

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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)

2018

Open to Public
Inspection

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning		January 1	, 2018, and ending	December 31	, 2018
B Check if applicable	C Name of organization National Association of Letter Carriers			D Employer identification number 48-6113769	
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)			Room/suite	E Telephone number 785-232-6835
<input type="checkbox"/> Name change	PO Box 750592			05	F Group Exemption Number ► 0685
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code				
<input type="checkbox"/> Final return/terminated	Topeka, KS 66675-0592				
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					
G Accounting Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►		
I Website: ►					
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> 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)) 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

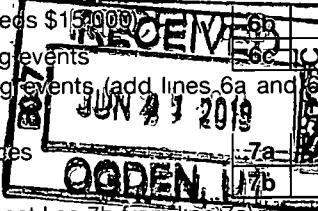
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	65,799
	4 Investment income	4	239
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis 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	6a	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	0
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	0	
c Less direct expenses from gaming and fundraising events	6d	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e	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	2,510	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,548	
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	30,068
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	4,795
	15 Printing, publications, postage, and shipping	15	2,500
	16 Other expenses (describe in Schedule O)	16	15,780
	17 Total expenses. Add lines 10 through 16	17	53,143
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,405
	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	48,380
	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	63,785

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	48,380	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	48,380	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,380	27
		63,785	0
		63,785	0
		63,785	0

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
01(c)(3) and 501(c)(4)
organizations, optional for
others)

28 _____

(Grants \$) If this amount includes foreign grants, check here ►

(Create \$ _____) If this amount includes foreign grants, check here

30 _____) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here ►

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the

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

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 Yes No
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 Yes No
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)?
 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 Yes No
35a ✓
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 Yes No
36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
 b Did the organization file **Form 1120-POL** for this year? Yes No
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?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b ✓
 39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a ✓
 b Gross receipts, included on line 9, for public use of club facilities Yes No
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 ► _____ Yes No
 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 Yes No
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 ► _____ Yes No
40c ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____ Yes No
40d ✓

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 Yes No
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, Room 3, Topeka, Ks** ZIP + 4 ► **66618** Yes No
42b ✓

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) Yes No
42c ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____

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 Yes No
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 Yes No
44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
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 Yes No
44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
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 Yes No
45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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."		

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	 	6-18-2019
	Signature of officer	Date
		
	Type or print name and title	

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2018)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

National Association of Letter Carriers

Employer identification number

48-6113769

Line 8

Health Benefits Reimbursement-\$1998.81

MDA Contributions - \$188.75

Repayment of funds for flight to National Convention - \$322.30

Line 10

Line16

National Convention - \$7796

Bond - \$200

Memorials - \$400

Refreshments - \$50

State Training - \$2337

Christmas Baskets - \$369

Retirement Committee - \$200

President/Vice President Duties - \$203

Office Supplies - \$2293

Other Office Expenses - \$319

Mda Expenses - \$214

Line20

Line24

Line26