



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2010 calendar year, or tax year beginning **JAN 1**, 2010, and ending **DEC. 31**, 2010

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization NATIONAL ASSOCIATION OF LETTER CARRIERS</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite POST OFFICE BOX 156</p> <p>City or town, state or country, and ZIP + 4 SAINT CHARLES, MISSOURI 63302-0156</p>	<p>D Employer identification number 436051483</p> <p>E Telephone number 314-805-6767</p> <p>F Group Exemption Number ▶ 0685</p>
<p>G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____</p>		<p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p>I Website: ▶ _____</p>		
<p>J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0.00
	2 Program service revenue including government fees and contracts	2	0.00
	3 Membership dues and assessments	3	39,977.
	4 Investment income	4	221.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.00	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00
	8 Other revenue (describe in Schedule O)	8	2,914.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	43,112.
	10 Grants and similar amounts paid (list in Schedule O)	10	1,200.
	11 Benefits paid to or for members	11	5,870.
12 Salaries, other compensation, and employee benefits	12	25,101.	
13 Professional fees and other payments to independent contractors	13	1,317.	
14 Occupancy, rent, utilities, and maintenance	14	2,050.	
15 Printing, publications, postage, and shipping	15	1,723.	
16 Other expenses (describe in Schedule O)	16	8,432.	
17 Total expenses. Add lines 10 through 16 ▶	17	45,693.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,581.)
	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	37,410.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	34,829.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2010)

SCANNED MAY 17 2011

MP

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

Check if the organization used Schedule O to respond to any question in this Part V. []

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		
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		
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 tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	0.00
b	Gross receipts, included on line 9, for public use of club facilities	39b	0.00
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	40e	✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	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: ▶	42c	✓
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		[]
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>

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 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?		
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 _____

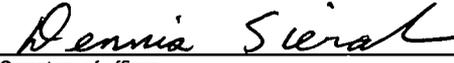
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		4-22-11
	Signature of officer	Date
DENNIS SIERAWSKI SEC/TREA. Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. (B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *			
Last Name	First Name	Middle Initial			
BOWDERN	RICHARD	T	4069.	1193.	5262.
Title		Status			
PRESIDENT		C			
2. Last Name	First Name	Status	3349.	1045.	4394.
GRUNWALDT	BRIAN	S			
Title		Status			
EXEC. VICE PRESIDENT		C			
3. Last Name	First Name	Middle Initial	2924.	1001.	3925.
ROWLETT	DONALD	L			
Title		Status			
STEWARD		C			
4. Last Name	First Name	Middle Initial	1041.	0	1041.
SCALES	STEPHEN	S			
Title		Status			
STEWARD		C			
5. Last Name	First Name	Middle Initial	3017.	414.	3431.
SIERAWSKI	DENNIS	F			
Title		Status			
SEC / TREAS		C			
6. Last Name	First Name	Middle Initial	1907.	1133.	3040.
YOGHEIM	JOSEPH	F			
Title		Status			
VICE PRESIDENT		C			
7. Last Name	First Name	Middle Initial	0	765.	765.
WILL BRAND	GARY	L			
Title		Status			
TRUSTEE		C			
8. Totals from additional pages (if any)			0	17	17
9. Totals of Lines 1 through 8			16307	5568	21875
				10. Less Deductions	0
				11. Net Disbursements	21875

The Total from Line 11 will be entered in item 45
 (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in item 56 on page 1.)

CONT

FILE NUMBER: 081-647

Enter Amounts in Dollars Only - Do Not Enter Cents

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C) Status *			
Last Name	First Name	Middle Initial			
4.	KOKOSKA	P			
8	TRUSTEE	C	0	0	0
2.	HAMPTON	M			
9	TRUSTEE	C	0	10.	10.
2.	BENNE	W			
10	DIRECTOR OF RETIREES	C	0	7.	7.
4.					
5.					
6.					
7.					
8.	Totals from additional pages (if any)		0	17	17
9.	Totals of Lines 1 through 8				
			10. Less Deductions		
			11. Net Disbursements		

The Total from Line 11 will be entered in Item 45

* Code for (C) Status: past officer - P; continuing officer - C; new officer during the reporting period - N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

436051483

LINE 8 DEPOSIT OF MUSCULAR DYSTROPHY COLLECTION MONEY, DENTAL PLAN AND N.A.L.C. HEALTH PLAN REIMBURSEMENTS

LINE 10 MONEY COLLECTED AND GIVEN TO MUSCULAR DYSTROPHY ASSOCIATION

LINE 16 NATIONAL CONVENTION HOTEL, AIRFARE AND EXPENSES