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DLN: 93493268003115

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A F	or the 2	2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
	neck if ap	NATIONAL RORAL LETTER CARRIERS ASSOCIATION		D Employer	identifi	ication number
Ac	ldress ch	ange		53-0116	149	
∏ Na	ame char	- · · · · y - · · · · · · · · · · · · · · · · · ·				
┌ In	ıtıal retur			E Telephone	number	
FI	nal turn/tern	Number and street (or P O box if mail is not delivered to street address) Room/suite 1630 DUKE STREET	9	(703)79		۵
	nended r			(703)73	7-040	-
		pending		G Gross rece	pts \$ 33	,651,308
i Vi	plication					
		F Name and address of principal officer JEANETTE DWYER		s a group re dinates?	urn for	· □ Yes 🔽 No
		1630 DUKE STREET	54501	umaces		, 163, 110
		ALEXANDRIA,VA 223143465		ll subordinat	es	┌ Yes ┌ No
	ax-exem	pt status	includ If "No		ıst (se	e instructions)
		: ► WWW NRLCA ORG	_			
			1	p exemption	1	
		anization Corporation Trust Association Other	L Year of fo	mation 1903	M Sta	te of legal domicile VA
Pa	art I	Summary				
		Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE NRLCA SHALL BE TO IMPROVE THE METHODS USED	BY RURAL	MAIL CARR	IERS.	TO COOPERATE
	ν	VITH THE U.S. POSTAL SERVICE AND THE PUBLIC FOR THE GOOD OF THE				
ဗ	<u> </u>	MONG ITS MEMBERS, AND TO BENEFIT THEIR CONDITION OF LABOR				
ᅙ	-					
ē	-					
Governance	2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its ne	t asset	:s
	, ,	lumbar of coting manching of the government and (Pout VII line 1 a)		ı	a	0
Activities &		Number of voting members of the governing body (Part VI, line 1a)		<u> </u>	3 4	9
5		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		⊢	5	397
å •	1	otal number of volunteers (estimate if necessary)		_	6	0
	1	otal unrelated business revenue from Part VIII, column (C), line 12		· · ⊢	'a	88,031
		Net unrelated business taxable income from Form 990-T, line 34		_	<u>-</u> ′b	-42,176
			Prio	r Year	1	Current Year
	8	Contributions and grants (Part VIII, line 1h)		(0
ā	9	Program service revenue (Part VIII, line 2g)		28,338,96		29,908,385
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,59	L	11,009
立	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,084,364		3,731,914
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		31,428,91		33,651,308
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0 0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			<u>, </u>	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines				-
\$		5–10)		17,452,40	3	18,760,977
e	16a	Professional fundraising fees (Part IX, column (A), line 11e)		()	0
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,180,03		14,362,216
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		31,632,43	3	33,123,193
	19	Revenue less expenses Subtract line 18 from line 12		-203,52	3	528,115
88				of Current		End of Year
Net Assets or Fund Balances		T. I. I. (D. 1) (D. 1) (D. 1)	Y	ear	+	
Ass Be	20	Total assets (Part X, line 16)		15,948,51	+	16,703,976
3 5 2 5	21 22	Total liabilities (Part X, line 26)		8,985,53	+	9,200,167
_	rt III	Net assets or fund balances Subtract line 21 from line 20		6,962,978	<u>' </u>	7,503,809
		Ities of perjury, I declare that I have examined this return, including accompany	ına schadula	s and states	nents	and to the best of
my k	nowled	ge and belief, it is true, correct, and complete Declaration of preparer (other tha				
prep	arer ha	s any knowledge				
		*****	20	15-09-25		
Sig	n	Signature of officer		nte		
Her		CLIFFORD D DAILING SECRETARY-TREASURER				

WASHINGTON, DC 20036

► TATE AND TRYON

Firm's address ► 2021 L STREET NW SUITE 400

Preparer's signature

ELIZABETH HELLER

Type or print name and title

Firm's name

Paid

Preparer

Use Only

Print/Type preparer's name ELIZABETH HELLER

Check / ıf

self-employed

Firm's EIN 🕨 52-1855942

Phone no (202) 293-2200

P00397829

Date

✓ Yes ☐ No

Form	990 (2014)				Page 2				
Par		ent of Program Service A	Accomplishments e or note to any line in this Part III .		٦				
1	Briefly describe	the organization's mission							
US	POSTAL SERVICE		OVE THE METHODS USED BY RURA GOOD OF THE SERVICE, TO PROM OF LABOR						
2		, , ,	rogram services during the year whic	h were not listed on	┌ Yes ┌ No				
	If "Yes," describe	e these new services on Sched	ule O						
3	Did the organizat services?		significant changes in how it conduct	s, any program	┌ Yes ┌ No				
	If "Yes," describe these changes on Schedule O								
4	expenses Sectio		complishments for each of its three la anizations are required to report the a program service reported						
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
		AMS OFFERED BY THE NRLCA PROVID ISURANCE PROGRAMS	DED ITS 105,639 MEMBERS THE OPPORTUNITY	7 TO PARTICIPATE IN ITS HEALTH	AUTO, HOMEOWNERS, AND				
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)				
	AND DISSEMINATE :	INFORMATION REGARDING THE ISSUE	D IN GRAPEVINE, TX AUGUST 12-15, 2014 MC ES, CONCERNS AND FUTURE GOALS OF THE P NRLCA'S OFFICERS AS PART OF THE ANNUAL	OSTAL WORK FORCE IN ADDITIO					
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)				
			TTER CARRIER" ARE PUBLISHED AND DISSEM. PDATE MEMBERS ON POSTAL REGULATIONS A						
	See Additional [Data							
	Other program	services (Describe in Schedule	0.)						
-ru	Other programs	services (Describe ili Schedale	· U)						

) (Revenue \$

including grants of \$

(Expenses \$

4e

Total program service expenses ►

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
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	4		
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	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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. 2	11a	Yes	
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	11b		No
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	11c		No
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	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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)	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	1		
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
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	Yes	
		_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	Yes	
-ru	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
c .	Does the company have been been assessed that have recommended to the company of	5c	V - :	
	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 as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			NI -
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
_	required?	7g		
	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
_	filed?	 		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Schedule O (see instructions)	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes	No

State the name, address, and telephone number of the person who possesses the organization's books and records

1630 DUKE STREET ALEXANDRIA, VA 223143465 (703) 797-8409

►THE ASSOCIATION

20

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ 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, or 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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JEANETTE DWYER	60 00	х		х				142,231	0	29,292
(2) RONNIE STUTTS VICE PRESIDENT	60 00	Х		х				136,392	0	31,901
(3) CLIFFORD DAILING SECRETARY-TREASURER	60 00	х		х				142,115	0	31,855
(4) JOEY JOHNSON DIRECTOR OF LABOR RELATION	60 00	х		х				136,392	0	34,818
(5) DAVID HEATHER DIR OF STEWARD OPERATION	60 00	Х		х				136,392	0	36,005
(6) SUSAN KNAPP EXECUTIVE COMMITTEE	60 00	Х		х				106,348	0	20,505
(7) STEVEN TRAYLOR EXECUTIVE COMMITTEE	60 00	Х		х				116,430	0	12,191
(8) DONALD MASTON EXECUTIVE COMMITTEE	60 00	Х		х				110,979	0	20,496
(9) DENNIS CONLEY EXECUTIVE COMMITTEE	60 00	Х		х				110,979	0	12,205
(10) LARRY WALIGORA MGR OF INSURANCE PROGRAM	40 00					х		124,289	0	17,925
(11) RICHARD MOZIER CPA CONTROLLER	40 00					х		129,870	0	18,115
(12) PAUL SWARTZ DIRECTOR OF GOVERNMENT AFFAIRS	40 00					х		109,674	0	17,383

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	. ~	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	-		
c	Total from continuation sheets to Part VII, Section A	-		
d	Total (add lines 1b and 1c)	1,502,09	01 0	282,691

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►12

			Yes	No		
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	3		Νo		
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 I for such					
	ındıvıdual	4	Yes			
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	5		No		

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 Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PEER GAN & GISLER LLP 1730 RHODE ISLAND AVE NW WASHINGTON, DC 20036	LEGAL SERVICES	1,039,816
MILES TECHNOLOGY 300 WEST ROUTE 38 MOORESTOWN, NJ 08057	NETWORK & COMPUTER MAINTENANCE	495,617
PSAV PRESENTATION SERVICES 23918 NETWORK PLACE CHICAGO, IL 60673	AV EQUIPMENT LEASING	369,639
QUAD GRAPHICS PO BOX 842858 BOSTON, MA 022842858	PRINTING SERVICES	295,907
KEN MERICLE 21 PINEHURST CIRCLE MADISON, WI 53717	CONSULTING SERVICES	181,035
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part V	
2 £	1a
irant Ioun	b
ts, G r Am	c d
, Gif nilaı	a
ions r Sir	f
Contributions, Gifts, Grants and Other Similar Amounts	e f g h
ontri nd C	h
	-"
renu	2a
e Rev	b
erwo	d
<u>ي</u> ا	е
Program Service Revenue	2a b c d e
	g 3
	4 5
	6a
	b
	с
	d
	7a
	ь
	d
ė	8a
Ξ	
Rever	
ther F	ь
Ò	c 9a
	<i>3</i> a
	b
	с 10а
	b
	С
	11a
	b c
	d
	e

Form 99		· · · · · · · · · · · · · · · · · · ·				Page 9
Part V	/##I	Statement of Revenue Check if Schedule O contains a response or note to any li	ne in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ £	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b				
ē, ē	С	Fundraising events 1c				
iffs ar 4	d	Related organizations 1d				
%. E	e	Government grants (contributions) 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above				
ntrib d Ott	g	Noncash contributions included in lines 1a-1f \$ ————————————————————————————————————				
S m	h	Total. Add lines 1a-1f				
<u> </u>		Business Code				
ven	2a	MEMBERSHIP DUES 900099	29,078,184	29,078,184		
Program Service Revenue	b	INSURANCE PREMIUMS 524298	673,510	673,510		
₩.C.	C .	INSURANCE ADMINISTRATION 511120	74,110	37,055	37,055	
ogram Serw	d e	PUBLICATIONS 524298 CONVENTION 900099	66,496	15,520	50,976	
Ē	f	All other program service revenue	16,085	16,085		
<u>\$</u>	g	Total. Add lines 2a-2f	29,908,385			
	3	Investment income (including dividends, interest,				
	_	and other similar amounts)	9,509			9,509
	4 5	Income from investment of tax-exempt bond proceeds Royalties	1,232,342			1,232,342
	3	(i) Real (ii) Personal	_,,			_,,
	6a	Gross rents				
	ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) O ther				
	7a	Gross amount from sales of 1,500 assets other than inventory				
	ь	Less cost or other basis and 0				
		sales expenses				
	c d	Gain or (loss) 1,500 Net gain or (loss)	1,500			1,500
	8a	Gross income from fundraising	_,			
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a				
Ě	b	Net income or (loss) from fundraising events				
J	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	b c	Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances .				
		а				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a	FEDERAL PLAN REIMB 524298	2,463,947	2,463,947		
	ь	REIMB FROM AUXILIARY 900099	35,130	35,130		
	С	MISCELLANEOUS INCOME 900099	275	275		
	d	All other revenue	220	220		
	e	Total. Add lines 11a-11d	2,499,572			
	12	Total revenue. See Instructions	33,651,308	32,319,926	88,031	1,243,351

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in this l	Part IX			
Do not include amounts reported on lines 6h	(4)	(B)	(C)	(D)

	t include amounts reported on lines 6b, , 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,407,129			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,528,352			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	139,958			
9	Other employee benefits	2,547,792			
10	Payroll taxes	1,137,746			
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,044,460			
С	Accounting	71,607			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,171,213			
.2	Advertising and promotion				
.3	Office expenses	647,308			
4	Information technology	253,726			
.5	Royalties				
.6	Occupancy	975,050			
.7	Travel	4,024,979			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,542			
0	Interest	15,646			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	851,411			
23	Insurance	246,029			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REINSURANCE FEES & SUBS	1,396,269			
ь	POSTAGE	817,825			
c	PRINTING	680,467			
d	PREMIUMS REMITTED	673,510			
e	All other expenses	1,489,174			
:5	Total functional expenses. Add lines 1 through 24e	33,123,193			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X		•	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			235,676	1	238,776
	2	Savings and temporary cash investments			5,353,739	2	6,393,661
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,416,233	4	2,491,018
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II (of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrıl mploy	outing employers		6	
<u> </u>	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			324,712		489,556
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		17,199,997	·		
	ь	Less accumulated depreciation	10b	11,211,482	6,527,038	10c	5,988,515
	11	Investments—publicly traded securities	<u> </u>			11	
	12	Investments—other securities See Part IV, line 11				12	-
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,091,112	15	1,102,450
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			15,948,510	16	16,703,976
	17	Accounts payable and accrued expenses			2,390,716	17	2,095,001
	18	Grants payable				18	
	19	Deferred revenue			159,708	19	145,310
	20	Tax-exempt bond liabilities			,,,,,,,	20	
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquality		21			
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		358,867	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			6,076,241	25	6,959,856
	26	Total liabilities. Add lines 17 through 25			8,985,532	26	9,200,167
on do		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	⊽ and	l complete			
ĕ	27	Unrestricted net assets			6,382,186	27	7,832,456
<u>ଟ</u>					580,792	28	-328,647
<u> </u>	28	Temporarily restricted net assets			300,792	29	-520,047
Fund Balance	29	Permanently restricted net assets				29	
		complete lines 30 through 34.	ere F	j anu			
ō	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
25.5	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			6,962,978	33	7,503,809
ž	34	Total liabilities and net assets/fund balances			15,948,510	34	16,703,976
		rotal habilities and het assets/land balances	• •	• •	13,340,310	J-4	10,100,310

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,6	551,308
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,:	123,193
3	Revenue less expenses Subtract line 2 from line 1	3			528,115
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			962,978
5	Net unrealized gains (losses) on investments	5		· · · · · · · · · · · · · · · · · · ·	12,716
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,5	503,809
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
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		3b		

Additional Data

Software ID: Software Version:

EIN: 53-0116149

Name: NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

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

NATIONAL STEWARD SYSTEM REPRESENTATION PROVIDED FOR IN THE NATIONAL AGREEMENT IS ACCOMPLISHED THROUGH

THE NATIONAL STEWARD SYSTEM NRLCA REPRESENTATIVES/STEWARDS PROCESS GRIEVANCES AND APPEALS THROUGH THE

GRIEVANCE-ARBITRATION PROCEDURE

DLN: 93493268003115

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

NA	TIONAL RURAL LETTER CARRIER	S' ASSOCIATION		53-0116149	1
Pai	rt I-A Complete if th	ne organization is exempt u	nder section 501		
1	Provide a description of	the organization's direct and indirec	t political campaign ac	ctivities in Part IV	_
2	Political expenditures		p	▶	\$
3	Volunteer hours			·	Ψ
		<u>ne organization is exempt u</u>			
1	,	excise tax incurred by the organizat			\$
2		excise tax incurred by organization	_		\$
3	If the organization incurr	red a section 4955 tax, did it file Fo	rm 4720 for this year?	•	☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	,				
	•	ne organization is exempt u			01(c)(3).
1		y expended by the filing organization		•	\$
2	Enter the amount of the feet exempt function activities	filing organization's funds contribute	ed to other organization	ns for section 527	¢.
_	·				>
3	l otal exempt function ex	penditures Add lines 1 and 2 Ente	er here and on Form 11	20-POL, line 1/b ►	\$
4	Did the filing organizatio	n file Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made paym amount of political contr	ses and employer identification nun ents For each organization listed, e ibutions received that were promptl ⁱ d or a political action committee (PA	nter the amount paid for y and directly delivered	rom the filing organization's d to a separate political org	funds Also enter the anization, such as a ation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
CAR	NATIONAL RURAL LETTER RRIERS' ASSOCIATION ITICAL ACTION COMMITTEE	1630 DUKE STREET ALEXANDRIA, VA 22314	90-0032751		

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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))					

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is e filed Form 5768 (election under	exempt under section 501(c)(3) and has I section 501(h)).	ТОИ				
For e	each "Yes" response to lines 1a through 1i below, provide		(a	1)	(b)	
activ		m rune iv a decaned description of the lobbying	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to legislation, including any attempt to influence public through the use of Volunteers?		ĺ				
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?						_
е	Publications, or published or broadcast statements?	,					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, governm	ent officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventions, spe Other activities?	eches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i		_				
2a b	Did the activities in line 1 cause the organization to If "Yes," enter the amount of any tax incurred under	<u>L</u>					
c	If "Yes," enter the amount of any tax incurred by org	ganization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax	, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is e 501(c)(6).	exempt under section 501(c)(4), section 5	501(c))(5), c	r sec	tion	
					Y	es N	ю
1	Were substantially all (90% or more) dues received			L	1 Y	es	
2	Did the organization make only in-house lobbying ex				2		Ιo
3	Did the organization agree to carry over lobbying an				3		Ю
Par		exempt under section 501(c)(4), section 5 Part III-A, lines 1 and 2, are answered "					,
1	Dues, assessments and similar amounts from memb	pers	1				
2	Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid						
a	,		2a				_
D	Carryover from last year		2b				
c	Total) nations of nandadisability continue 162(a) disc	2c				_
3	Aggregate amount reported in section 6033(e)(1)(A		3				_
4	If notices were sent and the amount on line 2c exce does the organization agree to carryover to the reas political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditure	es (see instructions)	5				_
Pa	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line 1, Pai (see instructions), and Part II-B, line 1 Also, complete		ıp lıst),	Part II	-A , line	s 1 an	d
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493268003115

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** NATIONAL RURAL LETTER CARRIERS' ASSOCIATION 53-0116149

Pa	rt I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts.	. Complet	e if the
			(a) Donor advised funds		(b) Funds and o	ther accou	nts
1	Total	number at end of year					
2	Aggre	gate value of contributions to (during year)					
3	Aggre	gate value of grants from (during year)					
4	Aggre	gate value at end of year					
5		e organization inform all donors and donor advisor are the organization's property, subject to the or		or adv	ısed	☐ Yes	
6	Did th used confe	ne organization inform all grantees, donors, and do only for charitable purposes and not for the benef rring impermissible private benefit?	onor advisors in writing that grant funds it of the donor or donor advisor, or for ar	ny othe	er purpose	┌ Yes	┌ No
Par	t II	Conservation Easements. Complete if	the organization answered "Yes" to	o Forr	<u>n 990, Part IV</u>	<u>, lıne 7.</u>	
2	☐ Pr ☐ Pr ☐ Pr Comp	se(s) of conservation easements held by the org reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space	or education) Preservation of an Preservation of a c	ertifie	d historic struct	cure	
	easer	nent on the last day of the tax year	Г		Hold of the	Fud of the	V
_	Total	number of conservation easements	-		Held at the	Ena or the	Year
a			-	2a			
b		acreage restricted by conservation easements		2b			
c d	Numb	er of conservation easements on a certified histo er of conservation easements included in (c) acq ric structure listed in the National Register	` '	2c 2d			
3		er of conservation easements modified, transferr	ם ed released extinguished orterminate	d hv tl	he organization (durina	
•		x year ►	ea, released, extinguished, or terminate	u by ti	ne organización c	aumg	
	tile tu						
4	Numb	er of states where property subject to conservat	on easement is located 🟲	_			
5		the organization have a written policy regarding t cement of the conservation easements it holds?	he periodic monitoring, inspection, hand	dling o	f violations, and	┌ Yes	┌ No
6	Staff a	and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents (during the year		
7	A mou	nt of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	durın	g the year		
8		each conservation easement reported on line 2(o ection 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
9	balan the or	rt XIII, describe how the organization reports conce sheet, and include, if applicable, the text of the ganization's accounting for conservation easeme	e footnote to the organization's financial nts	state	ments that desc	rıbes	
Par	t III	Organizations Maintaining Collection	s of Art, Historical Treasures,	or Ot	her Similar A	Assets.	
	TELLA	Complete if the organization answered "Y	· · · · · · · · · · · · · · · · · · ·				
1a	works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse ce, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furthera		
b	works	organization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse ce, provide the following amounts relating to thes	ts held for public exhibition, education,				ıc
	(i) _{Re}	evenue included in Form 990, Part VIII, line 1			► \$		
	(ii) _A	ssets included in Form 990, Part X			► \$		
2	Ifthe	organization received or held works of art, historing amounts required to be reported under SFAS		r finar	' -		

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art,	Histor	ical Treas	ures, or Othe	r Similar Asse	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, check	any of the fo	llowing that are a	significant use o	fits
а	Public exhibition		d [Loan or ex	change programs	•	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how the	ey further the	organization's ex	kempt purpose in	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complete	e if the	organizatio		<u> </u>	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			-	or other assets		Yes No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table			
						Amo	unt
c	Beginning balance				1 c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cus	todial account lia	ability?	Yes No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xplanat	ion has been	provided in Part	XIII	୮
Par	t V Endowment Funds. Complete				•		
		(a)Current year	(b) Prio	year b (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 curr	rent year end balance	(line 1	g, column (a)) held as		
а	Board designated or quasi-endowment ►						
b	Permanent endowment ►						
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%					
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ıon that	are held and	administered for	the	Yes No
	(i) unrelated organizations					3a(i)	
b	(ii) related organizations		on Caba	dulo D2		3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the						<u> </u>
	Land, Buildings, and Equipme 11a. See Form 990, Part X, line	ent. Complete if th			swered 'Yes' to	Form 990, Part	IV, line
	Description of property			a) Cost or other sis (investment)		(c) Accumulated depreciation	(d) Book value
1a	and		-		2,522,808		2,522,808
	Buildings				3,897,515		1,800,420
	easehold improvements	· - •			3,522,275		653,982
C L					3,322,213		
	Equipment		: -		5,890,840	5,111,115	779,725
d E	Equipment	 	.		+		·

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the organization	answered 'Yes' to Forr	n 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	narket value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
	+		
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.	Complete if the organization	on answered 'Yes' to Fo	rm 990, Part IV, line 11c
(a) Description of investment	(b) Book value	(c) Method of va	luation
(a) Description of investment	(b) Book value	Cost or end-of-year r	
		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			000 B 17 1 15
Part IX Other Assets. Complete if the organizate (a) Des		U, Part IV, line II d See F	(b) Book value
(1) CASH VALUE OF DEFERRED COMPENSATION	emption		1,096,700
(2) ADVANCES			5,750
(2) ADVANCES			3,730
Total. (Column (b) must equal Form 990, Part X, col.(B) line	= 15.)		1,102,450
Part X Other Liabilities. Complete if the or			
Form 990, Part X, line 25.	- 	· ,	
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DUE TO STATE CHAPTERS	2,341,868		
DEFERRED COMPENSATION	1,096,700		
PAYABLE TO INSURANCE CARRIERS	156,293	1	
ACCRUED ANNUAL & SICK LEAVE	2,243,995	1	
ACCRUED POSTRETIREMENT BENEFITS	1,121,000		
ACCROED FOOTRETTREPTENT BENEFITS	1,121,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 6,959,856		
	- ,		

Раг		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		its Wit	h Revenue	per Re	eturn Complete if
1		r support per audited financial statements				1	31,361,926
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a		12,71	4	
b	Donated services and use of fa	acilities	2b				
c	Recoveries of prior year grants	5	2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d .		·			2e	12,714
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	31,349,212
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b		2,302,09	5	
C	Add lines 4a and 4b					4c	2,302,096
5		l 4c. (This must equal Form 990, Part I, line				5	33,651,308
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			th Expense	es per	Return. Complete
1		audited financial statements				1	30,822,568
2		t not on Form 990, Part IX, line 25					
а		acilities	2a				
b	Prior year adjustments		2b				
C	Other losses		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d			٠		2e	0
3	Subtract line 2e from line 1 .					3	30,822,568
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)		4b		2,300,62	5	
c	Add lines 4a and 4b					4c	2,300,625
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lir	ne 18)			5	33,123,193
Part	XIII Supplemental Inf	ormation				•	
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and					de any addıtıonal
	Return Reference	Explanation					
	XI, LINE 4B - OTHER STMENTS	FEDERAL PLAN REVENUE 2,302,096					
	XII, LINE 4B - OTHER STMENTS	FEDERAL PLAN EXPENSES 2,300,625					

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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DLN: 93493268003115

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

Employer identification number

53-0116149

Par	t I Questions Regarding Compensation				
				Yes	No
1a		ided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	✓ Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism of all of the expenses des		1b		Νo
2	Did the organization require substantiation prior to reddirectors, trustees, officers, including the CEO/Execu	imbursing or allowing expenses incurred by all utive Director, regarding the items checked in line 1a?	2		No
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tha used by a related organization to establish compensa				
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ayment?	4a		Νo
b	Participate in, or receive payment from, a supplement	tal nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-bas	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of				
a	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de		7		
8	Were any amounts reported in Form 990, Part VII, pa				
	·	Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebuttable presumption procedure described in Regulations	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 JEANETTE DWYER, PRESIDENT	(i) (ii)	135,418	0 0	6,813	0	29,292	171,523 0	0
2 RONNIE STUTTS, VICE PRESIDENT	(i) (ii)	129,306	0	7,086	0 0	31,901	168,293	0
	(i) (ii)	129,306	0	12,809	7,800	24,055 0	173,970	0
4 JOEY JOHNSON, DIRECTOR OF LABOR RELATION	(i) (ii)	129,306	0 0	7,086 0	7,326 0	27,492 0	171,210	0
5 DAVID HEATHER, DIR OF STEWARD OPERATION	(i) (ii)	129,306	0 0	7,086	7,646	28,359	172,397 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Miso complete this part for any dualitie	nar mormación
Return Reference	Explanation
,	PER THE CONSTITUTION OF THE NATIONAL RURAL LETTER CARRIERS' ASSOCIATION, RESIDENT OFFICERS SHALL BE FURNISHED LIVING QUARTERS IN THE WASHINGTON, D C AREA HOUSING EXPENSES PAID ON BEHALF OF THE NATIONAL OFFICERS FOR THE CONVENIENCE OF NRLCA WERE> JEANETTE DWYER, PRESIDENT \$17,059> RONNIE STUTTS, VICE-PRESIDENT \$19,690> CLIFFORD DAILING, SECRETARY-TREASURER \$11,841> JOEY JOHNSON, DIRECTOR OF LABOR RELATIONS \$15,313> DAVID HEATHER, DIRECTOR OF STEWARD OPERATION \$16,165
,	NRLCA DOES NOT HAVE A FORMAL WRITTEN POLICY REGARDING OFFICER HOUSING PAYMENTS OFFICERS DO NOT RECEIVE FIXED HOUSING ALLOWANCES, RATHER, HOUSING EXPENDITURES ARE PAID DIRECTLY BY THE ASSOCIATION ON BEHALF OF THE OFFICER ON AN AS-NEEDED BASIS

Schedule J (Form 990) 2014

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DLN: 93493268003115

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL RURAL LETTER CARRIERS' ASSOCIATION **Employer identification number** 53-0116149

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBERSHIP CLASSIFICATION OF NRLCA HAS THE FOLLOWING VOTING RIGHTS, AS DEFINED BY ITS
	CONSTITUTION A) BARGAINING UNIT MEMBERS - MEMBERS IN GOOD STANDING ARE ENTITLED TO ALL
	VOTING RIGHTS AND TO HOLD BOTH ELECTIVE AND APPOINTIVE OFFICE AT ALL LEVELS OF THE ASSOCIA
	TION B) RETIRED MEMBERS - MEMBERS IN GOOD STANDING ARE ENTITLED TO ALL VOTING RIGHTS WIT
	HITHE EXCEPTION OF RATIFICATION OF NATIONAL AGREEMENTS RETIRED MEMBERS MAY NOT BE ELECTED
	TO NATIONAL OFFICE C) ASSOCIATE MEMBERS - MEMBERS SHALL NOT BE ENTITLED TO VOTE OR HOLD
	ELECTIVE OR APPOINTIVE OFFICE D) RETIRED ASSOCIATE MEMBERS - MEMBERS SHALL NOT BE ENTIT
	LED TO VOTE OR HOLD ELECTIVE OR APPOINTIVE OFFICE E) HONORARY MEMBERS - MEMBERS SHALL NO T BE ENTITLED TO VOTE OR HOLD ELECTIVE OR APPOINTIVE OFFICE
FORM 990, PART VI, SECTION A, LINE	CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE
7B	MEMBERS AMENDM ENTS TO THE NRLCA CONSTITUTION & BYLAWS ARE ALSO APPROVED BY THE MEMBERSHIP AT THE ANNUAL
FORMORO DA DELVI, OFOTIONED LINE	NATIONAL CONVENTION
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED INTERNALLY BY THE NRLCA CONTROLLER, WHO IS A CERTIFIED PUBLIC ACCOUNTA NT, USING THE AUDITED TRIAL BALANCE ONCE THE INITIAL DRAFT IS COMPLETED, IT IS REVIEWED B Y THE SECRETARY-TREASURER, AUDITORS, AND THE OTHER NATIONAL OFFICERS ONCE
	APPROVED, THE A NNUAL 990, APPLICABLE SCHEDULES, AND ANY OTHER RELATED TAX RETURNS ARE FILED TIMELY
FORM 990, PART VI, SECTION B, LINE	EACH OFFICER IS REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE DISCLOSING ANY DIRECT OR INDI
12C	RECT POTENTIAL CONFLICTS OF INTEREST THE SECRETARY-TREASURER REVIEWS THESE QUESTIONNAIRES
	, RAISING ANY ISSUES OR CONCERNS WITH THE OTHER NATIONAL OFFICERS THIS QUESTIONNAIRE IS R
	EVIEWED AS PART OF THE ANNUAL AUDIT PROCESS
FORM 990, PART VI, SECTION B, LINE 15	THE FINANCE COMMITTEE SUBMITS RECOMMENDATIONS FOR OFFICERS' SALARIES, BENEFITS, AND EXPENS ES THESE RECOMMENDATIONS ARE REPORTED AT THE NATIONAL CONVENTION AND SUBMITTED TO THE COM PENSATION COMMITTEE
FORM 990, PART VI, SECTION C, LINE 19	THE CONSTITUTION AND BY LAWS ARE MADE AVAILABLE TO EACH MEMBER ANNUALLY THEY ARE MADE AVAI
19	LABLE TO THE PUBLIC UPON REQUEST THE CONFLICT OF INTEREST POLICY AND THE AUDITED FINANCIA L STATEMENTS ARE ALSO MADE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	FORM 990, PART XII, LINE 2C THERE WAS NO CHANGE TO THE OVERSIGHT PROCESS FROM THE PREVIOU S YEAR THE FINANCE COMMITTEE HAS OVERSIGHT OF THE SELECTION OF THE AUDITORS AS WELL
	AS TH E AUDIT PROCESS

DLN: 93493268003115

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Name of the organization NATIONAL RURAL LETTER CARRIERS' ASSOCIATION Employer identification number

53-0116149

Part I Identification of Disregarded Entities Complete	ıf the organization ans	wered "Yes" on Fo	rm <u>9</u> 90, Part I	V, line 33.	
(a) Name, address, and EIN (If applicable) 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) 1630 DUKE STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA'S HEADQUARTERS BUILDING	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
(2) 4863 OLD DOMINION DRIVE LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
(3) 918 HARRISON CIRCLE LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
(4) 6704 ORDSALL STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
(5) 6691 ORDSALL STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
(6) 3557 DREWS COURT LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0		NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

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.

	,							
(a)	(b)	(c)	(d)	(e)	(f)	(g	1)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section	512(b)	
		or foreign country)		(if section 501(c)(3))	entity	(13) cor	(13) controlled	
		-			· ·	entı	ty?	
						Yes	No	
(1) NATIONAL RURAL LETTER CARRIERS' ASSN POLITICAL ACTION COMMITTEE	LOBBYING	VA	527		NATIONAL RURAL LETTER		No	
1630 DUKE ST					CARRIERS' ASSOCIATION			
ALEXANDRIA, VA 223143465								
90-0032751								

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

chedule K (Fo	111 990) 2014					Рас	ge 3
Part V	ransactions With Related Organizations Complete if the organization a	nswered "Yes" on Forr	m 990, Part IV, lın	e 34, 35b, or 36.			
Note. Co	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the	ax year, did the orgranization engage in any of the following transactions with one or mo	re related organizations l	listed in Parts II-IV	?			
a Receipt	f (i) ınterest, (ii) annuıtıes, (iii) royaltıes, or (iv) rent from a controlled entıty				1a		No
b Gift, gra	t, or capital contribution to related organization(s)				1b		No
c Gıft, grar	t, or capital contribution from related organization(s)				1c		No
d Loans or	loan guarantees to or for related organization(s)				1d		No
e Loans or	loan guarantees by related organization(s)				1e		No
f Dividenc	s from related organization(s)				1f		No
g Sale of a	ssets to related organization(s)				1g		No
h Purchas	of assets from related organization(s)				1h		No
i Exchange	of assets with related organization(s)				1i		No
j Lease of	acılıtıes, equipment, or other assets to related organization(s)				1j		No
k Lease of	facilities, equipment, or other assets from related organization(s)				1k		No
I Performa	ice of services or membership or fundraising solicitations for related organization(s)				11		No
m Performa	ice of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing c	facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing	f paid employees with related organization(s)				10		No
p Reimbur	ement paid to related organization(s) for expenses				1p		No
q Reimbur	ement paid by related organization(s) for expenses				1q		No
r Other tra	nsfer of cash or property to related organization(s)				1r	Yes	
s Other tra	nsfer of cash or property from related organization(s)				1s		No
2 If the an	wer to any of the above is "Yes," see the instructions for information on who must comp	plete this line, including c	overed relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	ınt ın	volved	

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
									\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Additional Data

Software ID:

Software Version:

EIN: 53-0116149

Name: NATIONAL RURAL LETTER CARRIERS' ASSOCIATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (If applicable) 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
1630 DUKE STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA'S HEADQUARTERS BUILDING	VA	0	3,352,724	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
4863 OLD DOMINION DRIVE LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0	309,475	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
918 HARRISON CIRCLE LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0	143,199	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
6704 ORDSALL STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0	150,790	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
6691 ORDSALL STREET LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0	136,603	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION
3557 DREWS COURT LLC 1630 DUKE STREET ALEXANDRIA, VA 223143465	TITLE HOLDER OF NRLCA OFFICER'S HOUSE	VA	0	230,437	NATIONAL RURAL LETTER CARRIERS' ASSOCIATION