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· 990

Return of Organization Exempt From Income Tax

20**09**

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

Open to Public

		of the Treasury enue Service	′	The organiz	zation may h	nave to u	se a copy o	of this retur	n to satis	sfy state re	porting red	quirer	nents	Insp	ection	
A	For th	ne 2009 ca	lendar	year, or to	ax year beg	inning	July	<i>r</i> 1 ,	2009, a	nd ending	Ju	ine 3	0	, 20 10		
В	Check if	applicable	Please	C Name of	organization	Nationa	ıl Rural Le	etter Carri	ers' As	sociation		P	Employ	er identific	ation n	umber
		s change	use IRS label or	Doing Bi	usiness As N	RLCA		<u>-</u>					53	: 01	116149)
	Name c		print or	Number a	nd street (or P C	box if mai	l is not delivere	ed to street add	dress)	Room/suite	е	E	Telepho	ne number		
	nıtıal re		type See		ıke Street							(703)	79	7-8409	}
_	Termina		Specific Instruc-	City or to	own, state or o	country, a	nd ZIP + 4									
		ed return	tions.		dria, Virgin							G	Gross rec	eipts \$	14,070	0,791
_		on pending	F Nar	me and addr	ess of principa	al officer	Don Car	ntriel, Pres	sident		H(a) Is th	us a gre	oup return	for affiliates?]Yes	 ✓ No
	··		1630	Duke Stre	et, Alexan	dria, VA	22314-34	465			1	-		icluded? [□No
ī	Tax-ex	empt status	Z:	501(c) (5)	◀ (insert no)	494	7(a)(1) or	527			1			list (see in:		15)
J	Webs	ite: ► WV	W.NF	RLCA.OR	G						H(c) Group	exem	ption num	ber 🟲		
K	Form of	f organization.	Z Corp	oration 🔲 Tr	rust 🗌 Associa	ation 🗆 O	ther ►		L Year	of formation	n 1903	М	State of	legal domi	cile VA	<u> </u>
Pa	irt I	Summ														
	1	Briefly de	scribe	the organ	nization's n	nission o	or most si	gnificant a	ctivities	. The pu	rpose of	the	NRLC	A shall b	e to	
•		Briefly describe the organization's mission or most significant activities: 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														
ž		good of	good of the Service, to promote a fraternal spirit among its members, and to benefit their condition of labor.													
Governance																
o.	2	Check this	box ▶	☐ If the o	rganization dis	scontinued	its operation	ns or dispose	ed of more	than 25%	of its net as	sets				
જ	3	Number of	of votir	ng membe	ers of the g	governin	g body (Pa	art VI, line	1a)				3			9
es				_	voting mem					I, line 1b)			4			9
Activities &	5	Total num	nber o	f employe	es (Part V,	line 2a)							5			106
Act	6	Total nun	nber o	f voluntee	ers (estimate	e <u>if nece</u>	essary)						6			0
	7a	Total gros	ss unre	elated bus	siness reve	nue fron	aPar(V)(F	-¢ďuhia (), line	12			7a		\$120	0,032
	b	Net unrel	ated b	usiness ta	axable inco	me from	LEorm. 991	0-1, line 3	<u>4-,∪</u>		<u>. </u>		7b			,816)
						ဖြ			S	<u> </u>	Prior \	/ear		Curre	ent Year	<u>r</u>
ø	8	Contribut	ions a	nd grants	(Part VIII, I	line <u>T</u> h)	.0CT. 2	6 . 2010	8	_			\$0			\$0
nu					(Part VIII, I				اکھا	_	\$13		,883	\$	12,56	
Revenue	10	Investment income (Part VIII, column A; lines & 4 and (d)										\$84		4,794		
	11	Other rev	enue (Part VIII,	column (A)	, liniës 5	-88-86. 9	e, ⊈0c, 9r	ud lile)	· .			,326			3,729
	1				through 11					12)	\$13		,992	\$	13,90	
	13	Grants ar	nd sim	ılar amou	nts paid (Pa	art IX, c	olumn (A),	lines 1-3)	. –		\$69	,512			\$800
r)	14	Benefits	paid to	or for m	embers (Pa	art IX, co	olumn (A),	line 4)					\$0			\$0
1se	15	Salaries, c	other co	ompensati	ion, employe	ee benef	its (Part IX,	, column (A), lines 5	i–10)	\$4	,349	,046		\$4,60	
Expenses					ees (Part IX							n S marga	\$0			\$0
ũ					s (Part IX, co										33.00	
	1				column (A)							•	,674		10,29	
					s 13–17 (m			column (A	4), line 2	25)			,232	\$	14,89	
_ w		Revenue I	less ex	penses. S	ubtract line	18 from	line 12 .			 -			240)			,737 <u>)</u>
ts o										В	eginning of				of Year	
Assets or	20	Total ass				•				⊢		•	,319		17,65	
Net A	1	Total liab			•	 				· - ├-			,505		\$9,42	
	22 rt				ces. Subtra	act line A	21 from III	ie 20.		•	\$ 5	,,,ZU	,814		\$8,23	1,277
	11 (1)	<u> </u>		Block	eclare that I ha		and this ratur	n including (una cohodu	loc and state	mont	c and to	the best o	of my kn	
					and complete											
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		Type	or print	name and t	itle	<u>~~.</u>	,7	- 								
		+′	<u> </u>			_			Date	Che	ck if	Pre	parer's ic	lentifying nu	mber	
		Preparer's signature		D	- 11			-	1 .	self-	oloyed ▶ □		instruct			
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	parer's	Firm's nai		rours T	ate & Tryo	n			1		EIN	┷	:	•		
Use	Only	if self-em		_	05 15th Str		, #900. W:	ashingtor	, DC 20	0005			(202) 29	3-220	0
Ma	y the				th the pre		_								Yes [No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

Cat No 11282Y

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's 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 condition 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. 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	(Code:) (Expenses \$
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$) The 105th National Convention of NRLCA was held in Grapevine, Texas August 17-21, 2009. More than 3,000 attendees gathered to plan, discuss, and disseminate information regarding the issues, concerns and future goals
	of the postal work force. In addition, representatives from each state participate in the annual election of NRLCA's new officers as part of the annual convention.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$) Publications: 12 issues of "The National Rural Letter Carrier" are published and disseminated to the 109,875 current
	members of the organization on a monthly basis to inform and update members on postal regulations and other
	matters pertaining to the postal service.
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pai	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N	Α
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	√	
6	Did the organization maintain any donor advised funds or any similar funds or 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_		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	1	7
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Ä		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	***	24.
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		1
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		1
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? <i>If "Yes," complete Schedule F, Part III</i>	16	:	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	✓

Pa	ct IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		4
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b	N/	ΆL
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	┕⋍	/A /A
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> ``</u>	쓴
	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	N	/ <u>A</u>]
b	Is the organization 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	25b	N	/A]
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	District of the Control of the Contr	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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	1	
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		1
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	N	/A
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	Statements Regarding Other IRS Filings and Tax Compliance		_	
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of LIS Information Returns Enter the if not applicable 65	45		
	U.S. Information Returns. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Pier-
	Statements, filed for the calendar year ending with or within the year covered by this return 1	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)		±	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	/	Ac at the last
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
	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)?	4a		 ✓
b	If "Yes," enter the name of the foreign country: ▶ N/A		議	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	Ż	Ā
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N	I/A
	Organizations that may receive deductible contributions under section 170(c).	41.6		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	N	/A]
	and services provided to the payor?	7b	_=	/A L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			==
	required to file Form 8282?	7c		/A
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		N.	/A
	benefit contract?	7e 7f	N/	亍
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		<u> </u>
	required?	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		盔	
	organization, have excess business holdings at any time during the year?	8		/A
9	Sponsoring organizations maintaining donor advised funds.			/ ^ 3
	Did the organization make any taxable distributions under section 4966?	9a	12	쐳
	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b		<u>/A</u>
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII line 12			
	middler 1995 and Suprair Sorring and Middler Street Vill, inset 12.			
	Cross receipts, included on Form 500, Fair Vin, line 12, for public use of club facilities	ję.		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12bl N/A	12a	N.	/A

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, at for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	
Section A	Schedule O. See instructions. A. Governing Body and Management	

000	Clor A, Governing Body and Management			
			Yes	No
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_		<u> </u>
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_		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	1	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
0				
	the year by the following:			<u>िवर्षक्तर</u> मेरि
_	The governing body?	8a		
þ	Each committee with authority to act on behalf of the governing body?	_8b	~	
9	Is there any officer, director, 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	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
	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?	10b	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Ť	
• •	form?	11	1	
110				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		/	A. 1842
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		√
14	Does the organization have a written document retention and destruction policy?	14	was critical	√
15	Did the process for determining compensation of the following persons include a review and approval by	-33.1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2.1	4.0	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
	Other officers or key employees of the organization	15b	\checkmark	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		文学	
. 50	with a taxable entity during the year?	16a	45 4	<u> </u>
L				
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16P	*** N/	Ά
Sec	tion C. Disclosure	16b	<u>ت</u>	
		_		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	s(8)(:	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ▶ The Association - 1630 Duke Street, Alexandria, VA 22314 - (703) 797-8409			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 not co	mpensate	any o	curr	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Don Cantriel, President	60	1		1				\$136,036	\$0	\$37,232
Jeanette Dwyer, Vice-President	60	1		1				\$129,072	\$0	\$38,075
Clifford Dailing, Secretary-Treasurer	60	1		1				\$128,558	\$0	\$43,336
Joey Johnson, Director of Labor Relations	60	1		1				\$129,072	\$0	\$38,063
Ronnie Stutts, Director of Steward Operation	60	√		1				\$130,098	\$0	\$52,572
Susan Knapp, Executive Committee Chair	60	1		1				\$105,617	\$0	\$17,754
Steven Traylor, Executive Committee	60	1		1				\$105,617	\$0	\$10,926
Donald Maston, Executive Committee	60	1		1				\$105,617	\$0	\$15,724
Robert Horne, Executive Committee	60	1		√				\$105,617	\$0	\$10,899
Larry Waligora, Mgr of Insurance Programs	40					✓		\$109,327	\$0	\$16,494
										_
_										

Pa	Section A. Officers, Directors, Iru		Emp	loy			a Higi	nesi			≥S (COI	nunue	•	
	(A) Name and title	(B) Average	Positi	on (C) kall	that ap	nlv)	(D) Reportable	(E) Reportat	nte	F	(F) stimate	hd
	rathe and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		com fr org and	nount of other pensation the lanization d relate anization	of tion e ion ed
					ļ									
			_											
<u>1b</u>	Total							▶	\$1,184,631		\$0		\$281	,075
2	Total number of individuals (including but i reportable compensation from the organization)		to the	ose	list	ed a	above) wh	no received mo	ore than \$1	00,00		Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S										շս բ			1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.											4	*	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete	oen: S <i>ch</i>	satı edu	on i	from a	any uch	unrelated org	anization f	or	5		¥. ✓
Se	ction B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization	ompensate	d ind	epe 	nde	ent o	contra	ictoi	rs that receive	d more tha	n \$10	0,000	of	
	(A) Name and business add								(B) Description of s	ervices	((C Compe		1
	er, Gan & Gisler, LLP - 1730 Rhode Island			n E	C 2	2003	36	_	gal Services		<u> </u>		\$915	
	orld Color, Corp P.O. Box 98668, Chicago				:	A ^	2240	_	inting Service				\$519	
	ckley Services, Inc 5701 General Washir ormation Strategies - 4301 Connecticut Av							_	novation Sen		$\vdash \vdash$		\$375	
	ormation Strategies - 4301 Connecticut Av omar Consulting - 80 Whitetail Way, Frede					, 20	UU4	 	ftware Progra ormation Tec		$\vdash \vdash$		\$283 \$240	
2	Total number of independent contractors (i					l to	those							
-	more than \$100,000 in compensation from											5		

Form 990 (2009) Page 9											
Part	t VIII	Statement of Re	venue				l				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
nts	1a	Federated campaigns		1a	\$0		"我性"。	建設於對於			
g a	ь	Membership dues		1b	\$0						
am.	c	Fundraising events		1c	\$0						
gif Tar	d	Related organizations		1d	\$0						
S. iii	е	Government grants (contr	ributions).	1e	\$0		建建制	是第547号第五			
rtio er s	f	All other contributions, gifts,	•	1		医型性性					
ફ		and similar amounts not inclu		1f	\$0				产、泛 調源		
Contributions, gifts, grants and other similar amounts	g	Noncash contributions include	ed in lines 1a-	1f: \$	\$0	I di	[2][[][[]][[]]				
<u>O a</u>	h	Total. Add lines 1a-1f			<u> ▶</u>	\$0	12 12 1 2 2		71 - 1189, 18-4		
Ē		M 1			Business Code			景点的 特殊	2000年		
3Ver	2a	Membership Dues			900099	\$10,577,862					
č	b	Insurance Premiums			900099	\$1,741,361		247.242			
Ğ	С	Insurance Admin Fee	S		900099	\$121,382					
Sei	d	Publications			900099	\$89,248		\$72,383	\$12,957		
Ta Ta	e	Convention			900099	\$38,100	\$38,100				
Program Service Revenue	T	All other program servi			L	£40 567 052	(ट.संग्रह सेन्स्य : क्रांस्ट्रह	ी रजर्म के . सर्वे जिल्हा सम	1000年1月1日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1日日		
	9	Total. Add lines 2a-2f			<u> ▶</u>	\$12,567,953		沙罗河 有点	Pr. 145753 (489) 1884		
	3	Investment income (inc				\$46,073			\$46,073		
		other similar amounts)				\$0			\$40,013		
	5	Income from investment of Royalties	ot tax-exemp	ot bon	a proceeds	\$648,181			\$648,181		
	٦	noyanies,	(i) Real	•	(ii) Personal		A STATE OF THE STA	132h 83	2 - 2 3 3 4 4 A		
		O D	(7.154		(4)						
	1 .	Gross Rents				以理論整理是					
	b	Less: rental expenses Rental income or (loss)									
	ď	Net rental income or (loss)	oss)		>	\$0		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.5 T. 22 YES 1870		
		•	(i) Securiti	es	(ii) Other	選品におき	Father Line	· 基础 。 "我的			
	/a	Gross amount from sales of assets other than inventory	,, ======	\$0	\$573,036			ر اور تجمع اور			
	<u> </u>	Less cost or other basis			, , , , , , , , , , , , , , , , , , , ,	Darlies					
	"	and sales expenses .		\$0	\$164,315		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				
		Gain or (loss)		\$0	\$408,721			10.7			
		Net gain or (loss) .		-		\$408,721			\$408,721		
Revenue	8a	a Gross income from fundraising events (not including \$									
ē		See Part IV, line 18		· a	<u></u>		31 7 7 7 7 7 7 7 7 7				
Other		Less: direct expenses Net income or (loss) fro	om fundrai:	. b sina e	events ►	\$0					
•	1			_		5° 35 () [5-5]			一页。蜀草的		
	ya.	Gross income from gan See Part IV, line 19									
	ь	Less direct expenses.						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
		Net income or (loss) from			ities ►	\$0					
	10a	Gross sales of inve	entorv le	ss		g s 2.5 g-	<u> </u>	-0	الله الله الله الله الله الله الله الله		
		returns and allowances						ر د د و			
	Ь	Less: cost of goods so	old	. b		10 (mg - 12 fr	- " . " . " . " . " . " . " . " . " . "	(F)			
	С	Net income or (loss) from		nvent	T .	\$0					
	<u></u>	Miscellaneous Rev			Business Code				1		
	11a	Plan Reimbursement	• <i>•</i>		900099	\$194,470	\$194,470				
	b	Reimb. from Auxilian	у		900099	\$36,605	····				
	С	Miscellaneous			900099	\$4,193			\$4,193		
	d	All other revenue				\$280	, ####################################	Tame I Tame	\$280		
		Total. Add lines 11a-1			💺	\$235,548					
	12	Total revenue. See ins	STRUCTIONS.			\$13,906,476	\$12,666,039	\$120,032	\$1,120,405		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	\$800							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	\$0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16	\$0 \$0							
4	Benefits paid to or for members	40		The state of the s					
5	Compensation of current officers, directors, trustees, and key employees	\$1,373,098							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	\$0							
7	Other salaries and wages	\$2,424,735							
8	Pension plan contributions (include section 401(k)	, = -, = -							
9	and section 403(b) employer contributions)	\$231,271							
9	Other employee benefits	\$301,735							
10	Payroll taxes	\$270,389							
11	Fees for services (non-employees):			İ					
а	Management	\$0							
b	Legal	\$908,545							
	Accounting	\$153,322 \$0							
	Lobbying								
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	\$0	Transfer of the Control of Automatical Control of the Control of t	一 小一 作品 医动物 医神经神经 医神经神经					
_	Otner	\$523,308							
g 12	Advertising and promotion	\$0							
13	Office expenses	\$194,458							
14	Information technology	\$169,864							
15	Royalties	\$0							
16	Occupancy	\$257,854							
17	Travel	\$2,257,550							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	\$0							
19	Conferences, conventions, and meetings .	\$893,656							
20	Interest	\$0							
21	Payments to affiliates	\$969,051							
22	Depreciation, depletion, and amortization.	\$96,852							
23	Insurance	1.00.002							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together								
	and labeled miscellaneous may not exceed		- 1 w. 2 - 1	and the state of the state of	7.4				
	5% of total expenses shown on line 25 below.)								
а	Printing	\$878,586							
b	Premiums Remitted	\$875,561							
С	Postage	\$758,746	.	· - · · · · · · · · · · · · · · · · · ·					
d	Repairs & Maintenance	\$622,118							
e	Promotional Allowances	\$443,899			·				
f 25	All other expenses	\$292,815 \$14,898,213							
26	Joint costs. Check here ▶ ☐ if following	₹14,050,213							
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation								

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	\$1,072	1	\$333,538
	2	Savings and temporary cash investments	\$7,342,839	2	\$8,195,711
	3	Pledges and grants receivable, net , , , , , , , ,		3	
	4	Accounts receivable, net	\$585,434		\$730,007
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	\$308,815	9	\$328,852
	10a	Land, buildings, and equipment: cost or 10a \$13,568,141 other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b \$6,339,781	\$7,409,388	10c	\$7,228,360
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u></u>
	15	Other assets. See Part IV, line 11	\$916,771		\$839,986
	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$16,564,319		\$17,656,454
	17	Accounts payable and accrued expenses	\$246,514		\$724,627
	18	Grants payable	\$50.454	18	457.070
	19	Deferred revenue	\$58,154		\$57,970
S	20	Tax-exempt bond liabilities		20	
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	E CONTRACTOR DE L'ACTUAL DE L'		
Ë		persons Complete Part II of Schedule L	From the property of the property of the section of	22	Figure 1 and
	23	Secured mortgages and notes payable to unrelated third parties	\$388,118		\$0
	24	Unsecured notes and loans payable to unrelated third parties	, 4000,1110	24	***
	25	Other liabilities. Complete Part X of Schedule D	\$6,662,719	25	\$8,642,580
	26	Total liabilities. Add lines 17 through 25	\$7,355,505	26	\$9,425,177
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		4,2	
lan	27	Unrestricted net assets	\$9,270,337	27	\$8,225,459
Ва	28	Temporarily restricted net assets	(\$61,523)	28	5,818
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	\$9,208,814		\$8,231,277
	34	Total liabilities and net assets/fund balances	\$16,564,319	34	\$17,656,454

Form **990** (2009)

Ferm 990 (2009)

Page **12**

Pai	t XI Financial Statements and Reporting	-		
		Section 1	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		鳢	
	Schedule O.	12		4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in		翻	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		***	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>	5
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	[N/	Д

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. 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-B. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III Name of organization Employer identification number **National Rural Letter Carriers' Association** 0116149 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Vee b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? ∐ Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (d) Amount paid from (c) EIN (e) Amount of political filing organization's funds. If none, enter -0contributions received and promptly and directly

			Tanas miene, enter e	delivered to a separate political organization If none, enter -0-
	1630 Duke Street			
See Part IV - Complete Name	Alexandria, VA 22314	90-0032751	0	

JUI		1111 990 OF 990-LZ) 2009					rage 🗲
Ρ	art II-A	Complete if the orga under section 501(h))		ot under sectio	n 501(c)(3) and	filed Form 5768	3 (election
A B		☐ If the filing organization☐ If the filing organization				ons apply.	N/A
			Lobbying Expend	itures		(a) Filing organization's totals	(b) Affiliated group totals
	b Total loc c Total loc d Other of e Total e	obbying expenditures to infobbying expenditures to infobbying expenditures (addexempt purpose expenditures to infobbying expenditures). The context is a second to the context in the context is a second to info in the context in the context is a second to info in the context in the context is a second to info in the context in the cont	fluence a legislative lines 1a and 1b) res es (add lines 1c and	body (direct lobb	ying)		
	Over \$5 Over \$1 Over \$1	nount on line 1e, column (a) or r \$500,000 00,000 but not over \$1,000,00 ,000,000 but not over \$1,500, ,500,000 but not over \$17,000	20% of the ar 30 \$100,000 plus 3175,000 plus	nontaxable amount mount on line 1e : 15% of the excess 10% of the excess 5 5% of the excess	s over \$500,000.		
	h Subtra i Subtra j If there	(Some organizations th	ero or less, enter -0- ero or less, enter -0- ero on either line 1h	or line 1i, did the c	organization file Fo ection 501(h) lo not have to co	mplete all of the	☐ Yes ☐ No
_		Lot	bying Expenditure	s During 4-Year	Averaging Period	I	
	Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2	a Lobbyin	g nontaxable amount				-	
		g ceiling amount if line 2a, column (e))					
	c Total lol	obying expenditures					
	d Grassro	ots nontaxable amount					
		ots ceiling amount of line 2d, column (e))					
	f Grassro	ots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009

Page 3

Part II-I	Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	iled I	Form 5768 N/A
		(a	a)	(b)
		Yes	No	Amount
legis refe	ng the year, did the filing organization attempt to influence foreign, national, state or local slation, including any attempt to influence public opinion on a legislative matter or rendum, through the use of inteers?			
	staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Med	fla advertisements?	ļ		
d Mail	ings to members, legislators, or the public?			
e Pub	lications, or published or broadcast statements?			
f Gra	nts to other organizations for lobbying purposes?			
g Dire	ct contact with legislators, their staffs, government officials, or a legislative body?			
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	er activities? If "Yes," describe in Part IV			
j Tota	al Add lines 1c through 1i			
2a Did	the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L		A Property Andrews
	es," enter the amount of any tax incurred under section 4912			
	es," enter the amount of any tax incurred by organization managers under section 4912			
	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		
Part III-	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)((5), o	r section
				Yes No
1 Wer	e substantially all (90% or more) dues received nondeductible by members?			1 /
	the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2 1
	the organization agree to carryover lobbying and political expenditures from the prior year?			3 1
4 Due	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II "Yes." s, assessments and similar amounts from members	I-A, II	ine 3	is answered
	s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	 itiaal		
	enses for which the section 527(f) tax was paid).	iucai	in a	!
-	ent year		2a	
		•	2b	_
		•	2c	
	il		3	
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion c			
	ess does the organization agree to carryover to the reasonable estimate of nondeductible lob		at .	
	political expenditure next year?	Jynig	4	1
	able amount of lobbying and political expenditures (see instructions)	•	5	
Part IV		<u> </u>		L
Complete Also, con	e this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, aplete this part for any additional information.			
Page 1, I	Part I-C, Line 5, "Enter the name, address, and employer indentification", Column (a)	Name	:	
National	Rural Letter Carriers' Association Political Action Committee			
• • • • • • • • • • • • • • • • • • • •				
	,		· • • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

☐ Protection of natural habitat

☐ Preservation of open space

the tax year ▶

Part I

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number 53 0116149 **National Rural Letter Carriers' Association** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . . . 2c 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- Revenues included in Form 990, Part VIII, line 1 . . . Assets included in Form 990, Part X \$

Schedule D (Form 990) 2009 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition а Loan or exchange programs b Scholarly research Other С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? Yes No . . . b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year . . . 1e Ending balance 1f Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance. Contributions . . . Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value basis (other) depreciation \$0 1a Land . . . \$2,522,808 \$2,522,808 **b** Buildings . . \$0 \$6,824,000 \$3,423,579 \$3,400,421 c Leasehold improvements \$0 <u>\$0</u> \$0 \$0 d Equipment \$0 <u>\$4,221,333</u> \$2,916,202 \$1,305,131 \$0 \$0 \$0 \$0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) \$7,228,360

Part VII Investments—Other Securities	See Form 990, Part X	line 12	T ago 🗸
(a) Description of security or category	(b) Book value	(c) Method of value	ation
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other			
N/A	· · · · · · · · · · · · · · · · · · ·		·
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990, Part X,		And the control of th
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	irket value
N/A			
W			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		Mary Comments of the Comment of the
,	(a) Description		(b) Book value
Cash Value of Deferred Compensation			\$839,986
		•••	
		• • • • • • • • • • • • • • • • • • • •	
Total. (Column (b) must equal Form 990, Part X, col		<u> </u>	\$839,986
Part X Other Liabilities. See Form 990,			
(a) Description of liability Federal income taxes	(b) Amount	- 中国 建合金 (金) (金)	
State Chapters	\$4,885,68		
Deferred Compensation	\$839,986	—1	
Payable to Insurance Carriers	\$223,26		
Accrued Annual & Sick Leave	\$466,65		
Accrued Retirement Benefits	\$827,000		
Long Island, NY Arbitration Award Payable	\$1,400,00		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	\$8,642,58		

2. FIN 48 Footnote. 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.

National Rural Lette	r Carriers' A	ssociation #53	-0116149

Sche	dule D (Form 990) 2009				Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990	to Au	dited Financial S	tateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	\$13,906,476
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	\$14,898,213
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	(\$991,737)
4	Net unrealized gains (losses) on investments			4	\$14,200
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 through 8		2	9	\$14,200
10	Excess or (deficit) for the year per audited financial statements. Comb			10	(\$977,537)
	t XII Reconciliation of Revenue per Audited Financial Sta				\$13,015,089
1	Total revenue, gains, and other support per audited financial statemen	its		43664	\$13,013,003
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	\$14,20		
a	Net unrealized gains on investments	2b	φ (4, <u>2</u> 0		
b	Donated services and use of facilities	2c			
C	Recoveries of prior year grants	2d			
d	Other (Describe in Part XIV.)			2e	\$14,200
e	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i . ı		60.0	\$13,000,889
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	\$905,58		
b	Other (Describe in Part XIV.)				\$905,587
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				\$13,906,476
	TXIII Reconciliation of Expenses per Audited Financial St				
1				1	\$14,059,967
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	\$14,059,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĹĹ		100	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	\$838,24	6	
С	Add lines 4a and 4b			4c	\$838,246
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I	, line 1	<u>8.)</u>	5	\$14,898,213
Pai	t XIV Supplemental Information		<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5,				
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b	; and F	Part XIII, lines 2d a	nd 4b. A	Aiso complete
this	part to provide any additional information.				
Pai	t XII, Line 4b:				
		• • • • • • • • • • • • • • • • • • • •			
Otł	er 990 revenues consist of Federal Plan Revenue [\$868,982] and Re	imburs	ement from the N	lational	Auxiliary [\$36,605].
					• • • • • • • • • • • • • • • • • • • •
D	A VIII 1 in a 4b.				• • • • • • • • • • • • • • • • • • • •
rai	t XIII, Line 4b:				•••••
Oth	ner 990 expenses consist of Federal Plan Expense [\$801,641] and Re	imbur	sement from the A	National	Auxiliary (\$36 605)
				·····	······································
	•••••••••••••••••••••••••••••••••••••••				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

20**09**

0116149

Open to Public Inspection

Name of the organization

National Rural Letter Carriers' Association

Questions Regarding Compensation

Employer identification number

53

Yes 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 ☑ Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions 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 any of the boxes on line 1a are 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 1b 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? 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 Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement?. . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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 a The organization? **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization?.......... **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2009

Page 2 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 of row (i) 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 W	f W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
Don Cantriel	88	\$129,361	0\$	\$6,675	0\$	\$37,232	\$173,268	0\$
Jeanette Dwyer	E S	\$123,423	0\$	\$5,649	0\$	\$38,075	\$167,147	0\$
Clifford Dailing	88	\$123,423	0\$	\$5,135	\$6,546	\$36,790	\$171,894	0\$
Joey Johnson	€ €	\$123,423	0\$	\$5,649	\$6,93	\$31,085	\$167,135	0\$
Ronnie Stutts	33	\$123,423	0\$	\$6,675	0\$	\$52,572	\$182,670	0\$
	8							
	88							
	E E							
	€ €							
	83							
	33							
	(i)							
9	(1)							
	(6)							
	8							
	88							
							Sche	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Page 3

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 Washington D.C.

area. Housing expenses paid on behalf of the National Officers for the convenience of NRLCA were:

Don Cantriel, President		\$26,314
Jeanette Dwyer, Vice President	, Vice President	\$27,160
Clifford Dailing,	Clifford Dailing, Secretary-Treasurer	\$25,882
Joey Johnson, D	Joey Johnson, Director of Labor Relations	\$20,160
Ronnie Stutts, Di	of Steward Operations	\$41,652

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

0116149

Department of the Treasury Internal Revenue Service

Name of the organization

National Rural Letter Carrier's Association

Employer identification number

53

Form 990, Part III, Line 4D, Other Program Services
Steward training programs: NRLCA conducted a number of steward training programs at their offices in Washington
D.C In addition, other steward training programs were conducted at the state level by state Rural Letter Carriers'
Association. These trainings educate, informed, and updates Stewards on the procedures, issues, and other matters
associated with the Greivance process.
Form 990, Part VI, Section A, Lines 6 & 7a, "Does the organization have members"
NRLCA has the following classification of members as defined by its Constitution:
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 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 hold elective or appointive office in the
Association.
Form 990, Part VI, Section A, Line 7b, "Are any decisions of the governing body subject to approval by"
Some decisions of the governing body are subject to the approval of the members.
Form 990, Part VI, Section B, Policies, Line 11A, Describe in Scheulde O the process, if any, used by the organization"
The 990 is prepared internally by the NRLCA Controller who is a Certified Public Accountant, using the audited trial
balance. Once the inital draft is completed it is reviewed by the Secretary-Treasurer, auditors, and the other National
Officers. Once approved, the annual 990, applicable schedules, and any other related tax returns are filed timely.

Schedule O (Form 990) 2009	Page
Name of the organization	Employer identification number
National Rural Letter Carriers' Association	53 0116149
Form 990, Part VI, Section B, Policies, Line 12C, "Does the organization regu	larly and consistently monitor"
Each officer is required to complete an annual questionnaire disclosing a	ny direct or indirect potential conflicts of
interests. The Secretary-Treasurer reviews these questionnaires raising a	any issues or concerns with the other Nationa
Officers. This questionnaire is reviewed as part of the annual audit proce	ss
Form 990, Part VI, Section B, Policies, Line 15, "Did the process for determin	ing compensation of the following"
The Finance Committee submits recommendation for Officers' salaries, b	enefits, and expenses. These recommend-
ations, are reported at the National Convention and submitted to the Comp	pensation Committee.
Form 990, Part VI, Section C, Disclosures, Line 19, "Describe in Schedule O	whether (and if so, how) the organization"
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	
	,
Part XI, Form 990, 2C, "If "Yes" to line 2a or 2b, does the organization have a	committee that assumes"
The Finance Committee has oversight of the selection of the auditors as v	well as the audit process.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

See separate instructions. **A** Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

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OMB No 1545-0047 .

Employer identification number Open to Public Inspection

(f)
Direct controlling entity 0116149 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it (e) End-of-year assets 53 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income Legal domicile (state or foreign country) Û Primary activity had one or more related tax-exempt organizations during the tax year.) e (a) Name, address, and EIN of disregarded entity National Rural Letter Carriers' Association Name of the organization Part I

Legal domicile (state or foreign country) Virginia Primary activity Lobbying (a) Name, address, and EIN of related organization 1630 Duke Street, Alexandria VA 22314-3465 Political Action Committee, EIN #90-0032751 National Rural Letter Carriers' Association Part II

(f) Direct controlling

entity

Public charity status (if section 501(c)(3))

e

(d) Exempt Code section

Letter Carriers'

Association

National Rural

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527 (F)

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

Cat. No. 50135Y

Page 2

Schedule R (Form 990) 2009

managing partner? Percentage ownership Yes No General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of 6 (h)
Disproportionate
allocations? Yes No Share of total income (g) Share of end-of-year line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) (f) Share of total income Direct controlling entity Ð Predominant income (related, unrelated, excluded from tax under Legal domicile (state or foreign country) sections 512-514) O (d)
| Direct controlling | entity Primary activity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV Part III W/A

Page 3

Schedule R (Form 990) 2009

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. Amount involved **Transactions With Related Organizations** (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) (b)
Transaction
type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.... Lease of facilities, equipment, or other assets to other organization(s) . . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Sharing of facilities, equipment, mailing lists, or other assets . . . c Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s). Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets Part V Ε 0 σ. Ξ 0 (3) 3 9 8

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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.

(a) (b) (c)	(4)	(9)		-	(9)	9	-	(0)	_	[8
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	artners		Disproportionate		Code V—UBI	Gene	ralor
		(state or foreign country)	section 501(c)(3) organizations?	ion (3) ations?	end-of-year assets	allocati		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	aging ner?
			Yes	Š		Yes	°Z		Yes No	ş
					:					
			·							
				_						
							-			