



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**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 04/01, 2010, and ending 03/31, 20 11

B Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Term noted
☐	Amended return
☐	Application pending

C Name of organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

100 INDIANA AVE, NW

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20001-2144

F Name and address of principal officer:

FREDRIC ROLANDO

100 INDIANA AVE, NW WASHINGTON, DC 20001-2144

D Employer identification number

53-0114650

E Telephone number

(202) 393-4695

G Gross receipts \$ 1,613,068,497.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(5) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NALC.ORG

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1889 M State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE NATIONAL ASSOCIATION OF LETTER CARRIERS OF THE UNITED STATES OF AMERICA IS A LABOR ORGANIZATION FOR CITY LETTER CARRIERS WHO ARE EMPLOYED BY THE UNITED STATES POSTAL SERVICE.	
	2	Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	28.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	734.
	6	Total number of volunteers (estimate if necessary)	0.
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 5,210. Current Year: 3,740.
	9	Program service revenue (Part VIII, line 2b)	1,199,471,282. 1,276,119,758.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,664,427. 15,558,157.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	746,157. 1,144,796.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,214,887,076. 1,292,826,451.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	315,966. 702,468.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,110,947,044. 1,164,396,751.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,212,757. 59,217,803.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	54,163,208. 58,740,318.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,215,638,975. 1,283,057,340.
	19	Revenue less expenses. Subtract line 18 from line 12	-751,899. 9,769,111.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 619,439,368. End of Year: 730,694,858.
21	Total liabilities (Part X, line 26)	314,881,604. 404,135,447.	
22	Net assets or fund balances. Subtract line 21 from line 20	304,557,764. 326,559,411.	

Part II Signature Block

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	Signature of officer: <u>Jane E. Broendel</u>		Date: <u>2-14-2012</u>	
	JANE E BROENDEL SECRETARY-TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐
	DAVID P. DORSEY	<u>David P. Dorsey CPA</u>	<u>2/14/12</u>	PTIN
	Firm's name ▶ BOND BEEBE	Firm's EIN ▶	Phone no. 301-272-6000	
Firm's address ▶ 4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814-3423				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

FOUNDED IN 1889, THE NATIONAL ASSOCIATION OF LETTER CARRIERS OF THE
UNITED STATES OF AMERICA IS A LABOR ORGANIZATION FOR CITY LETTER
CARRIERS WHO ARE EMPLOYED BY THE UNITED STATES POSTAL SERVICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by 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 \$ including grants of \$) (Revenue \$)

SERVED MORE THAN 285,000 ACTIVE AND RETIRED LETTER CARRIERS AND
OTHER EMPLOYEES OF THE U.S. POSTAL SERVICE IN 2,500 BRANCHES
THROUGHOUT THE UNITED STATES, DISTRICT OF COLUMBIA, PUERTO RICO,
THE VIRGIN ISLANDS AND GUAM; FRATELNALLY UNITED ALL MEMBERS FOR
THEIR MUTUAL BENEFIT, TO OBTAIN AND SECURE THEIR RIGHTS AND
BENEFITS, AND TO PROMOTE THE WELFARE OF EVERY MEMBER.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

SPONSORSHIP OF A FEDERAL EMPLOYEE HEALTH BENEFIT PLAN AS AN
EMPLOYEE ORGANIZATION PLAN UNDER THE FEHBP COVERING POSTAL AND
OTHER FEDERAL EMPLOYEES AND ANNUITANTS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
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	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV		X
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, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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 (see instructions)		X
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		X
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		X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	☒	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	☒	
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? <i>If "Yes," complete Schedule J.</i>	☒	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		☒
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part I.</i>		
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? <i>If "Yes," complete Schedule L, Part II.</i>		☒
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? <i>If "Yes," complete Schedule L, Part III.</i>		☒
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		☒
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		☒
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		☒
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>		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		☒
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? <i>If "Yes," complete Schedule R, Part I.</i>		☒
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	☒	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	☒	
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> ☒ Yes ☐ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		☒
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	☒	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	331
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	734
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	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	X
b	If "Yes," enter the name of the foreign country: See instructions for 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	28	
1b Enter the number of voting members included in line 1a, above, who are independent	0	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
10b 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?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
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 with a taxable entity during the year?		X
16b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 records of the organization ► JANE E BROENDEL 100 INDIANA AVE, NW WASHINGTON, DC 20001-2144
 (202) 393-4695

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
ATTACHMENT 2											
(1) FREDRIC V ROLANDO PRESIDENT	40.00	X		X				203,398.	0	89,496.	
(2) GARY H MULLINS EXECUTIVE VICE PRES (RETIRED)	40.00	X		X				172,688.	0	91,259.	
(3) JANE E BROENDEL SECRETARY-TREASURER	40.00	X		X				171,589.	0	82,617.	
(4) GEORGE C MIGNOSI VICE PRESIDENT	40.00	X		X				159,816.	0	50,193.	
(5) DALE P HART DIRECTOR, CITY DELIVERY-RETIRED	40.00	X		X				165,092.	0	32,511.	
(6) TIMOTHY C O'MALLEY EXECUTIVE VICE PRESIDENT	34.00	X		X				142,288.	22,845	85,400.	
(7) ERNEST KIRKLAND DIRECTOR, RETIRED MEMBERS	40.00	X		X				163,867.	0	32,511.	
(8) MYRA WARREN DIRECTOR, LIFE INSURANCE	0.00	X		X				0.	167,826	73,973.	
(9) BRIAN E HELLMAN DIRECTOR, HEALTH BENEFIT PLAN	40.00	X		X				161,717.	1,778	64,358.	
(10) LAWRENCE D BROWN JR CHAIRMAN, NATIONAL TRUSTEE	40.00	X		X				38,178.	0	6,263.	
(11) MICHAEL J GILL NATIONAL TRUSTEE	40.00	X		X				38,339.	0	33,347.	
(12) RANDALL L KELLER NATIONAL TRUSTEE	40.00	X		X				38,049.	0	5,977.	
(13) MANUEL L PERALTA JR DIRECTOR, SAFETY & HEALTH	40.00	X		X				120,468.	0	59,829.	
(14) PAUL PRICE NATL BUSINESS AGENT-REGION 2	40.00	X		X				123,330.	0	55,652.	
(15) NEAL TISDALE NATL BUSINESS AGENT-REGION 3	40.00	X		X				116,032.	0	47,249.	
(16) DANNY PITTMAN NATL BUSINESS AGENT REGION 5	40.00	X		X				90,250.	0	42,290.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MICHAEL T WEIR NBA - REGION 5 (RETIRED)	40.00	X		X				118,359.	0.	45,318.
(18) PATRICK C CARROLL NATL BUSINESS AGENT-REGION 6	40.00	X		X				115,285.	0.	48,248.
(19) PETE MOSS NATL BUSINESS AGENT-REGION 8	40.00	X		X				93,605.	0.	42,631.
(20) LUCIAN J DRASS DIRECTOR, CITY DELIVERY	40.00	X		X				118,029.	0.	32,380.
(21) JUDITH WILLOUGHBY NATL BUSINESS AGENT-REGION 9	40.00	X		X				117,519.	0.	50,511.
(22) CHRISTOPHER JACKSON NATL BUSINESS AGENT REGION 1	40.00	X		X				89,881.	0.	29,799.
(23) DANIEL E TOTH NATL BUSINESS AGENT-REGION 11	40.00	X		X				114,315.	0.	38,611.
(24) WILLIAM J LUCINI NATL BUSINESS AGENT-REGION 12	40.00	X		X				113,119.	0.	58,200.
(25) TIMOTHY W DOWDY NATL BUSINESS AGENT-REGION 13	40.00	X		X				116,199.	0.	41,110.
(26) JOHN J CASCIANO NATL BUSINESS AGENT-REGION 14	40.00	X		X				118,082.	0.	55,215.
(27) LAWRENCE CIRELLI NATL BUSINESS AGENT-REGION 15	40.00	X		X				120,310.	0.	51,424.
(28) NICOLE RHINE ASSISTANT SECRETARY-TREASURER	40.00	X		X				173,626.	0.	56,077.
1b Sub-total								3,313,430.	192,449.	1,402,449.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1								709,782.	0.	271,728.
d Total (add lines 1b and 1c)								4,023,212.	192,449.	1,674,177.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **27**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **17**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,740.			
	g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f		3,740.				
Program Service Revenue	2a	CONTINGENCY RESERVE	Business Code	525100	5,036,851.	5,036,851.	
	b	LOGO ITEMS (NET SALES)	900099	183,304.	183,304.		
	c	PREMIUMS	525100	1,231,948,516.	1,231,948,516.		
	d	MEMBERSHIP DUES AND ASSESSMENTS	900004	38,951,087.	38,330,921.	620,166.	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,276,119,758.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,552,265.			13,552,265.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		606,635.			606,635.
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		321,936,730.					
	b	Less: cost or other basis and sales expenses	319,926,722.	4,116.			
	c	Gain or (loss)	2,010,008.	-4,116.			
	d	Net gain or (loss)		2,005,892.			2,005,892.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a	214,475.				
b	Less: cost of goods sold	b	311,208.				
c	Net income or (loss) from sales of inventory. ATCH. 4.		-96,733.			-96,733.	
	Miscellaneous Revenue	Business Code					
11a	ADVERTISING	541800	16,531.		16,531.		
b	MISCELLANEOUS	900099	618,363.	119,958.		498,405.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		634,894.				
12	Total revenue. See instructions		1,292,826,451.	1,275,619,550.	636,697.	16,566,464.	

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)

Do not include amounts reported on lines 6b, 7b, 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	622,468.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	80,000.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	1,164,396,751.			
5 Compensation of current officers, directors, trustees, and key employees	4,319,990.			
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	27,115,074.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	6,131,958.			
9 Other employee benefits	19,180,254.			
10 Payroll taxes	2,470,527.			
11 Fees for services (non-employees).	0.			
a Management	1,551,663.			
b Legal	976,318.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	197,021.			
g Other	1,356,565.			
12 Advertising and promotion	9,820.			
13 Office expenses	13,435,089.			
14 Information technology	301,301.			
15 Royalties	0.			
16 Occupancy	3,588,216.			
17 Travel	3,235,178.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,283,365.			
20 Interest	10.			
21 Payments to affiliates	1,833,087.			
22 Depreciation, depletion, and amortization	540,513.			
23 Insurance	346,191.			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ARBITRATION	1,232,955.			
b TRAINING	515,659.			
c BAD DEBT EXPENSE	87,557.			
d HBP PROGRAM COSTS	27,865,354.			
e TAXES - OTHER	102,267.			
f All other expenses	282,189.			
25 Total functional expenses. Add lines 1 through 24f	1,283,057,340.			
26 Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	74,856,385.	2	63,382,957.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25,230,570.	4	21,690,109.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	294,764.	8	262,627.
	9 Prepaid expenses and deferred charges	800,959.	9	1,016,797.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,171,107.		
	b Less accumulated depreciation	10b 8,061,640.	10c	1,109,467.
	11 Investments - publicly traded securities	352,574,256.	11	397,358,666.
	12 Investments - other securities. See Part IV, line 11	4,571,995.	12	4,750,867.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	159,973,242.	15	241,123,368.
16 Total assets. Add lines 1 through 15 (must equal line 34)	619,439,368.	16	730,694,858.	
Liabilities	17 Accounts payable and accrued expenses	8,720,207.	17	9,540,988.
	18 Grants payable		18	
	19 Deferred revenue	113,949.	19	761,960.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	306,047,448.	25	393,832,499.
	26 Total liabilities. Add lines 17 through 25	314,881,604.	26	404,135,447.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	304,435,295.	27	326,423,977.
	28 Temporarily restricted net assets	22,469.	28	35,434.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	304,557,764.	33	326,559,411.
	34 Total liabilities and net assets/fund balances	619,439,368.	34	730,694,858.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,292,826,451.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,283,057,340.
3	Revenue less expenses Subtract line 2 from line 1	3	9,769,111.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	304,557,764.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,232,536.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	326,559,411.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

	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 Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
3a 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?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2010)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization NATIONAL ASSOCIATION OF LETTER CARRIERS	Employer identification number 53-0114650
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ▶ \$ **237,864.**
- 3 Volunteer hours ▶ **0.**

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ **0.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ **0.**
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ **0.**
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. 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	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) NALC COMMITTEE ON LETTER CARRIER'S POL	100 INDIANA AVE, NW WASHINGTON, DC 20001	52-1269023	0.	2,877,170.
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No	

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i.

Also, complete this part for any additional information.

DESCRIPTION OF ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES

PART I-A, LINE 1

THE AMOUNT EXPENDED FOR POLITICAL CAMPAIGN ACTIVITIES BY THE

ORGANIZATION REPRESENTS THOSE COSTS ASSOCIATED WITH COMMUNICATION TO

MEMBERS.

Part IV Supplemental Information *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor 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?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III 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 (ASC 958), 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 (ASC 958), 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:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 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)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 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? ☐ Yes ☐ No

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
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		886	362	524.
d Equipment		2,270,958	2,027,687	243,271.
e Other		6,899,263	6,033,591	865,672.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,109,467.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST & DIVIDENDS	2,773,225
(2) CASH HELD FOR COLLATERAL	113,877,993
(3) DEPOSITS	17,626
(4) PER CAPITA TAX RECEIVABLE	4,368,502
(5) PREMIUMS DUE & ACCRUED	118,617,452
(6) DUE FROM RELATED ENTITIES	1,468,570
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	241,123,368

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	BENEFITS INCURRED BUT UNPAID	162,087,594.
(3)	CASH COLLATERAL - OBLIGATION	118,207,966.
(4)	DUE TO BRANCHES & STATES	6,089,129.
(5)	POSTRETIREMENT BENEFITS	96,904,505.
(6)	INTERCOMPANY PAYABLE	10,543,305.
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		393,832,499.

2. FIN 48 (ASC 740) 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 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,292,826,451.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,283,057,340.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	9,769,111.
4	Net unrealized gains (losses) on investments	4	13,896,516.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,663,980.
9	Total adjustments (net) Add lines 4 through 8	9	12,232,536.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	22,001,647.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1308234575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	13,896,516.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,415,241.
e	Add lines 2a through 2d	2e	16,311,757.
3	Subtract line 2e from line 1	3	1291922818.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	903,633.
c	Add lines 4a and 4b	4c	903,633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1292826451.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1284193002.
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	2,039,295.
e	Add lines 2a through 2d	2e	2,039,295.
3	Subtract line 2e from line 1	3	1282153707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	903,633.
c	Add lines 4a and 4b	4c	903,633.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1283057340.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

OTHER CHANGE IN NET ASSETS

PART XI, LINE 8

\$ 1,154 OTHER ADJUSTMENTS

\$ (1,665,134) POSTRETIREMENT-RELATED CHANGES

\$ (1,663,980)

=====

OTHER REVENUES ON BOOKS BUT NOT ON RETURN

PART XII, LINE 2D

\$ 311,208 DIRECT EXPENSE - EMPLOYEE CAFETERIA/VENDING MACHINES

\$ 2,104,033 REVENUES - RELATED ORGANIZATION

\$ 2,415,241

=====

OTHER REVENUES ON RETURN BUT NOT ON BOOKS

PART XII, LINE 4B

RENTAL REVENUE ELIMINATED ON CONSOLIDATED

FINANCIAL STATEMENTS

\$903,633

Part XIV Supplemental Information (continued)

OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

PART XIII, LINE 2D

\$ 311,208 DIRECT EXPENSE - EMPLOYEE CAFETERIA/VENDING MACHINES

\$ 1,728,087 EXPENSES - RELATED ORGANIZATION

\$ 2,039,295

=====

OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

PART XIII, LINE 4B

RENTAL EXPENSE ELIMINATED ON CONSOLIDATED

FINANCIAL STATEMENTS

\$903,633

FIN 48 FOOTNOTE

PART X, LINE 2

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION AND ACCRUE AN INCOME TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THE INCOME TAX POSITIONS TAKEN AND CONCLUDED THAT AS OF MARCH 31, 2011 THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE ACCRUAL OF A LIABILITY IN THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

OMB No. 1545-0047

2010

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ECONOMIC POLICY INSTITUTE 1333 H STREET, NW WASHINGTON, DC 20005-4707	52-1368964	501(C)(3)	40,000.				GENERAL SUPPORT
(2)	AMERICAN RIGHTS AT WORK 1100 17TH STREET, NW	20-2822127	501(C)(5)	25,000.				GENERAL SUPPORT
(3)	SOME INC 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	25,000.				GENERAL SUPPORT
(4)	AFL-CIO 815 16TH STREET, NW WASHINGTON, DC 20006	53-0228172	501(C)(5)	500,000.				STATE UNITY FUND
(5)	TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	25,000.				GENERAL SUPPORT
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations 3.
- 3 Enter total number of other organizations 2.

Schedule I (Form 990) (2010)

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

53-0114650

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 JOHN T DONELON SCHOLARSHIPS	4.	4,000.			
2 WILLIAM C DOHERTY SCHOLARSHIPS	19.	76,000.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITOR GRANT USE

PART I, LINE 2

FOR THE WILLIAM C DOHERTY AND JOHN T DONELON SCHOLARSHIPS, THE AWARD WINNER MUST FORWARD A TRANSCRIPT OF THEIR GRADES TO THE NALC SCHOLARSHIP COMMITTEE AT THE END OF EACH SCHOOL YEAR. ADDITIONALLY, ANY CHANGE OF SCHOOLS OR COURSE OF STUDY MUST BE DONE ONLY WITH THE PERMISSION OF THE NALC SCHOLARSHIP COMMITTEE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

53-0114650

Part I Questions Regarding Compensation

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
☐ Travel for companions
☒ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ 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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations
☐ Written employment contract
☐ Compensation survey or study
☐ Approval by the board or compensation committee

4 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:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
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.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III

7 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

8 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FREDRIC V ROLANDO	(i) 187,116. (ii) 0. (iii) 0.	0.	16,282.	78,412.	11,084.	292,894.	0.
2 GARY H MULLINS	(i) 143,702. (ii) 0. (iii) 0.	1,000.	27,986.	80,175.	11,084.	263,947.	0.
3 JANE E BROENDEL	(i) 155,632. (ii) 0. (iii) 0.	0.	15,957.	71,533.	11,084.	254,206.	0.
4 GEORGE C MIGNOSI	(i) 145,717. (ii) 0. (iii) 0.	0.	14,099.	50,193.	0.	210,009.	0.
5 DALE P HART	(i) 137,064. (ii) 0. (iii) 0.	1,000.	27,028.	32,511.	0.	197,603.	0.
6 TIMOTHY C O'MALLEY	(i) 129,022. (ii) 20,666. (iii) 0.	0.	13,266.	80,858.	0.	223,146.	0.
7 ERNEST KIRKLAND	(i) 155,359. (ii) 0. (iii) 0.	0.	8,508.	32,511.	0.	196,378.	0.
8 MYRA WARREN	(i) 158,141. (ii) 0. (iii) 0.	0.	9,685.	33,529.	13,500.	214,855.	0.
9 BRIAN E HELLMAN	(i) 153,240. (ii) 1,752. (iii) 0.	0.	8,477.	59,023.	4,941.	225,681.	0.
10 MANUEL L PERALTA JR	(i) 111,252. (ii) 0. (iii) 0.	0.	9,216.	48,745.	11,084.	180,297.	0.
11 PAUL PRICE	(i) 114,170. (ii) 0. (iii) 0.	0.	9,160.	44,568.	11,084.	178,982.	0.
12 NEAL TISDALE	(i) 106,875. (ii) 0. (iii) 0.	0.	9,157.	41,862.	5,387.	163,281.	0.
13 MICHAEL T WEIR	(i) 99,841. (ii) 0. (iii) 0.	1,000.	17,518.	43,228.	2,090.	163,677.	0.
14 PATRICK C CARROLL	(i) 106,117. (ii) 0. (iii) 0.	0.	9,168.	37,164.	11,084.	163,533.	0.
15 LUCIAN J DRASS	(i) 108,823. (ii) 0. (iii) 0.	0.	9,206.	32,380.	0.	150,409.	0.
16 JUDITH WILLOUGHBY	(i) 108,351. (ii) 0. (iii) 0.	0.	9,168.	39,427.	11,084.	168,030.	0.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on 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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL E TOTH	(i) 105,161. (ii) 0.	0.	9,154. 0.	27,527. 0.	11,084. 0.	152,926. 0.	0. 0.
2 WILLIAM J LUCINI	(i) 103,957. (ii) 0.	0.	9,162. 0.	47,116. 0.	11,084. 0.	171,319. 0.	0. 0.
3 TIMOTHY W DOWDY	(i) 107,042. (ii) 0.	0.	9,157. 0.	36,170. 0.	4,940. 0.	157,309. 0.	0. 0.
4 JOHN J CASCIANO	(i) 108,914. (ii) 0.	0.	9,168. 0.	44,131. 0.	11,084. 0.	173,297. 0.	0. 0.
5 LAWRENCE CIRELLI	(i) 111,150. (ii) 0.	0.	9,160. 0.	40,340. 0.	11,084. 0.	171,734. 0.	0. 0.
6 JAMES W SAUBER	(i) 126,951. (ii) 0.	0.	0. 0.	27,927. 0.	13,156. 0.	168,034. 0.	0. 0.
7 STEVEN CZECHANSKI	(i) 48,657. (ii) 0.	0.	75,003. 0.	46,201. 0.	5,718. 0.	175,579. 0.	0. 0.
8 CALVIN I ENGEL	(i) 106,273. (ii) 0.	0.	428. 0.	46,977. 0.	12,575. 0.	166,253. 0.	0. 0.
9 NICOLE RHINE	(i) 165,128. (ii) 0.	0.	8,498. 0.	51,137. 0.	4,940. 0.	229,703. 0.	0. 0.
10 ROGER W BLEDSON	(i) 102,910. (ii) 0.	0.	9,157. 0.	31,701. 0.	11,084. 0.	154,852. 0.	0. 0.
11 CHRIS WITTENBURG	(i) 114,276. (ii) 0.	0.	9,213. 0.	37,042. 0.	4,940. 0.	165,471. 0.	0. 0.
12 KATHY BALDWIN	(i) 107,757. (ii) 0.	0.	9,157. 0.	34,407. 0.	0. 0.	151,321. 0.	0. 0.
13							
14							
15							
16							

Schedule J (Form 990) 2010

Part III 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.

DEFERRED COMPENSATION

PART II, COLUMN C

\$523,157 OF THE AMOUNT IN THIS COLUMN REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY. THIS DOES NOT REPRESENT ACTUAL CASH OUTLAYS.

TAX GROSS UP PAYMENT

PART I, LINE 1A

THE TAX GROSS UP PAYMENT CONSISTS OF PAYROLL TAXES ON TAXABLE BENEFITS INCLUDED AS COMPENSATION.

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

53-0114650

MEMBERSHIP OF ORGANIZATION

PART VI, SECTION A, LINE 6

MEMBERSHIP SHALL BE:

(A) REGULAR BRANCH MEMBERS WHO SHALL BE NONSUPERVISORY EMPLOYEES IN THE POSTAL CAREER SERVICE, AND REGULAR BRANCH MEMBERS WHO THE EXECUTIVE COUNCIL HAS DETERMINED WERE UNJUSTLY SEPARATED FROM THE POSTAL CAREER SERVICE, RETIREES FROM THAT SERVICE WHO WERE REGULAR MEMBERS OF THE NALC WHEN THEY RETIRED, AND PERSONS LEAVING THE SERVICE WITH COVERAGE UNDER OFFICE OF WORKERS COMPENSATION PROGRAMS (OWCP). SUCH RETIREES, OWCP DEPARTEES, AND NON-LETTER CARRIER REGULAR MEMBERS SHALL HAVE NO VOICE OR VOTE IN THE BRANCH, IN ANY MATTER PERTAINING TO THE RATIFICATION OF A NATIONAL WORKING AGREEMENT, LOCAL MEMORANDUM OF UNDERSTANDING OR PROPOSED WORK STOPPAGE;

(B) PRESENT MEMBERS OF EXISTING FEDERAL BRANCHES MAY RETAIN THEIR MEMBERSHIP;

(C) PRESENT MEMBERS WHO HAVE LEFT THE POSTAL SERVICE, OR HAVE BEEN TEMPORARILY OR PERMANENTLY PROMOTED TO SUPERVISORY STATUS, MAY RETAIN THEIR MEMBERSHIP BUT SHALL BE MEMBERS ONLY FOR THE PURPOSE OF MEMBERSHIP IN THE NALC LIFE INSURANCE PLAN AND/OR THE NALC HEALTH BENEFIT PLAN. THESE MEMBERS SHALL HAVE NO VOICE OR VOTE IN ANY OF THE AFFAIRS OF SUCH BRANCH, EXCEPT THEY SHALL HAVE A VOICE AND VOTE AT THE BRANCH LEVEL UPON MATTERS APPERTAINING TO THE NALC LIFE INSURANCE PLAN, AND/OR THE NALC HEALTH BENEFIT PLAN, IF THEY ARE A MEMBER THEREOF, AND ON ANY PROPOSITION TO RAISE DUES. THESE MEMBERS ARE NOT ELIGIBLE TO BE CANDIDATES FOR ANY

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

STATE ASSOCIATION, BRANCH, OR NATIONAL OFFICE OR DELEGATES TO ANY CONVENTIONS. THEY MAY ATTEND ONLY THAT PART OF THE MEETING WHICH CONCERNS THEM, SUCH AS CHANGE OF DUES STRUCTURE AND INFORMATION CONCERNING HEALTH OR LIFE INSURANCE.

ELECTION OF TRUSTEES AND OFFICERS

PART VI, SECTION A, LINE 7A

EVERY FOUR (4) YEARS, NOMINATIONS FOR OFFICERS OF THE UNION SHALL BE CALLED BY THE CHAIRPERSON OF THE CONVENTION ON THE THIRD DAY (WEDNESDAY) OF THE CONVENTION. THE CHAIR SHALL CALL FOR NOMINATIONS FROM THE FLOOR FOR EACH NATIONAL OFFICE SEPARATELY. ANY DELEGATE MAY NOMINATE AN ELIGIBLE MEMBER FOR ANYONE OF THE FOLLOWING NATIONAL OFFICES:

PRESIDENT, EXECUTIVE VICE PRESIDENT, VICE PRESIDENT, SECRETARY-TREASURER, ASSISTANT SECRETARY-TREASURER, DIRECTOR OF CITY DELIVERY, DIRECTOR OF SAFETY AND HEALTH, DIRECTOR OF LIFE INSURANCE, DIRECTOR OF HEALTH BENEFITS, DIRECTOR OF RETIRED MEMBERS, AND A THREE MEMBER BOARD OF TRUSTEES.

NOMINATIONS OF FIFTEEN (15) NATIONAL BUSINESS AGENTS SHALL BE SEPARATELY BY NALC REGIONS. ONLY DELEGATES FROM THE APPROPRIATE NALC REGION MAY NOMINATE CANDIDATES FOR THE POSITION OF NATIONAL BUSINESS AGENT FOR SUCH REGION.

THE NEWLY-ELECTED OFFICERS SHALL ASSUME THEIR OFFICES AS SOON AFTER 45 DAYS FROM THE DATE OF THE CERTIFICATION OF RESULTS BY NATIONAL ELECTION COMMITTEE AS IS PRACTICABLE.

AS SOON AS PRACTICABLE AFTER THE CONVENTION AT WHICH NOMINATIONS FOR NATIONAL OFFICERS HAVE BEEN MADE, THE NATIONAL SECRETARY-TREASURER SHALL

Name of the organization

Employer identification number

NATIONAL ASSOCIATION OF LETTER CARRIERS

53-0114650

FURNISH TO THE NATIONAL ELECTION COMMITTEE A LIST OF ALL MEMBERS ELIGIBLE TO VOTE. TO BE SO ELIGIBLE, A MEMBER MUST BE IN GOOD STANDING AS OF JUNE 1 OF THE ELECTION YEAR. THERE SHALL BE ONE MEMBERSHIP-WIDE BALLOT ISSUED IN EACH OF THE FIFTEEN (15) NALC REGIONS AUTHORIZED AND ESTABLISHED ELSEWHERE IN THIS CONSTITUTION REFLECTING THE NAMES OF ALL NOMINEES FOR THE POSITIONS OF PRESIDENT, EXECUTIVE VICE PRESIDENT, VICE PRESIDENT, SECRETARY-TREASURER, ASSISTANT SECRETARY-TREASURER, DIRECTOR OF CITY DELIVERY, DIRECTOR OF SAFETY AND HEALTH, DIRECTOR OF LIFE INSURANCE, DIRECTOR OF HEALTH BENEFITS, DIRECTOR OF RETIRED MEMBERS, THREE MEMBERS OF THE BOARD OF TRUSTEES, AND THE NAMES OF ALL NOMINEES FOR THE POSITION OF NATIONAL BUSINESS AGENT FOR ONE OF THE FIFTEEN (15) NALC REGIONS. THE NATIONAL ELECTION COMMITTEE SHALL THEN BE RESPONSIBLE FOR MAILING BALLOTS TO ALL ELIGIBLE MEMBERS AS SOON AS POSSIBLE.

ALL REGULAR MEMBERS SHALL BE ENTITLED TO ONE VOTE FOR EACH OFFICE TO BE FILLED. THE VOTER SHALL INDICATE HIS/HER CHOICE FOR EACH OF THE OFFICERS BY FOLLOWING THE PROCEDURE ESTABLISHED BY THE NATIONAL ELECTION COMMITTEE AS SET FORTH IN THE BALLOT INSTRUCTIONS. THE VOTER SHALL THEN SEAL THE BALLOT IN THE SMALLER ENVELOPE, ENCLOSE THIS ENVELOPE WITHIN THE LARGE ONE, AND MAIL IT TO THE POST OFFICE BOX PRINTED ON THE LARGER ENVELOPE. WRITE-IN VOTES SHALL NOT BE VALID. NO MARKINGS SHALL BE MADE ON THE BALLOT OR THE SMALLER ENVELOPE OTHER THAN AS INDICATED.

DECISIONS OF GOVERNING BODY

PART VI, SECTION A, LINE 7B

EACH BRANCH HAVING TWENTY (20) OR LESS MEMBERS SHALL BE ENTITLED TO ONE DELEGATE AND ONE VOTE IN THE NATIONAL CONVENTION. BRANCHES HAVING MORE

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

THAN TWENTY (20) MEMBERS SHALL BE ENTITLED TO ONE DELEGATE AND ONE VOTE FOR EACH TWENTY (20) MEMBERS OR FRACTION THEREOF. EACH STATE ASSOCIATION SHALL BE ENTITLED TO TWO DELEGATES-AT-LARGE.

NATIONAL OFFICERS AND DELEGATES-AT-LARGE SHALL EACH BE ENTITLED TO ONE VOTE ONLY. THE DELEGATES FROM ANY BRANCH PRESENT AT THE NATIONAL CONVENTION SHALL BE ALLOWED TO CAST THE WHOLE NUMBER OF VOTES TO WHICH THE BRANCH IS ENTITLED, PROVIDED SUCH DELEGATES AGREE UNANIMOUSLY AS TO WHO AMONG THEM SHALL CAST SUCH VOTE. IN CASE OF DISAGREEMENT, THE DELEGATES IN ATTENDANCE SHALL BE ENTITLED TO SUCH NUMBER OF WHOLE VOTES AS CAN BE DIVIDED EQUALLY AMONG THEM EACH PRO RATA. THE NUMBER OF MEMBERS FOR WHOM PER CAPITA TAX IS PAID TO THE NATIONAL ASSOCIATION FOR THE TERM BEGINNING OCTOBER 1 PRIOR TO EACH BIENNIAL CONVENTION SHALL DETERMINE THE NUMBER OF VOTES AND DELEGATES TO WHICH THE BRANCH IS ENTITLED AT SUCH CONVENTION.

REVIEW PROCESS OF FORM 990

PART VI, SECTION B, LINE 11B

THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S PRESIDENT AND LEGAL COUNSEL PRIOR TO SIGNATURE AND FILING.

PUBLIC AVAILABILITY OF ORGANIZATION DOCUMENTS AND FINANCIALS

PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC; EXCEPT AS MAY BE REQUIRED UNDER APPLICABLE FEDERAL LAW. THE NALC CONSTITUTION IS AVAILABLE ON NALC'S WEBSITE UNDER FACTS AND HISTORY.

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

COMPENSATION OF OFFICERS AND TRUSTEES

PART VI, SECTION B, LINES 15A AND 15B

THE SALARIES FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT, VICE PRESIDENT, SECRETARY-TREASURER, ASSISTANT SECRETARY-TREASURER, DIRECTOR OF CITY DELIVERY, DIRECTOR OF SAFETY AND HEALTH, DIRECTOR OF LIFE INSURANCE, DIRECTOR OF HEALTH BENEFITS AND DIRECTOR OF RETIRED MEMBERS ARE SET FORTH IN THE NALC CONSTITUTION (ACCESSIBLE ON NALC'S WEBSITE), LAST AMENDED AT THE 2010 CONVENTION. THE CONSTITUTION STATES THE PER ANNUM SALARY AMOUNT, EFFECTIVE DATE OF THE AMOUNT, PROVIDES FOR FUTURE SALARY ADJUSTMENTS THAT ARE MADE IN LINE WITH THE SAME PERCENTAGE GIVEN TO TOP GRADE LETTER CARRIERS. THE TRUSTEES ARE PAID AN EQUAL SUM PER YEAR. THE SELECTED CHAIRPERSON OF THE BOARD IS TO RECEIVE AN ADDITIONAL AMOUNT PER YEAR FOR HIS SERVICE AS CHAIRPERSON. THE TRUSTEES ARE ALSO ENTITLED TO FUTURE SALARY ADJUSTMENTS THAT ARE MADE IN LINE WITH THE SAME PERCENTAGE GIVEN TO TOP GRADE LETTER CARRIERS.

ESTIMATED AMOUNT OF OTHER COMPENSATION FROM RELATED ORGANIZATION

PART VII, SECTION A, LINE 1A, COLUMN F

\$587,883 OF COLUMN F REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY. THESE AMOUNTS REPORTED ARE NOT ACTUAL OUTLAYS OF COMPENSATION TO THE DIRECTORS.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

\$13,896,516 NET UNREALIZED GAIN ON INVESTMENTS

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

(1,665,134) POSTRETIREMENT-RELATED CHANGES

1,154 ADJUSTMENTS

\$12,232,536
=====ATTACHMENT 1PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 ROGER W BLEDSOE NATL BUSINESS AGENT-REGION 4	40.00	X	X					112,067.	0.	42,785.
30 CHRIS WITTENBURG NATL BUSINESS AGENT-REGION 7	40.00	X	X					123,489.	0.	41,982.
31 KATHY BALDWIN NATL BUSINESS AGENT-REGION 10	40.00	X	X					116,914.	0.	34,407.
32 JAMES W SAUBER EXECUTIVE ASSIST. TO PRESIDENT	40.00					X		126,951.	0.	41,083.
33 STEVEN CZECHANSKI DIRECTOR OF IT (RETIRED)	40.00					X		123,660.	0.	51,919.
34 CALVIN I ENGEL ADMINISTRATOR - HEALTH PLAN	40.00					X		106,701.	0.	59,552.

ATTACHMENT 2FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
TIMOTHY C O'MALLEY EXECUTIVE VICE PRESIDENT	6.00
MYRA WARREN DIRECTOR, LIFE INSURANCE	40.00

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CIGNA HEALTHCARE 10490 LITTLE PATUXENT PKWY, STE 400 COLUMBIA, MD 21044	NETWORK ADMIN FEES	19,921,412.
COHEN, WEISS & SIMON 330 WEST 42ND STREET NEW YORK, NY 10036	LEGAL SERVICES	939,806.
FREEMAN PO BOX 650036 DALLAS, TX 75265	CONVENTION SERVICES	1,678,487.
CIGNA BEHAVIORAL HEALTH PO BOX 1450, NW 7307 MINNEAPOLIS, MN 55485	NETWORK ADMIN FEES	1,019,366.
PEAKE-DELANCY PRINTING LLC 2500 SCHUSTER DRIVE CHEVERLY, MD 20781	PRINTING SERVICES	2,355,180.
TOTAL COMPENSATION		<u>25,914,251.</u>

ATTACHMENT 4FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	214,475.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	311,208.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>311,208.</u>
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>311,208.</u>

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

53-0114650

ATTACHMENT 5FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	800,959.	1,016,797.
TOTALS	<u>800,959.</u>	<u>1,016,797.</u>

ATTACHMENT 6FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CORPORATE DEBT	85,314,449.	107,317,572.	FMV
MUTUAL FUNDS	124,019,047.	108,709,384.	FMV
CORPORATE EQUITIES	1,226,982.	1,476,712.	FMV
U.S. GOVERNMENT SECURITIES	142,013,778.	179,854,998.	FMV
TOTALS	<u>352,574,256.</u>	<u>397,358,666.</u>	

ATTACHMENT 7FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	113,949.	761,960.
TOTALS	<u>113,949.</u>	<u>761,960.</u>

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

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number
53-0114650▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NALC ANNUITY TRUST FUND 52-6038252 20547 WAVERLY COURT ASHBURN, VA 20149	PENSION FUND	DC	401 (A)		NALC		X
(2)	NALC COMMITTEE ON LETTER CARRIERS POLITI 52-1269023 100 INDIANA AVE, NW WASHINGTON, DC 20001	POLITICAL ORG	DC	527		NALC		X
(3)	NALC HEALTH BENEFIT PLAN FOR EMPLOYEES 54-1875242 20547 WAVERLY COURT ASHBURN, VA 20149	BENEFIT PLAN	VA	501 (C) (9)		NALC		X
(4)	NALCREST FOUNDATION INC 59-1004167 PO BOX 6359 NALCREST, FL 33856	RETIRE. CTR	FL	501 (C) (4)		NALC		X
(5)	UNITED STATES LETTER CARRIERS MUTUAL BEN 62-0476257 100 INDIANA AVE, NW WASHINGTON, DC 20001	BENEFIT FUND	TN	501 (C) (5)		NALC		X
(6)	NALC BUILDING CORPORATION 53-0114650 100 INDIANA AVE, NW WASHINGTON, DC 20001	HOLDING CO.	DC	501 (C) (2)		NALC		X
(7)								

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

Schedule R (Form 990) 2010

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 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?

- a Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NALC ANNUITY TRUST FUND	Q	6,128,542.	ACTUARY
(2) NALC HEALTH BENEFIT PLAN FOR EMPLOYEES	Q	6,885,351.	PREMIUM BILLING
(3) UNITED STATES LETTER CARRIERS MUTUAL BENEFIT	Q	202,240.	PREMIUM BILLING
(4) NALC BUILDING CORPORATION	J	903,633.	RENT BILLING
(5) NALCREST FOUNDATION INC	D	271,670.	INCURRED COSTS
(6)			

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

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____										
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	NATIONAL ASSOCIATION OF LETTER CARRIERS	53-0114650
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	100 INDIANA AVE, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20001-2144	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ JANE E BROENDEL
Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until .
- 5 For calendar year , or other tax year beginning , and ending .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ASSEMBLE THE INFORMATION IN ORDER TO
FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Form 8868 (Rev. 1-2011)