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990

Return of Organization Exempt From Income Tax

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	e 2013 calend	ar year, or tax year beginning , 2013, and e	nding		, 20		
В	Check if a	applicable	C Name of organization NATIONAL ASSOC OF LETTER CARRIERS	•		Employer identification no		
	Address	change	Doing Business As SUNSHINE BRANCH 504			85-0226820		
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		Telephone number		
	Initial retu	urn	124 MONROE ST NE			(505) 268-1564		
	Terminate	ed	City or town, state or province, country, and ZIP or foreign postal code	237,096				
	Amended	d return	ALBUQUERQUE, NM 87108		٦	Gross receipts \$		
	Application	on pending	F Name and address of principal officer DAVID PRATT					
			131 VISTA DEL CIELO ROAD, CEDAR CREST, NM 87008	H(a) Is this a g subordina	roup retu tes?	m for Yes X No		
	Tax-exen	npt status	501(c)(3)					
J	Website:	► N/A		If "No," at	ach a list	(see instructions)		
		organization	Corporation ☐ Trust ☐ Association ☑ Other ► UNION L. Year of formation 1		of legal			
Pa	ırt I	Summar		<u> </u>	2 01 10 gail	242		
	1	Bnefly descri	be the organization's mission or most significant activities UNION BUSINESS					
Ð								
Activities & Governance								
Ĕ					<u>-</u>			
Š	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	of its net assets				
Ö	3		oting members of the governing body (Part VI, line 1a)		3	4		
ŝ	4		dependent voting members of the governing body (Part VI, line 1b)		4	Δ		
ìŧie	5		r of individuals employed in calendar year 2013 (Part V, line 2a)		5	32		
Ę	6		r of volunteers (estimate if necessary)		6			
Š	7a		ed business revenue from Part VIII, column (C), line 12		7a	0		
	b		business taxable income from Form 990-T, line 34		7b	0		
				Prior Year		Current Year		
D 10	8	Contributions	s and grants (Part VIII, line 1h)		,976	236,582		
Revenue		Program sen	, 3, 0	230,382				
	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		514	514		
§	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(42	,211	(18,919)		
; –	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,279	218,177		
	13		imilar amounts paid (Part IX, column (A) (Innes 1=3)	200	, 2 1 3	210,177		
;	14	Benefits paid						
	15	Salaries, oth	,895	119,624				
Expenses	16a	Professional	,093	119,024				
ë	b	Total fundrag	fundraising fees (Part IX, column (A), line 116), sing expenses (Part IX, column (D), line 25)			0		
֓֞֝֓֓֓֓֓֓֟֝֓֓֓֟ ֓֓֓֓֞֓֓֓֞֓֓֞֟	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	96	, 657	EE 042		
, –			es Add lines 13-17 (must equal Part IX, column (A)/line 25)		,552	55,043		
			s expenses Subtract line 18 from line 12		,273	174,667		
				Beginning of Curren		43,510 End of Year		
Net Assets or	Ē 20	Total assets	(Part X, line 16)		,671			
ASS	21 2		s (Part X, line 26)		,734	79,441 5,955		
Š	5 22		r fund balances Subtract line 21 from line 20		, 937			
Pa	rt II		re- Bloo k		, 931	73,486		
Unde	r penaltie:	s of penury, I degr	are that Lhave examined this return, including accompanying schedules and statements, and to the best of my k	nowledge and belief, i	t is			
true,	correct, a	nd complete Dect	aration of preparer (other than officer) is based on all prormation of which preparer has any knowledge					
			Hen & Buhi			5/14/14		
Sig	n	Signatur	e of officer		Date			
He	re	JOHN	RUBIO, TREASURER					
			print name and title	-				
	<u>.</u>	Print/Type pre	pparer's name Preparer's Agnature Date	Check	ıf P	TIN		
Pai	d		A GIL JENKINS EA TATRICIA LIL GATUL 05-14-2014	self-employ	1	P00006205		
	parei		THE TAX PROFESSIONALS INC	Firm's EIN	<u> </u>	£00000203		
	e Only		Firm's address 3311 CANDELARIA NE STE C Phone no					
. •		addies.	Albuquerque NM 87107		NE-23	27_0250		
May	the IRS	S discuss this	return with the preparer shown above? (see instructions)		<u>05-23</u>	37-8350 · · · ☐ Yes 🏻 No		
Far	0	code Daduatio	And Madine and the second of the distributions)			· · · □ IA2 MILIO		

	rt III Statement of Program Service Accomplishments
га	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission
	UNION BUSINESS
	ONTON BODINDO
2	Did the organization undertake any significant program services during the year which were not listed on the
	рпог Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 10,628 including grants of \$) (Revenue \$)
	STATE CONVENTION FOR MEMBERS.
	OTHER CONTENTS OF THE BUILD.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
→u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 10,628
EEA	Form 990 (2013)

3) NATIONAL ASSOC OF LETTER CARRIERS Checklist of Required Schedules Part IV

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	-		
_	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. 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	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		_	
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	i	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ť	_	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,")		
	complete Schedule D, Part VI	11a_	Χ	
b	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4-0.		.,,
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate)		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.45		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			\Box
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_				

Form 990 (2013)

NATIONAL ASSOC OF LETTER CARRIERS

Part IV Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_===
	government on Part IX, column (A), line 19 if "Yes," complete Scheudle I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			i
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ļ
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		:
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
20	Part I · · · · · · · · · · · · · · · · · ·	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		3,7
33		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	204		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	770		<u>X</u>
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		-
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			Α.
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
				

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Х Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in the Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο Did the organization have local chapters, branches, or affiliates? 10a If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NIM 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JOHN RUBIO (505) 268-1564, 967 HOOK CT SE, RIO RANCHO, NM 87124

Form	990	(2013)	

NATIONAL ASSOC OF LETTER CARRIERS

85-0226820

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	;)			(D)	(E)	(F)	
Name and Title	Average		Position				Reportable	Reportable	Estimated		
	hours per week (list any	(do no	ot che	ck mo	re tha	an one		compensation from	compensation from related	amount of other	
	hours for	box, u	box, unless person is both an				the	organizations	compensation		
	related organizations	officer	and	a dire	ctor/tr	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
•	below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(4-21033-41100)		and related organizations	
(1) JOHN HUDSON	4.00			_						<u> </u>	
TRUSTEE		X_						1,200	0_	0	
(2) BEATRICE MOLINA	4.00										
TRUSTEE		X			_			1,200	0	0	
(3) SHAME WITTE	4 .00_										
TRUSTEE		X						141	0	00	
(4) MARIE MONTANO	5 . 00 _										
TRUSTEE	ļ <u> </u>	X		X				1,786	0	0	
(5) TIMOTHY BURNS	_	١,,							_	_	
TRUSTEE	 	X_			\dashv			606	0	0	
(6) DAVID PRATT	16.00	} '									
PRESIDENT	15.00	 -		Х	-		-	22,423	00_	0	
(7) ANGEL MARTINEZ	16.00										
VICE PRESIDENT	+	 		Х	\dashv		<u> </u>	6,205	0	0	
(8) TERRENCE GRIFFIN	4 .00 _			Ų							
SECRETARY (9) TOURS REPLO	4 00	<u> </u>	-	Х				5,716	00	o	
(9) JOHN RUBIO	4 .00_			x				5 716	o		
TREASURER	2 00	 		^	\vdash		-	5,716	0	0	
(10)ROBERT R ESCAMILLA SERGEANT AT ARMS	2.00_			Х				612	o	o	
	14.00	 		1				612			
(11)MARY_RUBIO HEALTH BENEFIT REP	14.00				Х			3,827	. 0	o	
(12)CHARLENE ORWIG	6.00	 		 	$\vdash \widehat{\dashv}$		-	3,621			
CLUB PERSONNEL	200-				х			7,927	o	o	
(13)TODD PUCKETT	36.00	\vdash	-	H		-		1,921			
CLUB PERSONNEL	- -25.50	}			х			2,095	o	o	
(14)MARTHA SUITER	40.00		-			-		2,093			
CLUB PERSONNEL	- - =				х			6,878	o	o	
				ш.	لتتا	L	Ц.	<u> </u>	<u> </u>	<u>_</u>	

NATIONAL ASSOC OF									85-0226	820	P	age
Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est (Compe	nsa	ated Employees (continued)			
(A) Name and title	Average hours per week (list any hours for		ınless	pers	ition ore the	an one both an istee)		from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation		on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or	from the organization and related organizations	d
VILLIAMS	6.00_				Х			2,590	0			0
n continuation sheets to Part VII, Section							>					
d lines 1b and 1c)								68,922	0			0
nber of individuals (including but not limited e compensation from the organization	to those liste	ed abo	ve) v	wno	rece	eivea m	ore	than \$100,000 of	0			
o componential in the organization											Yes	N
rganization list any former officer, director	, or trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	ensated				
e on line 1a? If "Yes," complete Schedule J										3	ļ	X
ndividual listed on line 1a, is the sum of reption and related organizations greater than												
				•						4		l x
person listed on line 1a receive or accrue c							ızatı	on or individual			 	
ses rendered to the organization? If "Yes," or dependent Contractors	complete Sch	edule	J for	suc	h pe	erson				5	<u> </u>	X
e this table for your five highest compensat	-											
sation from the organization. Report compe	ensation for th	e cale	ndar	yea	r en	ding w	ith o	r within the organiz	ation's tax			
(A)								(B)			(C)	
Name and business address			_					Description of	services	Com	pensatio	n
								+			-	

name and utie		hours per week (list any hours for	urs per (do not check more than one box, unless person is both an officer and director/trustee) compensation compensation from related organizations									stimated mount of other npensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganization nd relate ganization	on ed
	NNETH WILLIAMS UB PERSONNEL	600_				х			2,590	0	-		
(16)	OD PERSONALI					*	<u> </u>		2,330				
<u>(17)</u>													
<u>(18)</u>	·									· · · · · · · · · · · · · · · · · · ·			
<u>(19)</u>													
(20)													
(21)												-	
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total							► ► nore	68,922 than \$100,000 of	0			0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	for such indicated for such that is not the formal formal for the formal formal for the formal formal formal for the formal formal formal for the formal for	vidual ensat	ion a	· ·	 othe	 r comp	 ens	ation from the		3		X
5	individual									• • • • • • •	4	ļ	X
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sch	edule	J for	rsuc	h pe	erson				5		X
1	Complete this table for your five highest compensation from the organization. Report compenses												
	(A) Name and business address								(B) Description of	services	Com	(C) pensatio	n
				_	_								
				_									
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d ab	ove) v	vho	_1				
EEA	received indic than \$100,000 of compensation from	i ile viganiza	idU(1		_	–					Form	990 (2	2013)

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiz			
	Check if Schedule O contains a response or note to an	y line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and			-	
	organizations in the United States See Part IV, line 21 ·				
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,856			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,025			
10	Payroll taxes · · · · · · · · · · · · · ·	7,743			
11	Fees for services (non-employees)				
а	Management				
b	Legal	149			
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 -			·	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·	2,782			
12	Advertising and promotion				
13	Office expenses	3,725			
14	Information technology	5,490			
15	Royalties				
16	Occupancy	22,807		,	
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
a	MEALS AND ENTERTAINMENT	49			
b	RETIREES DUES AND RECOGNITIO	1,189			<u></u>
C					
d					
e	All other expenses	18,852			
25 26	Total functional expenses. Add lines 1 through 24e	174,667	0	0	0_
40	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here Inf				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	46,671	1	76,243
	2	Savings and temporary cash investments		2	· · ·
	3	Pledges and grants receivable, net	 -	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	953
	10a	Land, buildings, and equipment cost or			
1		other basis Complete Part VI of Schedule D 10a 302,245			
1	b	Less accumulated depreciation 10b 300,000		10c	2,245
	11	Investments - publicly traded securities	-	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	46,671	16	79,441
	17	Accounts payable and accrued expenses	205	17	2,333
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	•	21	
ဖွ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	4,529	25	3,622
	26	Total liabilities. Add lines 17 through 25	4,734	26	5,955
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
ja j	27	Unrestricted net assets		27	
Ba	28	Temporanly restricted net assets		28	
밀	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and			
١٥		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	41,937	32	73,486
Z	33	Total net assets or fund balances	41,937	33	73,486
	34	Total liabilities and net assets/fund balances	46,671	34	79,441
_					

	990 (2013) NATIONAL ASSOC OF LETTER CARRIERS 85-022682	0	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	2	18,1	.77
2	Total expenses (must equal Part IX, column (A), line 25)		74,6	
3	Revenue less expenses Subtract line 2 from line 1		43,5	510
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		41,9	37
5	Net unrealized gains (losses) on investments			_
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	-		
	33, column (B)) _ · · · · · · · · · · · · · · · · · ·		85,4	47
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		ľ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			,
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III							
	e of organization				identification number				
	ATIONAL ASSOC OF LETTER CARE		F04(-) i	85-0220					
		ization is exempt under secti	_ 	s a section 527 orga	inization.				
1	Provide a description of the organization's	s direct and indirect political campaign ac	tivities in Part IV						
2	Political expenditures · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·					
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).						
1	Enter the amount of any excise tax incurre								
2	Enter the amount of any excise tax incurre								
3	If the organization incurred a section 4955								
4a	Was a correction made?								
b	If "Yes," describe in Part IV								
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3).				
1	Enter the amount directly expended by the								
	activities · · · · · · · · · · · · · · · · · · ·			· · · · · · · • \$					
2	Enter the amount of the filing organization								
	527 exempt function activities · · · · · · · · · · · · · · · · · · ·								
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,								
	line 17b								
4	Did the filing organization file Form 1120-	POL for this year?			· 🗌 Yes 📗 No				
5	Enter the names, addresses and employe	, ,							
	organization made payments. For each or				•				
	the amount of political contributions received		•	•					
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	rovide information in Part I	<u>/</u>				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
		j		filing organization's funds if none, enter -0-	contributions received and promptly and directly				
				idids if florie, effer -0-	delivered to a separate				
		1			political organization If none, enter -0-				
					none, enter-o-				
(1)									
-									
(2)		<u> </u>							
(3)									
/4\									
(4)									
(5)									
(5)									
/E)									
(6)									

_		OC OF LETTER			85-0226	
Pa	art II-A Complete if the organization	on is exempt u	nder section 50	11(c)(3) and filed	Form 5768 (elec	ction under
	section 501(h)).					
A	Check ► ☐ if the filing organization belongs to				mber's	
	name, address, EIN, expenses, a		·			
_	Check ► ☐ if the filing organization checked to			<u>ly</u>		
		bying Expenditure			(a) Filing organization's totals	(b) Affiliated
	(The term "expenditures"			 	Organization's totals	group totals
1a		· · · · ·				
b	total lossy mg are a market as a master a logicit	• •		• • • • • • • • • •		
C		•				
d						
9	Total entrings per prove emperialization (and inition to	•		• • • • • • • • • •		
f	zoooying nomanable amount Enter the amount	from the following ta	ble in both			
	columns	T =				· ·
	If the amount on line 1e, column (a) or (b) is:		nontaxable amoun	it is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	•	•	• • • • • • • • • •	• • • • • • • •		
h	Subtract line 1g from line 1a If zero or less, ente					
i	Subtract line 1f from line 1c If zero or less, enter					- · · · · · · · · · · · · · · · · · · ·
j	If there is an amount other than zero on either lin		•			_
	reporting section 4911 tax for this year?	· · · · · · · · · · · ·				Yes No
	(Some organizations that	made a section 50				
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
9	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures	-				

85-0226820

Schedule C (Form 990 or 990-EZ) 2013 NATIONAL ASSOC OF LETTER CARRIERS Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).	T				
For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity.	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Ì				
	legislation, including any attempt to influence public opinion on a legislative matter or	ŀ		1		
	referendum, through the use of					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		<u> </u>	_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]		
C	Media advertisements?		ļ			
d	Mailings to members, legislators, or the public?		<u> </u>			
0	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?	L	ļ			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	ļ			
h	Rallies, demonstrations, seminars, conventions, speeches, fectures, or any similar means?	<u> </u>	ļ			
i	Other activities?	<u> </u>				
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ	İ		
b	If "Yes," enter the amount of any tax incurred under section 4912		İ			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		i			
_ <u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		<u> </u>		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or se	ection		
	501(c)(6).				Voc. A	
_	Milese as habestally all (000) as seems discounted and distable by seembags			1		<u>lo</u> {
1	Were substantially all (90% or more) dues received nondeductible by members?			2	X	<u>, </u>
2	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Κ
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				<u> </u>	7
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C				line 3,	is
	answered "Yes."					
1	Dues, assessments and similar amounts from members	• •	1		-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
b	Carryover from last year		2b			
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line	ne 2, a	nd			
Part	II-B, line 1 Also, complete this part for any additional information					
			-			
_						
		_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	Employer identification number
NA?	FIONAL ASSOC OF LETTER CARRIERS	85-0226820
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · ·	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified his	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	eation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
_	organization's accounting for conservation easements	
Ра	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	therance of
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	·
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	·
b	Assets included in Form 990, Part X	▶ \$

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	tute D (Form 990) 2013 NATIONAL ASSOC			-:! T		85-022			age 2
	rt III Organizations Maintaining C						ssets (CO	nunu	ea)
3	Using the organization's acquisition, accession,	and other records, o	check any of	the following	that are a sig	initicant use of its			
	collection items (check all that apply)	d \Box io	an ar avahar	program	•				
a			an or excnar her	nge program	S				
b	量 - ***** <i>*</i>	₽ □ Oi							
C		tions and ovalous b	ou thou furth	or the organ	ization's over	nt numaca in Bart			
4	Provide a description of the organization's collect XIII	tions and explain no	ow they lurth	ier trie organi	izalion's exem	pi purpose in Pari			
5	During the year, did the organization solicit or re-	ceive donations of a	art, historical	treasures, o	r other similar				
	assets to be sold to raise funds rather than to be	maintained as part	t of the orgar	nization's coll	lection?		🗆 \	Yes [☐ No
Pa	rt IV Escrow and Custodial Arran	gements.		· -					
	Complete if the organization ar 990, Part X, line 21	nswered "Yes" i	to Form 9	90, Part I\	V, line 9, or	reported an amo	ount on F	orm	
1a	Is the organization an agent, trustee, custodian of	or other intermediar	y for contribu	utions or othe	er assets not				
	ıncluded on Form 990, Part X?						٠٠٠ 🗆 ۲	Yes [☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	wing table						
						A	mount		
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance		<i>.</i>			1f	-		
2a	Did the organization include an amount on Form	990, Part X, line 21	17				· · · · 🗀 '	Yes [☐ No
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if the expl	anation has	been provide	ed in Part XIII			[
Pa	rt V Endowment Funds.								
	Complete if the organization ar	nswered "Yes"	to Form 9	90, Part I\	V, line 10.				
		(a) Current year	(b) Pno	or year	(c) Two years bac	k (d) Three years bac	k (e) Fou	ır years b	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	•								
2	Provide the estimated percentage of the current	year end balance (lıne 1g, colur	mn (a)) held	as				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e	equal 100%							
3a	Are there endowment funds not in the possession	on of the organization	n that are he	eld and admi	nistered for the	е			
	organization by							Yes	No
	(i) unrelated organizations · · · · · · ·	• • • • • • • • •					· · 3a(i)		
	(ii) related organizations	• • • • • • • • •					· · 3a(ii)	1	
b	3			• • • •			3b		L
4	Describe in Part XIII the intended uses of the organization		nent funds						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization a	nswered "Yes"	to Form 9			See Form 990,	Part X, lin	<u>ie 10.</u>	
	Description of property	(a) Cost or of		(b) Cost or of		(c) Accumulated	(d) Boo	ok value	
4	Land	(investr	nerit)	(oth	C1)	depreciation			
1a	Land	• • • • • • • • • • • • • • • • • • • •							
b		· · ·	-	30	0,000	300,000			
ч С	Leasehold improvements	· · ·				=			

e Other · · · · · · · · · · · · STMD1E · ·

2,245

Schedule D (Form		OF LETTER CARRIERS		820 Page
Part VII	Investments - Other Securities Complete if the organization answer	red "Yes" to Form 990, Pa	rt IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial d	_ 		Coor of one of your market va	
	Id equity interests			
(3) Other				
(A)				
(B)				
(C)			***	
(D)				
_(E)				
_(F)				
(G)				
<u>(H)</u>		-		
Part VIII	Investments - Program Related. Complete if the organization answer	red "Yes" to Form 990. Pa	rt IV. line 11c. See Form 990. I	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	A must equal Form 990 Part Y col (R) line 13.)	 		
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets.			
Turenz	Complete if the organization answer	ed "Yes" to Form 990 Pa	rt IV line 11d. See Form 990	Part X line 15
		Description	,	(b) Book value
(1)		Dodaipuon	-	(D) DOOK VALOO
(2)				
(3)				
(4)				
_(5)				
_(6)				
<u>(7)</u>		·		
<u>(8)</u>				
(9)	(h)			
Part X	n (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities.	5)		
Turk	Complete if the organization answer line 25.	red "Yes" to Form 990, Pa	rt IV, line 11e or 11f. See Form	1 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes		7	
	TAX PAYABLE	196	7	
	LL LIABILITIES	3,426	7	
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 3,622 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

		5-0226820	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments]	
b	Donated services and use of facilities]	
С	Recoveries of prior year grants]	
d	Other (Describe in Part XIII)	-	
0	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	4	
b	Other (Describe in Part XIII)	- I	
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c	<u> </u>
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 - 1	
. u	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per return.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
b	Pnor year adjustments · · · · · · · · · · · · · · · · · · ·	1	
С	Other losses · · · · · · · · · · · · · · · · · ·	1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pa		
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

2013

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number

NATIONAL ASSOC OF LETTER CARRIERS	85-0226820
01. Officer, directors, etc. family relationship (F	Part VI, line 2)
JOHN RUBIO AND MARY RUBIO FAMILY RELATIONSHIP	
02. Member election for additional members (Part VI	I, line 7a)
IF AN OFFICER MUST BE REPLACED THE MEMBERS HAVE THE RIGHT TO ELECT	HIS/HER REPLACEMENT.
03. Form 990 governing body review (Part VI, line 1	l1)
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED.	
04. Governing documents, etc, available to public ((Part VI, line 19)
OUR GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST ONL	Y.
05. Explanation of other changes in net assets or f	Fund balances (Part XI, line
FORM 990 FOR 2010 OVERSTATED ACCOUNTS PAYABLE FOR THAT YEAR. THIS	ADJUSTMENT BRINGS THE
ACCOUNTS INTO BALANCE.	
06. List of other expenses (Part IX, line 24e)	
SEE OVERFLOW STATEMENT PAGE 3 FOR ITEMIZED LIST OF OTHER EXPENSES	

990 Name(s) as shown on return NATIONAL ASSOC OF LETTER CARRIERS Overflow Statement FEIN 85-0226820

FORM 990 PART VII LINE 2B

Description	Amount
CLUB MEMBERSHIP FEES	\$ 300
NATIONAL DUES	 172,852
Total:	\$ 173,152

PART VIII LINE ONE F ALL OTHER REVENUE

Description	1	Amount
CLUB INCOME	\$	55,185
ADVERTISING		(65)
HALL AND KITCHEN RENT		1,700
INSURANCE SETTLEMENT		1,610
UNION SETTLEMENT		1,000
STATE CONVENTION STIPEND		4,000
Total:	\$	63,430

PART IX LINE 5 COMPENSATION

Description	7	Amount
CLUB PERSONNEL	\$	20,117
OFFICERS COMP		46,961
STEWARDS		18,778
Total:	\$	85,856

PART IX LINE 9 OTHER EMPLOYEE BENEFITS

Description	1	Amount
STATE CONVENTION DUES	\$	4,000
TRAINING		782
PER DIEM		$\frac{-711}{711}$
MILEAGE		10,154
TRAVEL AND MEETINGS		5,238
STATE CONVENTION		5,140
Total:	\$	26,025

990 Name(s) as shown on return NATIONAL ASSOC OF LETTER CARRIERS Overflow Statement Page 2 FEIN 85-0226820

FORM 990 PART IX LINE 10 PAYROLL TAXES

Description	A	mount
EMPLOYERS SS AND MEDICARE	\$	6,568
FUTA		404
SUTA		504
WORKMANS COMP		267
Total:	\$	7,743

FORM 990 PART IX LINE 11G OTHER

Description	Amount
PROFESSIONAL FEES	\$ 2,782
Total:	\$ 2,782

FORM 990 PART IX LINE 14

Description	Amount
CELL PHONES	\$ 10
TELEPHONE	5,480
Total:	\$ 5,490

PART IX LINE 16 OCCUPANCY

Description		Amount	
INSURANCE BUILDING	\$	4,211	
INTERNET		3,022	
JANITORIAL		108	
PROPERTY TAXES		3,957	
UTILITIES		11,009	
INSURANCE BOND		500	
Total	<u> </u>	22,807	

990 Overflow Statement Page 3 Name(s) as shown on return NATIONAL ASSOC OF LETTER CARRIERS S5-0226820

PART IX LINE 24E ALL OTHER EXPENSES

Description		Amount
BANK SERVICE CHARGES	\$	351
CASH OVER SHORT		75
COMPUTER EXPENSES		908
EQUIPMENT LEASE		609
INSURANCE DEDUCTIBLE PAID		250
LICENSES AND PERMITS		929
MEMBER ENTERTAINMENT		739
MEMBER RECOGNITION		339
NEW MEMBER COMMISSION		100
NEWSLETTER EXPENSES		6,951
PAYMENTS TO AFFILIATES		2,055
POSTAGE AND MAILING SERVICE		1,160
REIMBURSEMENT TO BRANCH		(3,489)
REPAIRS AND MAINTENANCE		4,887
SECURITY		275
SMALL EQUIPMENT		700
SUBSCRIPTIONS		8
SUPPLIES		1,121
WC INSURANCE		884
Total	; <u>\$</u>	18,852

	Fe	FOR YOUR RECO			2013 PG01
Name(s) as shown on return					FEIN
NATIONAL AS	SOC OF LETTER	R CARRIERS			85-0226820
	FORM 990	, SCHEDULE D, INVESTMENTS -	PART VI, LINE OTHER	1E	STATEMENT #D1E
DESCRI OF INVE AIR CONDITIONER		COST/BASIS (INVESTMENT)	COST/BASIS (OTHER) 2,245	DEPI	BOOK R VALUE 449 1,796

_____0 <u>2,245</u> <u>449</u> <u>1,796</u>

TOTAL