See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning January 1 , 2014, and ending December 31 , 20 14

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
National Association of Letter Carriers

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

City or town, state or province, country, and ZIP or foreign postal code
Topeka, Kansas 66601-0024

D Employer identification number
48-6113769

E Telephone number
785-232-6835

F Group Exemption Number ▶ 0685

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 Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other

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, 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	53759
	4	Investment income		4	112
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	2653
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	56524
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	28520
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	4083
	15	Printing, publications, postage, and shipping		15	2422
	16	Other expenses (describe in Schedule O)		16	20044
	17	**Total expenses.** Add lines 10 through 16 ▶		17	55069
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1455
	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	30283
	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	31738

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	30283	22	31738
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	30283	25	31738
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)	30283	27	31738

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, optional for others.)

28 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
see attached LM-3				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ NALC Branch #10 Treasurer Telephone no. ▶ 785-232-6835 Located at ▶ 1620 NW Gage Blvd., Rm 3, Topeka, KS ZIP + 4 ▶ 666618			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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			
			Yes	No
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		✓
b	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		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

			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 title of each employee	(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 business address of each independent contractor	(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 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

Karen G. Lewis — Signature of officer — Date: 5-14-15

Karen G. Lewis- President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2014 Open to Public Inspection

Name of the organization	Employer identification number
National Association of Letter Carriers	48-6113769

line # 8

Health Benefits reimbursement- $966

Convention Hotel Deposit Reimbursement- $1125

MDA Contributions- $562

total for line #8- $2653

line # 16

State Training- $1252

National Convention- $12365

Bond- $200

Memorials- $725

Retirement Gifts- $340

Refreshmnets- $118

Officer/Steward Training- $1097

Christmans Baskets- $382

Retirement committee- $200

Office Expenses- $2703

Donations to Charity- $662

total for line #16- $20044

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

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

Form Approved
Office of Management and Budget
No: 1245-0003
Expires. 08-31-2016

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER	2 PERIOD COVERED	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: ☐ (b) TERMINAL - If your organization ceased to exist and this is its terminal report,see Section XII of the instructions and check here: ☐
E	082-560	MO DAY YEAR From 01/01/2014 Through 12/31/2014	

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

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

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

First Name: 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

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
Karen G. Lewis
PRESIDENT
(if other title, see instructions)
3-29-15 785-232-6835
Date Telephone Number

58 SIGNED Stephen D. Mason
Stephen D. Mason
TREASURER
(If other title, see instructions.)
3-29-2015 785-232-6835
Date Telephone Number

During the Reporting Period Did Your Organization:

10. Have a 'subsdiary organization' as defined in Section X of the instructions?
Yes [ ] No [X]

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 [X]

12. Have a political action committee (PAC) fund?
Yes [ ] No [X]

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?
Yes [ ] No [X]

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
Yes [ ] No [X]

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

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 [X]

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

18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?
Yes [ ] No [X]

19. How many members did the labor organization have at the end of the reporting period?
195

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 [X]

22. What is the date of the labor organization's next regular election of officers?
12/2016

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	635.96	per	year	0	0
(b) Initiation Fees	0	per	0		
(c) Transfer Fees	0	per	0		
(d) Work Permits	0	per	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

FILE NUMBER 082-560

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
1.	Last Name GILLIN	First Name STEWART	Initial	$2,242	$0	$2,242
	Title VICE-PRESIDENT		Status C			
2.	Last Name LEWIS	First Name KAREN	Initial G	$13,905	$2,514	$16,419
	Title PRESIDENT		Status C			
3.	Last Name BOWLIN	First Name TRISHA	Initial	$448	$0	$448
	Title TRUSTEE		Status C			
4.	Last Name JELLISON	First Name MICHELLE	Initial	$2,102	$2,582	$4,684
	Title RECORDING SECRETARY		Status C			
5.	Last Name MASON	First Name STEPHEN	Initial D	$330	$0	$330
	Title TREASURER		Status P			
6.	Last Name RYLAND	First Name JENNIFER	Initial	$658	$208	$866
	Title TREASURER		Status N			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 082-560

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Name (Enter title of officer, such as PRESIDENT or TREASURER)				(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
7.	Last Name: BURKE	First Name: WILLIAM	Initial:		$448	$0	$448
	Title: TRUSTEE			Status: C			
8.	Last Name: MITCHELL	First Name: DARYL	Initial:		$224	$0	$224
	Title: TRUSTEE			Status: C			
9.	Last Name: CLEMENS	First Name: BRIAN	Initial:		$672	$1,660	$2,332
	Title: FIN. SECRETARY/SGT-AT-ARM			Status: C			
10.	Last Name: PIERCE	First Name: BARBARA	Initial:		$532	$1,671	$2,203
	Title: HEALTH BEBEFITS REP.			Status: C			
11.	Last Name:	First Name:	Initial:				
	Title:			Status:			
12.	Last Name:	First Name:	Initial:				
	Title:			Status:			
	Total				$21,561	$8,635	$30,196
						Less Deductions	$4,588
	The Total from Net Disbursements will be entered in Item 45					Net Disbursements	$25,608

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

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

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER. 082-560

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	$30,283	$31,738	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	$30,283	$31,738	37. NET ASSETS (Item 31 Less Item 36)	$30,283	$31,738

STATEMENT B RECEIPT AND DISBURSEMENTS

Item CASH RECEIPTS	AMOUNT	Item CASH DISBURSEMENTS	AMOUNT
38. Dues	$53,759	45. To Officers (from Item 24)	$25,608
39. Per Capita Tax	$0	46. To Employees (less deductions)	$7,364
40. Fees, Fines, Assesments & Work Permits	$0	47. Per Capita Tax	$0
41. Interest & Dividends	$112	48. Office & Administrative Expense	$8,756
42. Sale of Investments & Fixed Assets	$0	49. Professional Fees	$0
43. Other Receipts	$2,653	50. Benefits	$0
44. TOTAL RECEIPTS	$56,524	51. Contributions, Gifts & Grants	$2,408
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form		52. Purchase of Investments & Fixed Assets	$0
		53. Loans Made	$0
		54. Other Disbursements	$10,933
		55. TOTAL DISBURSEMENTS	$55,069

56. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER. 082-560

Address of Record: 9. address for records: 1620 NW Gage Blvd., Room #3, Topeka, KS 66618

Question 17: Question 17: Question 17. Question 17· 17. Karen Lewis- President, total amount including salary and allowances $16,419