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SCANNED JUL 1 & 2010

 $\mathsf{Form}\,990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A.</u>	or the	e 2008 calendar year, or tax year beginning JUL 1, 2008 and ending									
В	Check if	Please C Name of organization	D Employer identification number								
•		Less SHATIONAL ROLLING LIBITIAN CHARLEND									
	Addre:	ss label or ASSOCIATION									
Έ	Name	type D D	53-0116149								
\vdash	Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/s									
-	lreturn □lTermir	Specific 1630 DIVE STREET	(703)684-5545								
늗	ation Amend	institut-	13 006 000								
느	iretum	City or town, state or country, and ZIP + 4									
L	Application pendir	ALEXANDRIA, VA 22314-3403	H(a) Is this a group return								
	pondi	F Name and address of principal officer: DON CANTRIED	for affiliates? Yes X No								
		1630 KING STREET, ALEXANDRIA, VA 22314	H(b) Are all affiliates included? Yes No								
1	Tax-ex	empt status: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)								
J	- Websit	te: ► WWW.NRLCA.ORG	H(c) Group exemption number ▶								
_			Year of formation 1903 M State of legal domicile VA								
	art I	Summary									
LLL			DULE O:								
ő	1	Briefly describe the organization's mission of most significant activities.									
Activities & Governance											
era		Check this box if the organization discontinued its operations or disposed of									
8		Number of voting members of the governing body (Part VI, line 1a)	3 9								
ଔ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9								
S	5	Total number of employees (Part V, line 2a)	5 89								
ij	6	Total number of volunteers (estimate if necessary)	60								
妄	7a	Total gross unrelated business revenue from Part VIII, fine 12, column (C)	7a 49,064.								
ĕ		Net unrelated business taxable income from Form 990-14ine 52	$\frac{7b}{}$ $-28,280.$								
_	 	Net unrelated business taxable income nout forms see I state of	Prior Year Current Year								
	1_	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	Prior tear Current tear								
ē		Contributions and grants (Part VIII, line 1h)	12 701 000 12 710 992								
Revenue	9	Program service revenue (Part VIII, line 2g) u	13,701,099. 13,719,883.								
ě			249,314. 84,783.								
ш	11	Other revenue (Part VIII, column (A), lines 5 6d, 8c/9cl 10c and 11e) 163, 459 . 182, 32									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,113,872. 13,986,992.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250. 69,512.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)									
	1		3,688,346. 4,349,046.								
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3700070101								
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)									
×	b	Total fundraising expenses (Part IX, column (D), line 25)	10 252 449 10 627 674								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,252,448. 10,627,674.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,941,044. 15,046,232.								
	19	Revenue less expenses. Subtract line 18 from line 12	172,8281,059,240.								
5			Beginning of Year End of Year								
Net Assets or Find Balances	20	Total assets (Part X, line 16)	16,986,015. 16,564,319.								
ASS	21	Total liabilities (Part X, line 26)	6,745,765. 7,355,505.								
e de	21	,	10,240,250. 9,208,814.								
6	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	10/210/2300 3/200/0110								
	art II		and to the heat of my knowledge and helief it is this correct								
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge								
		1	15/14/2010								
Sig	n	auffaci D. Dailing	3/17/20/0								
He	re	Signature of officer Date									
		CLIFFORD DAILING, SECRETARY-TREASURER									
		Type or print name, and title									
_		Preparer's Date	Check if Preparer's identifying number								
Pai	đ	signature & Sellrem & Wood	Self-								
Pre	parer's	Firm's name (or TATE AND TRYON	employed EIN E								
Use	Only	vours if IAIL AND INTOIN	EIIV								
		self-employed), address, and NACHINGTON DC 20005	N								
		ZIP + 4 WASHINGTON, DC 20005	Phone no ► (202)293-2200								
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No								
8320	001 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions. Form 990 (2008),								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	NATIONAL RURAL LETTER CARRIERS	F2 01161	40 - 0
	990 (2008) ASSOCIATION	<u>53-01161</u>	49 Page 2
Pa	rt III Statement of Program Service Accomplishments (see Instructions)		<u></u>
1	Briefly describe the organization's mission: THE PURPOSE OF THE NRLCA SHALL		
	BE TO IMPROVE THE METHODS USED BY RURAL MAIL CARRIERS,		ATE
	WITH THE U.S. POSTAL SERVICE AND THE PUBLIC FOR THE GO		
	SERVICE, TO PROMOTE A FRATERNAL SPIRIT AMONG ITS MEMBE	ERS, AND TO	
	BENEFIT THEIR CONDITIONS OF LABOR.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes", describe these new services on Schedule O.		
_	·	ne?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	<i></i>	Tes [7] NO
	If "Yes", describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a) (Revenue \$	
	INSURANCE PROGRAMS: PROVIDED MEMBERS WITH HEALTH, AUTO), HOMEOWNE	RS, AND
	OTHER TYPES OF INSURANCE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	NATIONAL CONVENTION: GATHERED MEMBERSHIP TO PLAN FUTUR	RE GOALS OF	THE
	POSTAL WORK FORCE AND TO ELECT NEW OFFICERS.		
		-	_
			
4c) (Revenue \$	_
	PUBLICATIONS: INFORMED MEMBERSHIP ON POSTAL REGULATION	IS AND OTHE	R
	MATTERS PERTAINING TO THE POSTAL SERVICE.		
			<u> </u>
		·	
			-
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$ (Must equal Part IX, Line 25, column (B).)	

Form **990** (2008)

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Form 990 (2008) Part IV Checklist of Required Schedules

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any accounts where 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		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		X
9	Did the organization report an amount in Part X, line 21; serve as a 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
••	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
	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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> X</u>
		Form	990 (2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ŀ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		<u> </u>
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	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		_	000	

Form **990** (2008)

Form 990 (2008) ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

t. ini	t V Statements Regarding Other mo Finings and Tax Compilance									
		1 1	1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		0.5							
	U.S. Information Returns. Enter -0- if not applicable	1a	85							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			v				
	(gambling) winnings to prize winners?	1	l	1c		X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		89							
_	filed for the calendar year ending with or within the year covered by this return	2a	03		х					
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the second of t		-4	2b	Λ.					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			3a	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by \$1,000 or more during the year \$1,000 or more dur	eu by t	ilis returni	3b	X					
	 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 									
48	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		X				
h	If "Yes," enter the name of the foreign country:	accou	,							
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and							
	Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	,	5b		X				
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity									
	Tax Shelter Transaction?			5с						
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts		ŀ					
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					х				
а										
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			.,				
	to file Form 8282?	1	· · · · · · · · · · · · · · · · · · ·	7c	ļ	X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	ai	_		Х				
	benefit contract?			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X				
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.		aurod?	7g 7h		X				
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-6 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		•	/11	 					
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or									
	excess business holdings at any time during the year?	. gui 1120		8]	ĺ				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?			9a	1					
	Did the organization make a distribution to a donor, donor advisor, or related person?		:	9b						
10	Section 501(c)(7) organizations. Enter: N/A									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter: N/A		,							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b_								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? !	12a	ļ					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b								
				Form	990	(2008)				

ASSOCIATION

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	_X_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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	11		<u>X</u>
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		v	
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х	
	in Schedule O how this is done	12c		v
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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:	45-	Х	
	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		
1 0 -	Describe the process in Schedule O (see instructions)			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
_	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		 -
D				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		
800	exempt status with respect to such arrangements?	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶VA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
15	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	THE ASSOCIATION - (703) 684-5545			
	1630 DUKE STREET, ALEXANDRIA, VA 22314			

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

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

Check this box if the organization did no		y of	ficer			or, tr	uste			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	,,,	Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per	\vdash	neck	(all	tnat	app	iy) T	compensation from	compensation from related	amount of other
	week	ndiwdual trustee or director				_		the	organizations	compensation
		60	蠡	ĺ		safed		organization	(W-2/1099-MISC)	from the
		125	al trus		88	Ē		(W-2/1099-MISC)		organization and related
		la de	nstitutional trustee	Officer	ig Es	Highest compensated employee	تق			organizations
		힐	frist	불	Ş	돌	臣			
DON CANTRIEL										
PRESIDENT	60.00	X		X		<u>L</u>	<u> </u>	125,335.	0.	39,596.
JEANETTE DWYER										
VICE PRESIDENT	60.00	X		X		<u> </u>	L	108,651.	0.	40,126.
CLIFFORD D. DAILING										
SECY-TREAS	60.00	X		Х				118,826.	0.	46,218.
JOEY C. JOHNSON							1			
DIR LABOR RELS	60.00	X		X				105,072.	0.	44,189.
RONNIE W. STUTTS									_	
DIR STEWARD OPS	60.00	X		Х	<u> </u>	ļ	_	120,467.	0.	49,189.
SUSAN KNAPP					1					
CHAIR EXEC COMM	60.00	X	_	X	_	_	<u> </u>	120,405.	0.	16,569.
ROBERT HORNE	60.00			١				27 412	0	2 (2)
EXEC COMMITTEE	60.00	X		X		<u> </u>	ļ	37,413.	0.	3,626.
STEVE TRAYLOR	60.00	,,		١,,				100 166	0	10 453
EXEC COMMITTEE	60.00	X		X		-	-	102,166.	0.	10,453.
DON MASTON	60.00	v					ŀ	42 062	0.	2 401
EXEC COMMITTEE	60.00	X	_	X		-		43,963.	0.	3,491.
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	1									
		L.				<u> </u>				
		_					<u> </u>		· · · · · · · · · · · · · · · · · · ·	 _
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Form **990** (2008)

ASSOCTATION

Part VII Section A. Officers, Directors, Tru		male			-d L	Jiah	oct	Componented Employ		110	117		aye C
(A)	(B)	inpic	oyee		<u>na r</u> C)	<u>nign</u>	<u>est</u>	(D)	(E)			(F)	
Name and title	Average			יי Posi				Reportable	Reportable		Es	tımate	ed
	hours	(cl	hecl	k all	that	app	ly)	compensation	•	compensation amount from related other			
	per	ē						from					
	week	director				8		the organization	organization (W-2/1099-MIS		_	pensa	
		Be o	ustee			ensat		(W-2/1099-MISC)	(44-271099-1411	30)		om th anızat	
	}	層	를		5 8	Ę,		(=,		ļ	_	d relat	
		Individual trustae or	Institutional trustae	Officer	Кеу етріоуеє	Highest compensated employee	E E				orga	anızatı	ons
		5	르	5	<u> </u>	Ξb	<u></u>						
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			Ì							ļ			
1b Total	<u> </u>	L	<u> </u>					882,298.		0.	25	3,4	57.
2 Total number of individuals (including those	ın 1a) who re	Celv	ed n	nore	tha	n \$1	00.0	<u> </u>					
compensation from the organization	, , , , , , , , , , , , , , , , , , ,				1110	•	,	ooo iii ropoitaato		>			10
												Yes	No
3 Did the organization list any former officer,	director or tru	ıstee	, ke	у еп	plo	yee,	or h	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual	•									3		X
4 For any individual listed on line 1a, is the su	ım of reportab	ole co	omp	ensa	ation	anc	ot	her compensation from	the organization				ĺ
and related organizations greater than \$15	0,000? If "Yes,	," со	mpl	ete S	Sche	edule	J	for such individual			4	_X	ļ
5 Did any person listed on line 1a receive or a				from	any	unr	elat	ted organization for serv	ices rendered to				
the organization? If "Yes," complete Sched	ule J for such	<u>pers</u>	on								5		<u> </u>
Section B. Independent Contractors		<u></u>							\$100,000 of oor				
Complete this table for your five highest co the experience.	mpensated in	aepe	enae	ent c	ontr	racto	ors 1	tnat received more than	\$100,000 of con	npens	ation i	rom	
the organization. (A)							\neg	(B)			(0	2)	
Name and business	address							Description of s	ervices	С	ompe		n
PEER, GAN & GISLER, LLP,	1730 RH	ODI	E :	ISI	LAI	ND	\neg						
AVENUE, WASHINGTON, DC 20							ŀ	LEGAL SERVIC	ES		80	1,9	04.
MECKELY SERVICES, INC., !		GEI	NEI	RAI									
WAHINGTON DR., ALEXANDRIA	A, VA 2	<u>23</u> :	12					RENOVATION S	ERVICES		70	1,7	14.
QUEBECOR WORLD		_	_										
PO BOX 98668, CHICAGO, II	60693						b	PRINTING SER	VICES		65	0.9	76.

Form **990** (2008)

<u>237,911.</u>

227,344.

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

PEAKE DELANCY PRINTING, LLC

INTERACTIVE DOCUMENT SOLUTIONS

PO BOX 758708, BALTIMORE, MD 21275

4800 HAMPDEN LN, BETHESDA, MD 20814

PRINTING SERVICES

INFORMATION

TECHNOLOGY

			JINITON				33-0110	147 Page 9
Pa	rt VI	II Statement of Reve	nue	·····	 			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1ь					
S,E	С	Fundraising events	1c					
ara	d	Related organizations	1d					
ξE	е	Government grants (contribut	tions) 1e					
i Si	f	All other contributions, gifts, gran	nts, and					
ë		similar amounts not included abo	ove 1f					
받	9	Noncash contributions included in lines	s 1a-1f \$					
<u>ة ن</u>	h	Total. Add lines 1a-1f		<u> </u>				
				Business Code				
စ္ပ	2 a			900099	10926864.	10926864.		
Program Service Revenue	b			900099	1,648,361.			
Suna	С			900099	595,633.			
e a	d		N FEES	900099	431,356.		49,064.	
<u>6</u>	е	PUBLICATIONS		900099	85,644.	17,606.		68,038.
ے	f	All other program service reve	enue	900099	32,025.	32,025.		
	9	Total. Add lines 2a-2f		<u> </u>	13719883.			
	3	Investment income (including	dividends, inter	_	04 700			04 700
		other similar amounts)		•	84,783.			84,783.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal	1			
	6 a	Gross Rents			4			
	b	Less: rental expenses			4			
	C	, ,		L				•
	d	, ,		<u> </u>				
İ	7 a	Gross amount from sales of	(i) Securities	(II) Other	4			
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		<u> </u>	4			
		Gain or (loss)			_			•
		Net gain or (loss)		<u> </u>				
Other Revenue	8 a	Gross income from fundraisin including \$	ng events (not of					1.
اچ		contributions reported on line	e 1c). See					
<u>ē</u>		Part IV, line 18	а		_			
튐		Less: direct expenses	b					İ
		Net income or (loss) from fund						
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	a -		-			
		Less: direct expenses	b	L				
		Net income or (loss) from gan	=					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a		1			
		Less: cost of goods sold	b	L				İ
ł	<u> </u>	Net income or (loss) from sale	-					
}		Miscellaneous Revenu		Business Code 900099	181,626.			181,626.
1	11 a		JENT.		445.			445.
	b			900099	255.			255.
	С	LABEL PRINTING	=	300033	255.			233.
	d				182,326.	-		
		Total. Add lines 11a-11d			13986992.	13602781.	49 064	335,147.
83200	<u>12</u> 9	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	0c, and 11e	1 13300332.	_ 13002/01.	37,004.	Form 990 (2008)
83200 02-02	-09							(2000)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	69,512.			
Grants and other assistance to individuals in				
the U.S. See Part IV, line 22				
Grants and other assistance to governments,				
organizations, and individuals outside the U.S	i.			
See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	1,135,756.			
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.674.214	·····		
Other salaries and wages	2,674,314.			
Pension plan contributions (include section 401(k)	37.560			
and section 403(b) employer contributions)	37,569.			
Other employee benefits	238,485.			
Payroll taxes	262,922.			
Fees for services (non-employees):				
a Management	021 620			· · · · · ·
b Legal	831,620.	· ·		
Accounting	85,705.	_ 		
d Lobbying				
Professional fundraising services. See Part IV, line	17	··		
Investment management fees	116 111			
g Other	416,411.			
Advertising and promotion	178,972.			-
Office expenses	144,690.		==	. –
Information technology Royalties	144,090.			
Royalties	195,497.			
Occupancy	2,233,172.	···-	· · · · · · · · · · · · · · · · · · ·	
Travel	· · · · · · · · · · · · · · · · · · ·		 	
Payments of travel or entertainment expense:	5			
for any federal, state, or local public officials	1,150,740.			
Conferences, conventions, and meetings	14,130.	<u></u>		
Interest	14,130.			
Payments to affiliates	763,438.	· · · · · · · · · · · · · · · · · · ·		
Depreciation, depletion, and amortization	109,289.	-		-
Insurance Other expenses Itemize expenses not covered	103,203.			
above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
expenses shown on line 25 below) a PRINTING AND PUBLICATION	1,039,561.		1	
PREMIUMS REMITTED	926,670.			
POSTAGE	696,368.		<u> </u>	
REPAIRS AND MAINTENANCE			 	
PROMOTIONAL ALLOWANCES	595,633.		1	
All other expenses	559,845.		 	
Total functional expenses. Add lines 1 through 24	15 046 030			
Joint Costs. Check here J if following				
SOP 98-2 Complete this line only if the organization	,		1	
reported in column (B) joint costs from a combined	1			
educational campaign and fundraising solicitation	1		1	

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Pai	<u>t X</u>	Balance Sheet							
					(A) Beginning of year		(B End of) year	
	1	Cash - non-interest-bearing		.,	8,936.	1			72.
	2	Savings and temporary cash investments			8,702,584.	2	7,34	2,8	39.
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net	532,655.	4	58	5,4	34.		
	5	Receivables from current and former officers, di							
	_	employees, or other related parties. Complete P		5					
	6	Receivables from other disqualified persons (as	ŗ				******	~~~~~	
		4958(f)(1)) and persons described in section 495							
		Part II of Schedule L			6				
ts	7	Notes and loans receivable, net		. [7			
Assets	8	Inventories for sale or use				8			
∢	9	Prepaid expenses and deferred charges			299,933.	9	30	8,8	15.
	10a	Land, buildings, and equipment: cost basis	10a	12,927,794.					
	ь	Less: accumulated depreciation. Complete	ļ						
		Part VI of Schedule D	10b	5,518,406.	6,486,459.	10c	7,40	9,3	88.
	11	Investments - publicly traded securities				11			
1	12	Investments - other securities. See Part IV, line			12				
	13	Investments - program-related. See Part IV, line			13				
	14	Intangible assets	-	055 440	14	0.1	- 7	71	
	15	Other assets. See Part IV, line 11		<u>.</u>	955,448.	15			771.
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	16,986,015. 146,917.	16	16,56		
	17	Accounts payable and accrued expenses	-	140,917.	17	24	0,3	14.	
	18	Grants payable	-	66,512.	18	5	Ω 1	54.	
Liabilities	19	Deferred revenue		_	00,312.	19 20		0,1	<u> </u>
	20 21	Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Sc	hodulo			21			
	22	Payables to current and former officers, director		F	·····		,		•
igi	22	highest compensated employees, and disqualifi							
Ë		of Schedule L	•	22					
	23	Secured mortgages and notes payable to unrela	ird parties		23	38	8,1	18.	
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D			6,532,336.	25	6,66	2,7	19.
	26	Total liabilities. Add lines 17 through 25			6,745,765.	26	7,35	5,5	05.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete	1 11				
es		lines 27 through 29, and lines 33 and 34.							
Š	27	Unrestricted net assets			10,216,924.	27	9,27	0,3	37.
Bala	28	Temporarily restricted net assets			23,326.	28	-6	1,5	23.
Net Assets or Fund Balance	29	Permanently restricted net assets		. —		29			
Ē		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and					
S		complete lines 30 through 34.							
set	30	Capital stock or trust principal, or current funds				30			
As	31	Paid-in or capital surplus, or land, building, or ed				31		-	
Ne t	32	Retained earnings, endowment, accumulated in	come,	or other tunds .	10,240,250.	32	9,20	R R	14
	33	Total net assets or fund balances Total liabilities and net assets/fund balances		-	16,986,015.	34	16,56		
Pai	34 1 XI				10/300/013.	<u> </u>	10/30	<u> </u>	
	474	Thanca Statements and Reporting						Yes	No
1	Acco	ounting method used to prepare the Form 990:	☐ Cá	ash X Accrual	Other				
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?							
	Were the organization's financial statements audited by an independent accountant?								
		es" to lines 2a or 2b, does the organization have a	•	•	sibility for oversight of the	audit,			
	revie	w, or compilation of its financial statements and s	electio	on of an independent accou	ntant?		2c	Х	ļ
3a	As a	result of a federal award, was the organization re-	its as set forth in the Sing	le Audi	ıt				
	Act a	and OMB Circular A-133?					3a	<u> </u>	X

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Form **990** (2008)

b If "Yes," did the organization undergo the required audit or audits?

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

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
Name of organization NATIONA	L RURAL LETTER CA	RRIERS	Empl	oyer identification number
ASSOCIA				53-0116149
Part I-A To be completed b	y all organizations exemp	t under section 5	01(c) and section 52	27 organizations.
See the instructions for S	Schedule C for details.			
1 Provide a description of the organiz	zation's direct and indirect political	campaign activities in	Part IV.	
2 Political expenditures			▶\$	
3 Volunteer hours				
Part I-B To be completed b	y all organizations exemp	t under section 5	01(c)(3).	<u> </u>
See the instructions for S				
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶ \$	
2 Enter the amount of any excise tax	, ,		▶ \$	
3 If the organization incurred a section	• -		•	Yes No
4a Was a correction made?		,		Yes No
b If "Yes," describe in Part IV.				. — —
Part I-C To be completed b	y all organizations exemp	t under section 5	01(c), except section	n 501(c)(3).
See the instructions for S				
1 Enter the amount directly expende		ion 527 exempt functi	on activities >\$	
2 Enter the amount of the filing organ				
exempt function activities			▶ \$	
3 Total of direct and indirect exempt	function expenditures. Add lines 1	and 2 and enter here	and on	
Form 1120-POL, line 17b			▶ \$	
4 Did the filing organization file Form	1120-POL for this year?		•	X Yes No
5 State the names, addresses and e	•) of all section 527 pol	itical organizations to which	ch payments were made.
Enter the amount paid and indicate		•	=	* =
promptly and directly delivered to a				
If additional space is needed, provi	•		FOR CONTINUAT	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Hallo	(5) / (50) 555	(0) 2	filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
NATIONAL RURAL	ALEXANDRIA , VA			
	22314	90-0032751	0.	0.
		· ·		
				
				
				1

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

NATIONAL RURAL LETTER CARRIERS

Schedule C (Form 990 or 990-EZ) 2008 ASS	OCIATIO	N			116149 Page 2
Part II-A To be completed by orga	nizations e	exempt under sed		at filed Form 576	8
(election under section 5	01(h)) . See t	he instructions for Sch	nedule C for details.		·
A Check if the filing organization be	longs to an affi	illated group.			
B Check ▶ if the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Limits on L (The term "expenditures	obbying Expe ' means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	oublic opinion ((grassroots lobbying)			
b Total lobbying expenditures to influence a	legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
 Total exempt purpose expenditures (add 	lines 1c and 1d	d)			
f Lobbying nontaxable amount. Enter the a					
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc	. —		
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	.000			
0	V of less 45		<u></u>		
g Grassroots nontaxable amount (enter 25		on line o			
h Subtract line 1g from line 1a. Enter -0- if li i Subtract line 1f from line 1c. Enter -0- if lir	-				
j If there is an amount other than zero on e			ation file Form 4720		
reporting section 4911 tax for this year?	ither line in or	ille 11, did the organiz	ation life Form 4720		Yes No
reporting section 4911 tax for this year?	A-Year Av	eraging Period Under	Section 501(h)		
(Some organizations			n do not have to com	plete all of the five	
			through 2f of the ins		
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))				<u> </u>	
c Total lobbying expenditures					
d Creervete poptovehle amount					
d Grassroots non-taxable amount					
e Grassroots celling amount (150% of line 2d, column (e))					
(10070 of mio Ed) dolorini (o))					

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008 ASSOCIATION

53-0116149 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		ļ	a) 1	 	<u>) </u>
		Yes	No	Ame	ount
During the year, did the filing organization	n attempt to influence foreign, national, state or				
local legislation, including any attempt to	influence public opinion on a legislative matter				
or referendum, through the use of:			1		
a Volunteers?				_	
b Paid staff or management (include comp	ensation in expenses reported on lines 1c through 1i)?			<u> </u>	
c Media advertisements?					
d Mailings to members, legislators, or the p	oublic?				
e Publications, or published or broadcast s	statements?				
f Grants to other organizations for lobbying					
	s, government officials, or a legislative body?				
_	entions, speeches, lectures, or any other means?				
i Other activities? If "Yes," describe in Par					•
j Total lines 1c through 1i	•••		<u>.</u>		
	nization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incl				1	
	urred by organization managers under section 4912		1		
-				-	
	n 4912 tax, did it file Form 4720 for this year? organizations exempt under section 501(c)(4	\ coction	501/6\/	5) or soci	ion
		, section	301(0)(J, OI SEC	IIOII
501(c)(6). See the instruction	s for scriedule C for details.			Yes	N
				X	
	s received nondeductible by members?		1	<u> </u>	<u> </u>
- ,				1	
Did the organization make only in-house Did the organization agree to carryover leart III-B To be completed by all of 501(c)(6) if BOTH Part III	obbying and political expenditures from the prior year? organizations exempt under section 501(c)(4 I-A, questions 1 and 2 are answered "No" OF				ion
Did the organization make only in-house Did the organization agree to carryover leart III-B To be completed by all of 501(c)(6) if BOTH Part III answered "Yes." See School	obbying and political expenditures from the prior year? organizations exempt under section 501(c)(4 I-A, questions 1 and 2 are answered "No" Of edule C instructions for details.		3 501(c)(I-A, que		ion
Did the organization make only in-house Did the organization agree to carryover loart III-B To be completed by all of 501(c)(6) if BOTH Part III answered "Yes." See School Dues, assessments and similar amounts	obbying and political expenditures from the prior year? organizations exempt under section 501(c)(4 I-A, questions 1 and 2 are answered "No" Of edule C instructions for details.	R if Part II	3 501(c)		ion
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NATIONAL RURAL LETTER CARRIERS
ASSOCIATION

Employer identification number 53-0116149

Schedule D (Form 990) 2008

Par	11 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible priva	ate benefit? Yes No
Pa	till Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conse	ervation easement on the last day
	of the tax year.		[·········
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?	_	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
Da	conservation easements.	f Art. Historical Transcures, or Otl	hor Similar Accets
Pal	Organizations Maintaining Collections of Complete if the organization answered 'Yes' to Form		ner Sirillar Assets.
	Complete if the organization answered Tes to Form	550, Fait 14, III16 0.	
	1614	A A	and about works of out historical
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ic service, provide, in Fait XIV, the text of
	the footnote to its financial statements that describes these		a about works of ort. historical transuras
D	If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, or		
	-	or research in furtherance 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 If the organization received or held works of art, historical tre	asuras, or other similar assets for financial	gain provide
2			gain, provide
_	the following amounts required to be reported under SFAS 1	To relating to these leffis.	> ¢
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$
b	Assets included in Point 330, Fait A		*

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C		t Hist	torical Tr	easures o	r Other	Similar	Δοςρ	S (contr	nued)	<u> </u>
	Using the organization's accession and other										
3	<u> </u>	records, check any	01 (110)	Onoming the	it are a digititi	Jani uso (J1 113 CONCC		113 (01100	K GII	
_	that apply):	d		l oan or eyc	hange progra	me					
а	Public exhibition	e		Other	nange progra	1113					
ь	Scholarly research	e	' Ш'	Other			<u> </u>				
C	Preservation for future generations			افسم ما خسری آگان دید.	h		-4	ın Davi	VIV		
4	Provide a description of the organization's co							ın Pan	AIV.		
5	During the year, did the organization solicit of					er sımılar a	assets	_	7 v		1
	to be sold to raise funds rather than to be matter than the properties that the total than the properties that the total than the properties that the pr					IV	4a Farm 00)O Dod	Yes	<u> </u>	No
Pai	Trust, Escrow and Custodial reported an amount on Form 990, Par	_	- Compi	ete ii organi	Zation answe	red res	to ronn 9:	o, ran	i iv, iiie s	9, OI	
	Is the organization an agent, trustee, custodi		tions for	contribution	e or other ass	note not in	ocluded				
18		an or other intermed	nary ioi	CONTINUENT	is of other as:	5 6 12 HOL II	icidaea		Yes		No
	on Form 990, Part X?	and annuals to the fo	llouge	table:				L	J 162		NO
D	If "Yes," explain the arrangement in Part XIV	and complete the ic	niowing	labie.					Amaunt		
	B						4-		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
Ţ	Ending balance	000 D-4V line	040				1f		Yes		No
	Did the organization include an amount on Fo		217					L	_ res		NO
	If "Yes," explain the arrangement in Part XIV. † V Endowment Funds. Complete if		arad "Va	e" to Form (200 Part IV II	20.10					
Par	Endowment Funds. Complete in						A Three was	o book	(=) Four	vooro	
	B	(a) Current year	(0) 1	nor year	(c) Two years	S DACK 10	1) Three year	SUACK	(e) Four	years i	Jack
1a	Beginning of year balance										
	Contributions			······			······································				
	Investment earnings or losses										
	Grants or scholarships						······································			······	······
е	Other expenditures for facilities					-					
	and programs						·····				
f	Administrative expenses								***************************************		••••••
9	End of year balance				<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
		%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administei	red for the	e organizati	on	Г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	•							3b		
4	Describe in Part XIV the intended uses of the								<u>-</u>		
Par		is, and Equipm	ent. Se								
	Description of investment	(a) Cost or o			or other	(c) De _l	preciation		(d) Book	value)
		basis (investr	nent)		(other)				2 26	-	06
1a	Land .				$\frac{1,686.}{2.010}$		(1)(1		2,26		
b	Buildings			1,05	2,819.	3,0	61,969	<u>' • </u>	3,990	, v:	<u> </u>
C	Leasehold improvements			2 61	2 222	2 4	F.C. 435	, -	1 15		<u> </u>
	Equipment	_		3,61	3,289.	2,4	56,437	' •	1,156	, g:	٠٧٠
	Other		_						7 400	2 2	00
Total	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B),	line 10(c).)					7,409		
							60		D /Form	aum '	21111111

Schedule D (Form 990) 2008 ASSOCIATION	N LETTER CAR		53-0116149 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	• •	of valuation: /ear market value
Financial derivatives and other financial products Closely-held equity interests Other			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related.			,
(a) Description of investment type	(b) Book value	(c) Method	of valuation: year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. See Form 990, Part X, II			
	(a) Description		(b) Book value
CASH VALUE OF DEFERRED COMPE CASH SURRENDER VALUE OF LIFE	ENSATION E INSURANCE POLI	СУ	778,031. 138,740.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)		▶ 916,771.
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability		(b) Amount	
Federal income taxes		F16 666	
STATE CHAPTERS		,516,666. 778,031.	
DEFERRED COMPENSATION PAYABLE TO INSURANCE CARRIER	os l	233,193.	
ACCRUED ANNUAL AND SICK LEAV		482,069.	
ACCRUED POST RETIREMENT BENE		632,000.	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) In Part XIV, 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. 832053 12-23-08

6,662,719.

Sche	dule D (Form 990) 2008 ASSOCIATION			<u>53-</u>	0116149	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	to Financial	Statements	s		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		13,986	,992.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		15,046	,232.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-1,059	,240.
4	Net unrealized gains (losses) on investments		4		27	,804.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9		27	,804.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		-1,031	
	t XII Reconciliation of Revenue per Audited Financial Statem	nents With I		r Returi	n	····
1	Total revenue, gains, and other support per audited financial statements			1	13,292	,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					•
-	Net unrealized gains on investments	2a	27,80	4.		
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
	Add lines 2a through 2d	_ 20			27	.804.
e	Subtract line 2e from line 1			3	27 13,264	.856.
3				-	13,201	, 050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	722,130	6		
b	Other (Describe in Part XIV)	[_ 4 b	122,13		722	,136.
c	Add lines 4a and 4b			4c 5	13,986	
<u>5</u>	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) **T XIII Reconciliation of Expenses per Audited Financial States	mente With	Evnenses n			1002.
		Herits With	Expenses p	1	14,239	247
1	Total expenses and losses per audited financial statements				11/233	/ 2 1 / 6
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a				
a	Donated services and use of facilities					
Þ	Prior year adjustments	2b		-		
C.	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XIV)	2d		ا <u>م</u> ا		0.
_	Add lines 2a through 2d			2e	14,239	
3	Subtract line 2e from line 1			3	14,235	,24/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	806,98			
	Other (Describe in Part XIV)	4b	000,90.		906	005
С	Add lines 4a and 4b			4c		<u>,985.</u>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		. — —	5	15,046	,232.
-	t XIV Supplemental Information					
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	t III, lines 1a an	d 4; Part IV, line	s 15 and	25; Part V, line	+4; Paπ
PAF	T XII, LINE 4B - OTHER ADJUSTMENTS:		_			
FEI	ERAL PLAN REVENUE: 722136.		 			
	ATT TIME AD OMITED AD THEMSELVES		<u> </u>			
	T XIII, LINE 4B - OTHER ADJUSTMENTS:				-	
r'EI	ERAL PLAN EXPENSES: 806985.			<u></u>		
			 -	 _		

SCHEDULE								OMB No 1545-0047	- 1
(Form 990)			Grants and Governn	ants and Other Assistance to Organizatio Governments. and Individuals in the U.S.	rants and Other Assistance to Organizations, Governments, and Individuals in the U.S.			2008	
Department of the Treasury		▼ Compl	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	n answered "Yes,	" on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public	
Internal Revenue Service				► Attach to Form 990.	n 990.			inspection	1
Name of the organization	NATIONAL ASSOCIATI	RURAL LETTER ON	TER CARRIERS					Employer identification number $53-0116149$	<u>.</u>
Part 1 General Infor	General Information on Grants and Assistance	Assistance			· · · · ·				
1 Does the organizativ	Does the organization maintain records to substantiate the amount of	substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to awa	criteria used to award the grants or assistance?	ınce?						Yes X No	0
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant	funds in the United	States.				- 1
	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	overnments and	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	ſ
recipient that	eciplent that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	,000. Check this	box if no one recipien	t received more th	an \$5,000 Use Pa	r IV and Schedule I-1	(Form 990) if addition	al space is needed .	
1 (a) Name and address of organization or government	ess of organization nment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NRLCA NATIONAL AUXILIARY OFFICERS	LIARY OFFICERS					•			
6040 METCALF ROAD				710 33	c				
JEDDO, MI 48032			(5)(2)	.216,00	>			OF EACH LONG	1
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	government or	ganizations					•	6
3 Enter total number	Enter total number of other organizations							▶ 41.	_:
LHA For Privacy Act a	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	8

NATIONAL RURAL LETTER CARRIERS

ASSOCIATION

Schedule I (Form 990) 2008 ASSOCIATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

53-0116149

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)				r additional information.				
(d) Amount of non- cash assistance			_	line 2, and any other				
(c) Amount of cash grant				on required in Part I,				
(b) Number of recipients				nde the information				
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				

832102 12-18-08

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Inspection

Name of the organization

NATIONAL RURAL LETTER CARRIERS ASSOCIATION

Employer identification number 53-0116149

Pá	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1ь		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а		4a		X
ь		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		├─
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			1
	The organization?	6a		
þ	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			1
7				1
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		\vdash
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regs. section 53.4958·4(a)(3)? If "Yes," describe in Part III	8		<u></u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

53-0116149

Schedule J (Form 990) 2008

Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	Compensation	nontaxable benefits	(B)(0)-(D)	reported in prior Form 990 or Form 990-EZ
DON CANTRIET,	€ 9	109,135.	0	16,200.	0	39,596.	164,931.	72,344.
	Ξ	103,82		15,000.	6,221.	39,997.	165,044.	77,072.
CLIFFORD D. DAILING	⊞			• 0	0	1	0	0.
C B B I B C	ε :	120,467.	0	0	0	49,189.	169,656.	72,155.
KONNIE W. STUTTS	3	0	0	0	0	0)	0
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Supplemental Information
complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 1A: PER THE CONSTITUTION OF THE NATIONAL RURAL LETTER CARRIERS'
ASSOCIATION, RESIDENT OFFICERS SHALL BE FURNISHED LIVING QUARTERS IN THE
VASHINGTON D.C. AREA. THE NATIONAL OFFICERS RECEIVED THE FOLLOWING AMOUNTS,
WHICH WERE PROVIDED FOR THE CONVENIENCE OF NRLCA:PRESIDENT DON CANTRIEL
329,167,VICE PRESIDENT JEANETTE DWYER \$29,677, SECRETARY-TREASURER CLIFFORD
). DAILING \$29,568, DIRECTOR OF LABOR RELATIONS JOEY C. JOHNSON \$27,239 AND
DIRECTOR OF STEWARD OPERATIONS RONNIE W. STUTTS \$38,732.
Schedule J (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NATIONAL RURAL LETTER CARRIERS ASSOCIATION

Employer identification number 53-0116149

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PURPOSE OF THE NRLCA SHALL BE TO IMPROVE THE METHODS USED BY RURAL
MAIL CARRIERS, TO COOPERATE WITH THE U.S. POSTAL SERVICE AND THE PUBLIC
FOR THE GOOD OF THE SERVICE, TO PROMOTE A FRATERNAL SPIRIT AMONG ITS
MEMBERS, AND TO BENEFIT THEIR CONDITIONS OF LABOR.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
STEWARD PROGRAM: HELD TRAINING SESSIONS FOR STEWARDS ON GRIEVANCE
PROCEDURES AND OTHER MATTERS.
FORM 990, PART VI, SECTION A, LINE 7A: NRLCA HAS THE FOLLOWING
CLASSIFIACATIONS OF MEMBERS:
A. BARGAINING UNIT MEMBERS - MEMBERS IN GOOD STANDING ARE ENTITLED TO ALL
VOTING RIGHTS AND TO HOLD BOTH ELECTIVE AND APPOINTIVE OFFICE AT ALL LEVELS
OF THE ASSOCIATION.
B. RETIRED MEMBERS - MEMBERS IN GOOD STANDING ARE ENTITLED TO ALL VOTING
RIGHTS WITH THE EXCEPTION OF RATIFICATION OF NATIONAL AGREEMENTS. RETIRED
MEMBERS MAY NOT BE ELECTED TO NATIONAL OFFICE.
C. ASSOCIATE MEMBERS - MEMBERS SHALL NOT BE ENTITLED TO VOTE OR TO HOLD
ELECTIVE OR APPOINTIVE OFFICE IN THE ASSOCIATION.
D. RETIRED ASSOCIATE MEMBERS - MEMBERS SHALL NOT BE ENTITLED TO VOTE OR
HOLD ELECTIVE OR APPOINTIVE OFFICE IN THE ASSOCIATION.
E. HONORARY MEMBERS - MEMBERS SHALL NOT BE ENTITLED TO VOTE OR THE HOLD
ELECTIVE OR APPOINTIVE OFFICE IN THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B: THERE ARE SOME DECISIONS OF THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NATIONAL RURAL LETTER CARRIERS ASSOCIATION

Employer identification number 53-0116149

GOVERNING BODY WHICH ARE SUBJECT TO APPROVAL BY MEMBERS.
FORM 990, PART VI, SECTION A, LINE 10: PREVIOUSLY, THE 990 HAS NOT BE
GIVEN TO THE GOVERNING BODY PRIOR TO FILING WITH THE IRS. THE
SECRETARY-TREASURER WAS THE ONLY MEMBER OF THE GOVERNING BODY TO APPROVE
THIS FILING. NRLCA IS OPEN TO HAVING THE ENTIRE GOVERNING BODY REVIEW IT
IN THE FUTURE.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, EACH OFFICER FILLS OUT A
QUESTIONAIRE REGARDING CONFLICT OF INTEREST. THIS IS SUBMITTED TO THEIR
AUDITORS FOR REVIEW. THE SECRETARY-TREASURER MONITORS THE RESPONSES.
FORM 990, PART VI, SECTION B, LINE 15: THE FINANCE COMMITTEE SUBMITS
RECOMMENDATIONS FOR OFFICERS' SALARIES, BENEFITS AND EXPENSES. THESE
RECOMMENDATIONS ARE REPORTED AT THE CONVENTION AND SUBMITTED TO THE
CONSTITUTION COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: THE CONSTITUTION AND BYLAWS ARE
MADE AVAILABLE TO EACH MEMBER ANNUALLY. THEY ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS COVERED IN THE
AUDIT REPORT, WHICH IS MADE AVAILABLE UPON REQUEST.
PART XI, FORM 990, 2C
AUDIT OVERSIGHT
THE FINANCE COMMITTEE HAS OVERSIGHT FOR THE AUDIT.

Schedule R (Form 990) 2008 Employer identification number 53-0116149 2008 Open to Public Inspection OMB No 1545-0047 NATIONAL RURAL LETTER CARRIERS' ASSOCIATION Direct controlling Direct controlling entity entity End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Total income Exempt Code section 9 9 527(F) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>O</u> ▶ See separate instructions. VIRGINIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. NATIONAL RURAL LETTER CARRIERS Primary activity Primary activity ê LOBBYING Identification of Related Tax-Exempt Organizations POLITICAL ACTION COMMITTEE - 90-0, 1630 DUKE NATIONAL RURAL LETTER CARRIERS ASSOCIATION ASSOCIATION Identification of Disregarded Entities 22314-3465 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity STREET, ALEXANDRIA, VA Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

Page 2

53-0116149

NATIONAL RURAL LETTER CARRIERS Schedule R (Form 990) 2008 ASSOCIATION

Part # Identification of Related Org	Identification of Related Organizations Taxable as a Partnership	inership								
(V)	(8)	(0)	(<u>O</u>)	Œ		(F)	(5)	£	€	3
Name, address, and EIN of related organization	Primary activity	Legal domicle (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	3i General or Nox managing partner? (165) Yes No
									-	
										.
						i				
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporati	poration or Trust	Trust					·		
₹			(8)	<u>O</u>	Q)	Œ		(.)	(5)	Œ
Name, address, and EIN of related organization	eiN Tu	ď	Primary activity	Legal domicule (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership
	. :	Т	ļ							
							_			
		T-	•							
		_								
		_								

Schedule R (Form 990) 2008

832162 12-23-08

NATIONAL RURAL LETTER CARRIERS Schedule R (Form 990) 2008 ASSOCIATION

Page 3

53-0116149

Organizations
Related (
With
Transactions
Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		ļ	Š	Yes No	- 1
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	×	
b Gift, grant, or capital contribution to other organization(s)		_	1b	×	
c Gift, grant, or capital contribution from other organization(s)		_	10	×	l
			10	×	1
e Loans or loan guarantees by other organization(s)			16	×	
f Sale of assets to other organization(s)		1	 	×	1
a Purchase of assets from other organization(s)		•	10	×	ı
			1h	×	1 1
i Lease of facilities, equipment, or other assets to other organization(s)			=	×	E
j Lease of facilities, equipment, or other assets from other organization(s)			į.	×	1 1
k Performance of services or membership or fundraising solicitations for other organization(s)			1k	×	1
l Performance of services or membership or fundraising solicitations by other organization(s)			=	×	1
m Sharing of facilities, equipment, mailing lists, or other assets			13	×	- 1
n Sharing of paid employees		<u> </u>	£	×	ı
o Reimbursement paid to other organization for expenses		15	10	×	1 1
p Reimbursement paid by other organization for expenses		<u> </u>	1p	×	1
			-		1
q Other transfer of cash or property to other organization(s)		<u> </u>	투,	× >	1
r Other transfer of cash of property from other organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ships and transaction threshole	-	<u> </u>	<u>د</u> ا ا	1 1
(A)	(8)		<u>O</u>		
Name of other organization(s)	Transaction type (a-r)	Атоп	Amount involved	ved ved	1
(1)					1
(2)					- 1
(6)					- 1
(4)					- 1
(5)					ı
(9)					- 1
832163 12-23-08	Š	Schedule R (Form 990) 2008	orm 99	0) 2008	m

53-0116149 Page 4

NATIONAL RURAL LETTER CARRIERS

Schedule R (Form 990) 2008 ASSOCIATION

Part Vi Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Yes No General or managing partner? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Dispropor-tionate allocations? Yes Share of end-of-year assets Are all partners section 501(c)(3) organizations? Yes No <u>@</u> Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2008

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	325,435. 438,003. 763,438.
Current Sec 179	ó
Accumulated Depreciation	2736534. 2018434. 4754968.
Basis For Depreciation	2261686. 7052819. 3613289.
Reduction In Basis	ċ
Bus % Excl	
Unadjusted Cost Or Basis	2261686. 7052819. 3613289.
S S	
Life	.000 16 10.0016
Method	I S S I
Date Acquired	VARIEST. VARIESSI.
Description	1LAND BUILDINGS AND ZIMPROVEMENTS FURNITURE AND 3EQUIPMENT * TOTAL 990 PAGE 10 DEPR
Asset No	

(D) - Asset disposed

828102 04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	8868 (Rev. 4-2009)				Page 2		
• H	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox .		>	X		
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a previously file-	Form	8868.				
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).							
Pa	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	oples r	needed).				
Туре	Name of Exempt Organization	Emp	loyer iden	tification	number		
print	NATIONAL RORAL LETTER CARRIERS	1 _					
File by	ASSOCIATION		3-011				
extend due da filing ti	led Number, street, and room or suite no. If a P.O. box, see instructions. No. 1630 DUKE STREET, NO. 400	For II	RS use onf	y 			
return				(
Chec	ck type of return to be filed (File a separate application for each return):						
X	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fo	orm 5227	□□ Fo	orm 8870		
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	orm 6069				
STO	?! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	d Form 88	168.			
	THE ASSOCIATION						
• Tr	ne books are in the care of > 1630 DUKE STREET - ALEXANDRIA, VA 2231	1					
	lephone No. ► (703) 684–5545 FAX No. ►						
	the organization does not have an office or place of business in the United States, check this box			•			
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	us is foi	the whole	oroup, cl	heck this		
box	If it is for part of the group, check this box I and attach a list with the names and EINs of all						
4	request an additional 3-month extension of time until MAY 15, 2010						
5	For calendar year , or other tax year beginning JUL 1, 2008 , and ending	JUN	30,	2009			
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in	accountir	ng period		
7	State in detail why you need the extension		·		•		
	ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE IN	ORM	ATION				
	NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See Instructions.	Ba	\$				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.	8ь	\$				
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	Bc	\$	N	/A		
	Signature and Verification						
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	e best o	t my knowie	age and be	ellet, ' .		
Signat	WIE & SULTIME TO WHAL TILLS & CPA	Date	▶ 5	113/3	1010		
	,		Forr	n 886 8 (R	ev 4-2009)		