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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)

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury

▶ 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.

A For the 2015 calend		2015 calenda	year, or tax year beginning January 1 , 2015, and ending		Dec	ember 3	11 , 20 15		
_	B Check if applicable		C Name of organization		D Emp	loyer ider	tification number		
	Address cl	•	National Assoc. of Letter Carriers Br. 462			63-6049595			
	Name cha	inge				ohone nun			
		nitial return P.O. Box 12762				256-	533-2999		
님	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Fig.					up Exem			
H	Amended Application		Huntsville, AL 35815			nber 🕨	•		
G		ting Method.	✓ Cash	Н	Check	▶ ☑ if t	he organization is not		
	Website	•		··			ch Schedule B		
			ck only one) — ☐ 501(c)(3)	47(a)(1) or 527	•		EZ, or 990-PF).		
_				Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200		al assets		,		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ.			▶ \$	108,347		
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balances (see the	ınstru	ctions			
			the organization used Schedule O to respond to any qu						
<u>; —</u>	1		ns, gifts, grants, and similar amounts received			1	0		
2	2		ervice revenue including government fees and contracts			2	0		
	3	_	p dues and assessments			3	78,001		
3	4	Investment	•			4	56		
-	5a		unt from sale of assets other than inventory	5a		1.5			
	b		or other basis and sales expenses	5b		1			
Ç	c	Gain or (los	5c	0					
2	6	Gaming an							
,)	a	_	ome from gaming (attach Schedule G if greater tha	n		1.*			
4				6a		,			
Revenue	Ь		me from fundraising events (not including \$ of contributions			- ^ 작.			
Š			aising events reported on line 1) (attach Schedule G if th						
	·		h gross income and contributions exceeds \$15,000)	6b					
	C	Less: direc	t expenses from gaming and fundraising events	6c		1			
	d		e or (loss) from gaming and fundraising events (add line	s 6a and 6b and su	btract	1			
		line 6c)				6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	7a			_		
			of goods sold	7b]			
	С		7c	0					
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					8	30,290		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	الماناكا ا	. ▶	9	108,347		
_	10	Grants and	sımılar amounts paid (list in Schedule 0),	(\$		10	0		
	11		aid to or for members MAY 18	วกาด 🖟 🔻 -		11	0		
ď	12	Salaries, o	ther compensation, and employee benefits	Za 19		12	39,775		
Fynenses	13	40 Designational face and other neumants to independent contractors					0		
2	14					14	12,883		
ù	15	Printing, p	ublications, postage, and shipping			15	4,475		
	16	Other expe		16	51,670				
	17	Total expe		17	108,803				
	, 18					18	(456)		
4	19	Net assets	or fund balances at beginning of year (from line 27, col	umn (A)) (must agre	e with				
V	ž	end-of-yea	r figure reported on prior year's return)		•	19	198,077		
Not Accote	20	Other chai	iges in net assets or fund balances (explain in Schedule O)		20	590		
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through	h 20	. ▶	21	198,211		
F	or Paper	work Reduc	ion Act Notice, see the separate instructions.	Cat No 10642I			Form 990-EZ (2015)		

FUIII: 5	30-EZ (2	013)					Page Z
Par	t IL	Balance Sheets (see the instructions f	•				
		Check if the organization used Schedule	O to respond to ar	· · · · · · · · · · · · · · · · · · ·		•	<u> </u>
,				L	(A) Beginning of year		(B) End of year
22		, savings, and investments			83,096		82,640
23		and buildings			115,620		115,620
24		r assets (describe in Schedule O)				24	0
25		l assets			198,716		198,260
26					(639)		(49)
27		assets or fund balances (line 27 of column			198,077	27	198,211
Part	Ш	Statement of Program Service Accomp			•		_
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔲	(n.	Expenses
What	is the	organization's primary exempt purpose?					equired for section 1(c)(3) and 501(c)(4)
Desc	ribe the	e organization's program service accomplis	shments for each of	f its three largest pi	rogram services,	org	ganizations, optional for
		d by expenses. In a clear and concise m		e services provided	, the number of	oth	iers)
perso	ns ber	efited, and other relevant information for ea	ch program title.				
28							
	••			**			
		^^					
	(Grants	s\$) If this almount	includes foreign gra	nts, check here .	<u> ▶ □</u>	28	a <u>0</u>
29		1110	IN P				
		1/10					
	(Grants	s\$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	29	a 0
30							
	(Grants) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	30	a <u>o</u>
31	Other	orogram services (describe in Schedule O)					
	(Grants) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	31	ao
32	Total p	program service expenses (add lines 28a t	hrough 31a)		•	3	2 0
Part	IV	List of Officers, Directors, Trustees, and Key				nstri	uctions for Part IV)
		Check if the organization used Schedule	O to respond to ar		Part IV		<u> </u>
			(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	را ۵	A Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	l'	other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	١_	
Chris	Bailey					1	
Truste	ee		1	600		0	0
Shana	Calva	rese					
Asst S	Steward	<u> </u>	1	270		0	0
Paul C	Caouett	e		1		-	
Shop	Stewar	d	4	1800		0	0
Tamm	y Chap	oman					
Shop	Stewar	d	4	1350		0	0
Tom (Crisaful	li				T	
Serg.	at Arm	s	1	420		0	0
Jack I	Dickiso	n					
Asst.	Stewar	d	1	90		0	0
Micha	el Hick	s		1		Т	
Shop	Stewar	d	4	1800		0	0
	rd Hog					1	
	n Ben F		1	480		0	0
	Hunsud					十	
	reside		4	2501		0	0
Bill Jo				2001	· · · · · · · · · · · · · · · · · · ·	1	_
Trusto			1	600		0	0
	irkland			300			
	Stewar	***************************************	4	1800	1	0	0
Tim L			· · · · · · · · · · · · · · · · · · ·			7	
	Stewar	rd	1 4	1800	1	0	0

Part	•			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		ال
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	Yes	No
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			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	ļ	√
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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			
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		
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		✓
С	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		,	
е	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		1
41	List the states with which a copy of this return is filed ▶			
42a		256-53	9-2999	9
•-	Located at ► 1201 Posey Street Huntsville, AL ZIP + 4 ►		-2507	
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)?	42b	Yes	No ✓
	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).			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	
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		. I	▶ ☑
			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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		1
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		

Page	4

	\sim							Yes	No
46		e organization engage, directly or ir							
		ndidates for public office? If "Yes," of		Part I	· · · ·	<u> </u>	. 46	<u> </u>	_ ✓
Part '		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and co	mplete th	e tables	for lin	es
		50 and 51.							_
	(Check if the organization used Scl	nedule O to respond	to any question in t	his Part VI	<u> </u>			<u>. 🗆</u>
								Yes	No
47		ne organization engage in lobbying		section 501(h) election	n in effect o	during the	tax		
	year?	ar? If "Yes," complete Schedule C, Part II							
48	Is the	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E [
49a	Did th	ie organization make any transfers t	o an exempt non-cha	ritable related organi	zation?		. 49	a L	
ь		s," was the related organization a se					. 49		<u> </u>
50	Comp	plete this table for the organization's	five highest compen	sated employees (oth	ner than offic	ers, direct	ors, trus	tees ar	ıd key
	emplo	yees) who each received more than	\$100,000 of comper	sation from the orga	nization. If th	ere is non	e, enter '	None.	
			(b) Average	(c) Reportable	(d) Health		(e) Estima		
	(a) I	Name and title of each employee	hours per week	compensation	contributions benefit plans,			mpensa	
			devoted to position	(Forms W-2/1099-MISC)	compen	sation			
							· — —		-
							_ 		
			<u> </u>						
					L				
					<u> </u>				
f	Total	number of other employees paid ov	er \$100,000	. ▶					
51	Comp	plete this table for the organization	s five highest compe	ensated independent	contractors	who each	n receive	d more	e than
	\$100,	000 of compensation from the orga	nızatıon. If there is no	one, enter "None."					
	(a) I	Name and business address of each independ	lent contractor	(b) Type of ser	/ice	(c) Compens	ation	
	<u></u>	.,							
									
				.[
									
		number of other independent contra	_		-				
52		the organization complete Schedu	ule A? Note: All se	,		iust attac	. —		Al-
	<u> </u>	oleted Schedule A	<u> </u>			• •	.►∐ Y		No
Under p	enalties	of perjury, I declare that I have examined this d complete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	lying schedules and statem ormation of which preparer	ents, and to the has any knowle	best of my k dae	nowledge a	ind belie	t, it is
	T	o complete Book and proparer (open and	74 4 4 4 4 4		The arry kine who		- 1-	. // 0	
Sign	Signature of officer				Dat	/	12/2	3600	
Here									
11616		Type or print name and title	plur ()	easuver					
			Preparer's signature	T n	ate	_	ı PTIN	<u> </u>	
Paid		Print/Type preparer's name	. repaid 6 signature	ا		Check L self-emple] If [•	
	parer -		i			agu-grupic	- Y C U		
		5				-1- FIN: -	<u>l.—</u>		
Use	Only	Firm's name ► Firm's address ►				n's EIN ▶	·		· ··· ·

SCHEDULE 0 (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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization		Employer ide	ntification number	
National Assoc. of letter Carrie	rs Br. 462			63-6049595
Part I Other Revenue Line 8	Region 8 Assembly Registration	\$27,090.00		
	Food Drive Deposits	\$3,200.00		
	Total Other Revenue	\$30,290.00		
Part I Expenses Line 16	Region 8 Expenses	\$25,429.00		
	Food Drive Expenese	\$3,121.00		
	Training and Conventions	\$10,500.00		
	Taxes Paid	\$3,138.00		
	Expenses to benefit members	\$9,482.00		
	Total other Expenses	\$51,670.00		
Part I Line 20 Other changes	in Net Assets	\$590		
Part II Line 26	Taxes collected but not p	aid \$(49)		
		·		
			·····	
		·····		
			·	

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer Identification number

63-6049595 National Assoc. of Letter Carriers Br. 462 Part IV List of Officers, Directors, Trustees, and Key Employees Continued W-2 Other Comp. Health Ben. Avg. Hrs 240 Shelby Manley Asst. Steward 1200 Mike Mattews Shop Steward **Tommy McKee** Asst. Steward 90 360 Asst. Steward Jim Mcmanus 1800 Shop Steward Freddie Moore 1800 Shop Steward John Moore Asst. Steward 360 Jim Simmons Mike Shewbart Shop Steward 3188 600 Joel Tanner 3701 Treasurer 1920 **Glenn Thomas** Secretary Kim Whitt 1200 Editor 9064 **John Winston** President 270 **Jack Wood** Asst. Steward Asst. Steward 360 Dan Zolynksy 110 Ser. At Arms **Steve Horison**