETIREMENT GIFTS 680.00

REFRESHMENTS 28.00

OFFICER/STEWART TRAINING 2377.00

CHRISTMAS BASKETS 452.00

RETIREMENT COMMITTEE EXPENSES 201.00

OFFICER EXPENSES 3729.00

DONATIONS 512.00

MISC. EXPENSES 97.00

TOTAL FOR LINE 16 : 27090.00

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

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

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

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 082-560	2. PERIOD COVERED MO DAY YEAR From 01/01/2012 Through 12/31/2012	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 ☐
E			
4. AFFILIATION OR ORGANIZATION NAME LETTER CARRIERS, NATL ASN, AFL-CIO			
5 DESIGNATION (Local, Lodge, etc.) BRANCH 6 DESIGNATION NUMBER 10			
7. UNIT NAME (if any) CAPITAL CITY LETTER CARRIERS			
8. MAILING ADDRESS (Type or print in capital letters) First Name KAREN Last Name LEWIS P.O. Box - Building and Room Number (if any) PO BOX 24 Number and Street City TOPEKA State KS ZIP Code + 4 66601-0024			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes ☐ No ☒			
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 G Lewis	PRESIDENT	58. SIGNED Stephen D Mason	TREASURER
(If other title, see instructions) 03/27/2013 Date 785-232-6835 Telephone Number		(If other title, see instructions) 03/27/2013 Date 785-232-6835 Telephone Number	

During the Reporting Period Did Your Organization:

10. Have a 'subsidiary organization' as defined in Section X of the instructions? Yes ☐ No ☒

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? Yes ☐ No ☒

12. Have a political action committee (PAC) fund?

Yes ☐ No ☒

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes ☐ No ☒

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes ☐ No ☒

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) Yes ☐ No ☒

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 of another labor organization or of an employee benefit plan? Yes ☐ No ☒

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes ☒ No ☐

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes ☐ No ☒

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

171

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 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? (If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes ☒ No ☐

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

12/2013

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 for each item.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS [Enter Amounts in Dollars Only - Do Not Enter Cents]

(A) Name		(B) Name		(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
(B) Name		(Enter title of officer, such as PRESIDENT or TREASURER)		(C) Status *				
1.	Last Name Lewis	First Name Karen	Initial G	Status C		\$13,701	\$3,277	\$16,978
	Title President							
2.	Last Name Gillin	First Name Stewart	Initial	Status C		\$2,260	\$54	\$2,314
	Title Vice-President							
3.	Last Name Jellison	First Name Michelle	Initial	Status C		\$2,119	\$2,152	\$4,271
	Title Recording Secretary							
4.	Last Name Mason	First Name Stephen	Initial	Status C		\$1,328	\$246	\$1,574
	Title Treasurer							
5.	Last Name Burke	First Name William	Initial	Status C		\$452	\$1,914	\$2,366
	Title Trustee							
6.	Last Name Mitchell	First Name Daryl	Initial	Status C		\$452	\$9	\$461
	Title Trustee							

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS [Enter Amounts in Dollars Only - Do Not Enter Cents]

(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.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
(B) Name	(Enter title of officer, such as PRESIDENT or TREASURER)	(C) Status *				
7.	Last Name	First Name	Initial	\$376	\$0	\$376
	Rhoads	Trisha	Status			
	Title		N			
8.	Last Name	First Name	Initial	\$678	\$2,129	\$2,807
	Clemens	Brian	Status			
	Title		C			
9.	Last Name	First Name	Initial	\$537	\$1,777	\$2,314
	Pierce	Barbara	Status			
	Title		C			
10.	Last Name	First Name	Initial			
	Title		Status			
11.	Last Name	First Name	Initial			
	Title		Status			
12.	Last Name	First Name	Initial			
	Title		Status			
	Total			\$21,903	\$11,558	\$33,461
					Less Deductions	\$3,657
					Net Disbursements	\$29,804

The Total from Net Disbursements will be entered in Item 45

(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.)

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

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER 082-560

STATEMENT A ASSETS AND LIABILITIES		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
Item	ASSETS					
25. Cash		\$36,646	\$29,463	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		\$36,646	\$29,463	37. NET ASSETS (Item 31 Less Item 36)	\$36,646	\$29,463

STATEMENT B RECEIPT AND DISBURSEMENTS		CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues			\$51,629	45. To Officers (from Item 24)	\$29,804
39. Per Capita Tax			\$0	46. To Employees (less deductions)	\$13,495
40. Fees, Fines, Assessments & Work Permits			\$0	47. Per Capita Tax	\$0
41. Interest & Dividends			\$139	48. Office & Administrative Expense	\$11,571
42. Sale of Investments & Fixed Assets			\$0	49. Professional Fees	\$0
43. Other Receipts			\$3,819	50. Benefits	\$0
44. TOTAL RECEIPTS			\$55,587	51. Contributions, Gifts & Grants	\$2,045
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	\$5,855
				55. TOTAL DISBURSEMENTS	\$62,770

56. ADDITIONAL INFORMATION SUMMARY

Address of Record: Address of Record: Address of Record: Address of Record records kept at 1620 N.W. Gage Blvd., Rm#3, Topeka, KS 66618

Question 21: Question 21: Question 21: two dated copies will be mailed 3/27/13

Question 17: Question 17. Question 17: Karen Lewis- President
total amount including salary and allowances-\$16,978