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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL ASSOCIATION OF LETTER CARRIERS
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX #304
 City or town, state or country, and ZIP + 4
DOWNERS GROVE, IL 60515-0304

D Employer identification number
36-6167955
E Telephone number
708-373-7268
F Group Exemption Number ▶ **0685**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **53154.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	48915.	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less: cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	4239.		
6b	Less: direct expenses other than fundraising expenses	6b	1514.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2725.		
7a	Gross sales of inventory, less returns and allowances	7a	0		
7b	Less: cost of goods sold	7b	0		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe ▶ _____)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51640.		
10	Grants and similar amounts paid (attach schedule)	10	0		
11	Benefits paid to or for members	11	144.		
12	Salaries, other compensation, and employee benefits	12	33062.		
13	Professional fees and other payments to independent contractors	13	9505.		
14	Occupancy, rent, utilities, and maintenance	14	350.		
15	Printing, publications, postage, and shipping	15	3156.		
16	Other expenses (describe ▶ Registration fees for conferences-transportation to&from airport)	16	2475.		
17	Total expenses. Add lines 10 through 16	17	48692.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2948.		
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	14241.		
20	Other changes in net assets or fund balances (attach explanation)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	17189.		

Part II Balance Sheets: If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	13305.	17337.
23	Land and buildings	0	0
24	Other assets (describe ▶ Furniture and fixtures)	1343.	1343.
25	Total assets	14648.	18680.
26	Total liabilities (describe ▶ payroll taxes for 2009 that were paid in 2010)	(407.)	(1491.)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14241.	17189.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 1	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 28a	
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 29a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 30a	
31 Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 31a	
32 Total program service expenses (add lines 28a through 31a) _____ 32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
William Jackson 1103 Coral Drive, Lockport, IL 60441	President 7 hours	3978.	0	2809.
Winston Purchase 658 Rebecca Lane, Bolingbrook, IL 60440	Vice-President 7 hours	3521.	0	2162.
Robert Cooper 3314 Oak Street, Chicago, IL 60429	Secretary 6 hours	2265.	0	738.
Kimberly Kalousek 4123 S. Grove Ave. Stickney, IL 60402	Treasurer 6 hours	2149.	0	732.
Patricia Jackson 1103 Coral Drive, Lockport, IL 60441	Newsletter Editor 1 hour	500.	0	0
Francisco Bravo 8120 S. Keating, Chicago, IL 60652	Steward 6 hours	500.	0	0
Guy Brownson 5904 Downers Drive, Downers Grove, IL 60516	Health Benefit Rep 1 hour	619.	0	1118.
Cinque Stevens 11256 S. Hale, Chicago, IL 60643	Sgt. at Arms 0 hours	1781.	0	1423.
Cesar Medina 2700 Highland Ave. Berwyn, IL 60402	Delegate 0 hours	0	0	411.
Francisco Mendoza P.O.Box 962 Downers Grove, IL 60515	Delegate 0 hours	0	0	467.
Markita Jackson 1353 S. Blue Island, Chicago, IL 60608	Delegate 0 hours	0	0	258.
Kelly Hamilton 2209-B S. Bogdan Lane, Joliet, IL 60432	Delegate 0 hours	0	0	258.
Kirk Bailey 429 Sierra Ln. Bolingbrook, IL 60448	Delegate 0 hours	0	0	258.
Barbara Bacigalupo 312 Hamrick, Romeoville, IL 60446	Delegate 0 hours	0	0	411.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
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 period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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.		✓
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ Kimberly Kalousek Telephone no. ▶ 708-373-7268 Located at ▶ 4123 S. Grove Ave. Stickney, IL ZIP + 4 ▶ 60402-4436		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|------------|-----|----|
| 46 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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

▶ Kimberly L. Kalousek | May 17, 2010
Signature of officer Date

▶ Kimberly L. Kalousek Treasurer May 17, 2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶	

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

2009 FEDERAL STATEMENTS

NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH #1870

36-6167955

STATEMENT 1

FORM 990-EZ PART III

ORGANIZATIONS PRIMARY EXEMPT PURPOSE

This labor organization represents its 117 members by protecting working conditions, benefits, and wages...and defending against management abuse.