

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NATIONAL ASSOCIATION OF LETTER CARRIERS
% NICOLE RHINE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
100 INDIANA AVE NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200012144

D Employer identification number
53-0114650
E Telephone number
(202) 393-4695
G Gross receipts \$ 1,924,038,322

F Name and address of principal officer
FREDRIC ROLANDO
100 INDIANA AVE NW
WASHINGTON, DC 20001

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.nalc.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1889

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE NATIONAL ASSOCIATION OF LETTER CARRIERS OF THE UNITED STATES OF AMERICA IS A LABOR ORGANIZATION FOR CITY LETTER CARRIERS WHO ARE EMPLOYED BY THE U S POSTAL SERVICE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	525
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	580,786
7b Net unrelated business taxable income from Form 990-T, line 34	406,841

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,238	2,160
9 Program service revenue (Part VIII, line 2g)	1,586,457,260	1,685,177,172
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,890,331	15,537,873
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,419,227	1,143,479
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,605,770,056	1,701,860,684
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,007	398,484
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,413,453,807	1,512,687,536
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,196,871	61,296,217
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,551,199	72,529,533
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,543,390,884	1,646,911,770
19 Revenue less expenses Subtract line 18 from line 12	62,379,172	54,948,914

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,041,552,288	1,124,785,233
21 Total liabilities (Part X, line 26)	458,579,623	504,584,187
22 Net assets or fund balances Subtract line 21 from line 20	582,972,665	620,201,046

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-02-13
NICOLE RHINE SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: RICHARD L RUVELSON
Preparer's signature: RICHARD L RUVELSON
Date: 2019-02-13
Check if self-employed
PTIN: P00234075
Firm's name: WITHUMSMITHBROWNPC
Firm's EIN:
Firm's address: 4600 EAST WEST HWY 900
Phone no: (301) 272-6000
BETHESDA, MD 208143423

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗳️	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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> 🗳️	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? <i>If "Yes," complete Schedule D, Part I</i> 🗳️		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? <i>If "Yes," complete Schedule D, Part II</i> 🗳️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗳️		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? <i>If "Yes," complete Schedule D, Part IV</i> 🗳️		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> 🗳️		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? <i>If "Yes," complete Schedule D, Part VI</i> 🗳️	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗳️		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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗳️		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? <i>If "Yes," complete Schedule D, Part IX</i> 🗳️	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗳️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗳️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗳️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗳️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 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? <i>If "Yes," complete Schedule L, Part II</i>		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>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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 []

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

Check if Schedule O contains a response or note to any line in this Part VII

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) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		7,940,029	187,075
			4,016,074

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 39

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
CIGNA HEALTHCARE, 10490 LITTLE PATUXENT PKWY STE 400 COLUMBIA, MD 21044	NETWORK ADMIN FEES	23,379,737
UNITED BEHAVIORAL HEALTH, 425 MARKET ST 18TH FL SAN FRANCISCO, CA 94105	NETWORK ADMIN FEES	2,828,415
MULTIPLAN, PO BOX 29380 NEW YORK, NY 10087	NETWORK ADMIN FEES	2,177,988
CIGNA BEHAVIORAL HEALTH, 11095 VIKING DRIVE SUITE 350 EDEN PRAIRIE, ME 55344	NETWORK ADMIN FEES	1,863,341
COHEN WEISS SIMON, 330 WEST 42ND STREET NEW YORK, NY 10036	LEGAL FEES	1,730,663

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 25

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,160			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		2,160			
Program Service Revenue		Business Code				
	2a CONTINGENCY RESERVE	525100	1,640,744,814	1,640,744,814		
	b MEMBERSHIP DUES AND ASSESSMENTS	900004	44,255,642	43,678,386	577,256	
	c LOGO ITEMS (NET SALES)	900099	176,716	176,716		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,685,177,172				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,412,160		19,412,160	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		546,623		546,623	
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	218,108,322			
		(ii) Other				
		b Less cost or other basis and sales expenses	221,974,568	8,041		
		c Gain or (loss)	-3,866,246	-8,041		
	d Net gain or (loss)		-3,874,287		-3,874,287	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0		
		b Less direct expenses		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		192,166			
	b Less cost of goods sold		195,029			
	c Net income or (loss) from sales of inventory		-2,863		-2,863	
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS	900099	596,189		596,189		
b ADVERTISING	541800	3,530		3,530		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		599,719				
12 Total revenue. See Instructions		1,701,860,684	1,684,599,916	580,786	16,677,822	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	316,484			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	82,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	1,512,687,536			
5 Compensation of current officers, directors, trustees, and key employees.	9,971,411			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	29,205,726			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,617,965			
9 Other employee benefits.	12,743,007			
10 Payroll taxes.	2,758,108			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	1,825,140			
c Accounting.	607,113			
d Lobbying.	120,101			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	645,556			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,589,892			
12 Advertising and promotion.	0			
13 Office expenses.	14,244,558			
14 Information technology.	2,376,997			
15 Royalties.	0			
16 Occupancy.	3,638,754			
17 Travel.	3,848,787			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	61,508			
20 Interest.	0			
21 Payments to affiliates.	1,925,036			
22 Depreciation, depletion, and amortization.	1,261,911			
23 Insurance.	745,724			
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.)				
a HBP PROGRAM COSTS	36,291,899			
b PPACA FEES	489,580			
c TAXES - OTHER	470,222			
d TRAINING	242,745			
e All other expenses	144,010			
25 Total functional expenses. Add lines 1 through 24e.	1,646,911,770			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,250	1	1,250
	2 Savings and temporary cash investments	222,201,691	2	239,396,047
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	85,028,708	4	101,059,334
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	618,826	7	608,594
	8 Inventories for sale or use	448,550	8	363,456
	9 Prepaid expenses and deferred charges	2,776,046	9	2,696,415
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,771,818		
	b Less accumulated depreciation	10b 8,307,121	4,036,934	10c 6,464,697
	11 Investments—publicly traded securities	573,147,689	11	607,336,085
	12 Investments—other securities See Part IV, line 11	4,707,948	12	4,944,861
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	148,584,646	15	161,914,494
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,041,552,288	16	1,124,785,233	
Liabilities	17 Accounts payable and accrued expenses	7,621,612	17	9,250,271
	18 Grants payable	0	18	0
	19 Deferred revenue	959,472	19	974,997
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	449,998,539	25	494,358,919
	26 Total liabilities. Add lines 17 through 25	458,579,623	26	504,584,187
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	582,780,767	27	620,000,153
	28 Temporarily restricted net assets	91,898	28	100,893
	29 Permanently restricted net assets	100,000	29	100,000
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	582,972,665	33	620,201,046
	34 Total liabilities and net assets/fund balances	1,041,552,288	34	1,124,785,233

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,701,860,684
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,646,911,770
3	Revenue less expenses Subtract line 2 from line 1	3	54,948,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	582,972,665
5	Net unrealized gains (losses) on investments	5	12,327,056
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	-30,047,589
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	620,201,046

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 53-0114650

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990 (2017)

Form 990, Part III, Line 4a:

SERVED MORE THAN 288,000 ACTIVE AND RETIRED LETTER CARRIERS AND OTHER EMPLOYEES OF THE U S POSTAL SERVICE IN 1,990 BRANCHES THROUGHOUT THE UNITED STATES, DISTRICT OF COLUMBIA, PUERTO RICO, THE VIRGIN ISLANDS AND GUAM, FRATERNALLY UNITED ALL MEMBERS FOR THEIR MUTUAL BENEFIT, TO OBTAIN AND SECURE THEIR RIGHTS AND BENEFITS, AND TO PROMOTE THE WELFARE OF EVERY MEMBER

Form 990, Part III, Line 4b:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FREDRIC V ROLANDO PRESIDENT	40 0 0 0	X		X				220,890	0	51,257
BRIAN RENFROE EXECUTIVE VICE-PRESIDENT	40 0 0 0	X		X				186,332	0	35,218
LEW DRASS VICE PRESIDENT	40 0 0 0	X		X				180,567	0	71,273
NICOLE RHINE SECRETARY-TREASURER	40 0 0 0	X		X				179,312	0	62,584
JUDY WILLOUGHBY ASST SECRETARY-TREASURER	40 0 0 0	X		X				179,014	0	136,151
BRIAN HELLMAN DIRECTOR, HEALTH BENEFIT PLAN	40 0 0 0	X		X				187,728	0	119,474
MANUAL L PERALTRA JR DIRECTOR SAFETY & HEALTH	40 0 0 0	X		X				174,965	0	155,350
RON WATSON DIRECTOR, RETIRED MEMBERS	40 0 0 0	X		X				179,961	0	253,343
MYRA WARREN DIRECTOR, LIFE INSURANCE	40 0 0 0	X		X				0	187,075	116,868
CHRISTOPHER JACKSON DIRECTOR, CITY DELIVERY	40 0 0 0	X		X				178,069	0	90,039

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE D BROWN JR CHAIRMAN, NATIONAL TRUSTEE	40 00	X		X				37,386	0	5,786
MIKE GILL NATIONAL TRUSTEE	40 00	X		X				39,457	0	15,497
RANDALL L KELLER NATIONAL TRUSTEE	40 00	X		X				41,806	0	11,427
BRYANT ALMARIO NATL BUSINESS AGENT REGION 1	40 00	X		X				127,196	0	57,658
KATHY BALDWIN NATL BUSINESS AGENT REGION 10	40 00	X		X				126,616	0	67,779
MIKE BIRKETT NATL BUSINESS AGENT REGION 5	40 00	X		X				125,527	0	96,159
ROGER BLEDSOE NATL BUSINESS AGENT REGION 4	40 00	X		X				125,930	0	55,984
MICHAEL CAREF NATL BUSINESS AGENT REGION 3	40 00	X		X				121,748	0	45,346
PATRICK CARROLL NATL BUSINESS AGENT REGION 6	40 00	X		X				129,928	0	28,826
JOHN CASCIANO NATL BUSINESS AGENT REGION 14	40 00	X		X				131,614	0	28,654

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE CIRELLI NATL BUSINESS AGENT REGION 15	40 0 0 0	X		X				124,617	0	85,607
TIMOTHY DOWDY NATL BUS AGENT REG 13(RETIRED)	40 0 0 0	X		X				52,818	0	60,992
KENNETH GIBBS NATL BUSINESS AGENT REGION 9	40 0 0 0	X		X				129,043	0	64,882
WILLIAM LUCINI NATL BUS AGENT REG 12(RETIRED)	40 0 0 0	X		X				20,814	0	147
PETER MOSS NATL BUSINESS AGENT REGION 8	40 0 0 0	X		X				131,412	0	75,841
DAVID NAPADANO NATL BUSINESS AGENT REGION 12	40 0 0 0	X		X				126,308	0	58,066
VADA PRESTON NATL BUSINESS AGENT REGION 13	40 0 0 0	X		X				119,598	0	67,873
PAUL PRICE NATL BUSINESS AGENT REGION 2	40 0 0 0	X		X				123,000	0	82,098
DANIEL TOTH NATL BUSINESS AGENT REGION 11	40 0 0 0	X		X				128,414	0	52,872
CHRIS WITTENBURG NATL BUSINESS AGENT REGION 7	40 0 0 0	X		X				128,378	0	56,869

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD ADAMS REGIONAL ADMIN ASSIST	40 0 0 0			X				98,538	0	33,536
JAVIER BERNAL REGIONAL ADMIN ASSIST	40 0 0 0			X				92,211	0	49,625
SHAWN BOYD REGIONAL ADMIN ASSIST	40 0 0 0			X				94,844	0	35,333
CALVIN BROOKINS REGIONAL ADMIN ASSIST	40 0 0 0			X				91,457	0	53,531
MARK CAMILLI REGIONAL ADMIN ASSIST	40 0 0 0			X				98,752	0	24,653
CHARLES CLARK REGIONAL ADMIN ASSIST	40 0 0 0			X				94,214	0	37,545
JOHN COLLINS REGIONAL ADMIN ASSIST	40 0 0 0			X				97,816	0	35,316
RICHARD DICECCA REGIONAL ADMIN ASSIST	40 0 0 0			X				92,770	0	70,251
BRUCE DIDRIKSEN REGIONAL ADMIN ASSIST	40 0 0 0			X				97,650	0	20,689
DEBRA DIXON REGIONAL ADMIN ASSIST	40 0 0 0			X				94,362	0	41,163

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY FRAZEE REGIONAL ADMIN ASSIST	40 0 0 0			X				64,373	0	19,541
TROY FREDENBURG REGIONAL ADMIN ASSIST	40 0 0 0			X				98,816	0	34,557
JEFFREY FULTZ REGIONAL ADMIN ASSIST	40 0 0 0			X				64,121	0	39,697
ORLANDO GONZALEZ REGIONAL ADMIN ASSIST	40 0 0 0			X				94,885	0	43,204
JAMES HENRY REGIONAL ADMIN ASSIST	40 0 0 0			X				93,477	0	60,464
JERRY HUTSON REGIONAL ADMIN ASSIST	40 0 0 0			X				92,018	0	42,057
WILLIAM JACKSON REGIONAL ADMIN ASSIST	40 0 0 0			X				91,686	0	38,686
COBY JONES REGIONAL ADMIN ASSIST	40 0 0 0			X				94,493	0	54,686
JASON KARNOPP REGIONAL ADMIN ASSIST	40 0 0 0			X				89,398	0	41,179
KARRIE KIMBRELL REGIONAL ADMIN ASSIST	40 0 0 0			X				29,282	0	2,796

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE LASSAN REGIONAL ADMIN ASSIST	40 0 0 0			X				95,334	0	59,598
ANITA LEWALLEN REGIONAL ADMIN ASSIST	40 0 0 0			X				92,630	0	35,684
DONALD LYERLY REGIONAL ADMIN ASSIST	40 0 0 0			X				94,891	0	30,161
THOMAS MATTHEWS REGIONAL ADMIN ASSIST	40 0 0 0			X				92,207	0	57,542
HUGH MCELROY REGIONAL ADMIN ASSIST	40 0 0 0			X				98,815	0	31,405
DAVID MUDD REGIONAL ADMIN ASSIST	40 0 0 0			X				98,024	0	21,712
LYNNE PENDLETON REGIONAL ADMIN ASSIST	40 0 0 0			X				96,033	0	40,584
ALLAN RIOS REGIONAL ADMIN ASSIST	40 0 0 0			X				93,390	0	30,335
JOHN ROBLES REGIONAL ADMIN ASSIST	40 0 0 0			X				97,433	0	33,041
CHARLES SEXTON REGIONAL ADMIN ASSIST	40 0 0 0			X				94,897	0	39,388

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AJ SICIUNAS REGIONAL ADMIN ASSIST	40 0 0 0			X				95,641	0	50,291
J MARK SIMS REGIONAL ADMIN ASSIST	40 0 0 0			X				98,213	0	43,663
STEPHANIE STEWART REGIONAL ADMIN ASSIST	40 0 0 0			X				93,280	0	36,060
CHRISTOPHER STRICKLAND REGIONAL ADMIN ASSIST	40 0 0 0			X				22,841	0	0
BRIAN THOMPSON REGIONAL ADMIN ASSIST	40 0 0 0			X				93,961	0	31,220
GERALD UGONE REGIONAL ADMIN ASSIST	40 0 0 0			X				96,021	0	44,728
NICHOLAS VAFIADES REGIONAL ADMIN ASSIST	40 0 0 0			X				90,717	0	40,562
MONICA WALKER REGIONAL ADMIN ASSIST	40 0 0 0			X				93,413	0	39,977
LEO ZACHWIEJA REGIONAL ADMIN ASSIST	40 0 0 0			X				89,141	0	34,808
JAMES W SAUBER EXECUTIVE ASSIST TO PRESIDENT	40 0 0 0					X		174,592	0	129,865

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HICOK CHIEF ENGINEER	40 0 0 0					X		145,294	0	117,588
WILLIAM JENKINS ASSISTANT ENGINEER	40 0 0 0					X		131,609	0	76,388
KOREN KELLER-BLALOCK LEGISLATIVE DIRECTOR	40 0 0 0					X		121,771	0	30,719
NEIL BOWLING DIRECTOR OF INFO TECHNOLOGY	40 0 0 0					X		116,270	0	72,326

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions) _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) LETTER CARRIER POLITICAL FUND	100 INDIANA AVE NW WASHINGTON, DC 20001	52-1269023		2,959,689
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1 - ORGANIZATION'S POLITICAL CAMPAIGN ACTIVITIES	THE AMOUNT EXPENDED FOR POLITICAL CAMPAIGN ACTIVITIES BY THE ORGANIZATION REPRESENTS THOSE COSTS ASSOCIATED WITH COMMUNICATION TO MEMBERS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number
53-0114650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,609,177	1,013,323	595,854
d Equipment		5,949,176	3,852,507	2,096,669
e Other		7,213,465	3,441,291	3,772,174
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,464,697

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) PREMIUMS DUE & ACCRUED	141,679,195
(2) INTERCOMPANY RECEIVABLE	16,280,821
(3) ACCRUED INTEREST & DIVIDENDS	3,427,271
(4) DUE FROM RELATED ENTITIES	485,696
(5) DEPOSITS	41,511
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	161,914,494

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
BENEFITS INCURRED BUT UNPAID	183,352,489
POSTRETIREMENT BENEFITS	147,420,427
OPM SPECIAL RESERVE	157,686,512
DUE TO BRANCHES & STATES	4,231,048
UNREALIZED LOSS ON SECURITIES	879,913
ACA FEES PAYABLE	530,244
DEFERRED RENT LIABILITY	258,286
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	494,358,919

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,714,314,416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	12,327,056
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,925,601
e	Add lines 2a through 2d	2e	14,252,657
3	Subtract line 2e from line 1	3	1,700,061,759
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,798,925
c	Add lines 4a and 4b	4c	1,798,925
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,701,860,684

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,648,368,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	3,258,720
e	Add lines 2a through 2d	2e	3,258,720
3	Subtract line 2e from line 1	3	1,645,109,982
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,801,788
c	Add lines 4a and 4b	4c	1,801,788
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,646,911,770

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0114650

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2 - FIN 48 FOOTNOTE	Accounting principles generally accepted in the United States of America require management to evaluate income tax positions taken and accrue an income tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the income tax positions taken and concluded that as of March 31, 2018 there are no uncertain positions taken or expected to be taken that would require accrual of a liability in the consolidated financial statements. NALC is subject to routine audits by taxing jurisdictions, however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements. Should such penalties and interest be incurred, NALC's policy is to recognize them as administrative expenses.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - REVENUES INCLUDED ON FINANCIALS, NOT ON FORM 990	\$1,925,601 REVENUES - RELATED ORGANIZATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - REVENUES INCLUDED ON FORM 990, NOT ON FINANCIALS	\$ 1,801,788 REVENUES ELIMINATED FOR FINANCIALS \$ (2,863) NET CAFETERIA OPERATIONS REFLECTED IN COGS ----- \$ 1,798,925 =====

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - EXPENSES INCLUDED ON FINANCIALS, NOT ON FORM 990	\$ 3,255,857 EXPENSES - RELATED ORGANIZATION \$ 2,863 NET CAFETERIA OPERATIONS MOVED TO COGS --- ----- \$ 3,258,720

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - EXPENSES INCLUDED ON FORM 990, NOT ON FINANCIALS	\$ 1,801,788 EXPENSES ELIMINATED FOR FINANCIALS

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number 53-0114650

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 6
3 Enter total number of other organizations listed in the line 1 table. 5

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) JOHN T DONELON SCHOLARSHIPS	4	4,000			
(2) WILLIAM C DOHERTY SCHOLARSHIPS	20	78,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2 - MONITOR GRANT USE	FOR THE WILLIAM C DOHERTY AND JOHN T DONELON SCHOLARSHIPS, THE AWARD WINNERS MUST FORWARD A TRANSCRIPT OF THEIR GRADES TO THE NALC SCHOLARSHIP COMMITTEE AT THE END OF EACH SCHOOL YEAR. ADDITIONALLY, ANY CHANGE OF SCHOOLS OR COURSE OF STUDY MUST BE DONE ONLY WITH THE PERMISSION OF THE NALC SCHOLARSHIP COMMITTEE

Additional Data

Software ID:
Software Version:
EIN: 53-0114650
Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC POLICY INSTITUTE 1333 H STREET NW SUITE 300 EAST TOWER WASHINGTON, DC 20005	52-1368964	501(C)(3)	40,000				GENERAL SUPPORT
AMERICAN POSTAL WORKERS UNION 1300 L ST NW WASHINGTON, DC 20005	52-0913725	501(C)(5)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK IMMIGRATION COALITION 131 WEST 3RD STREET SUITE 610 NEW YORK, NY 10001	13-3573409	501(C)(3)	10,000				GENERAL SUPPORT
TEXAS WORKERS RELIEF FUND 1106 LAVACA ST SUITE 200 AUSTIN, TX 78701			10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA AFL-CIO 135 SOUTH MONROE ST TALLAHASSEE, FL 32301	59-0832847	501(C)(5)	10,000				GENERAL SUPPORT
UNION COMMUNITY FUND 815 16TH ST NW WASHINGTON, DC 20006	52-2184499	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CIVIL RIGHTS CENTER 134 SOUTH ELM STREET GREENSBORO, NC 27401	56-1856093	501(C)(3)	25,000				GENERAL SUPPORT
AFT DISASTER RELIEF FUND 555 NEW JERSEY AVE NW WASHINGTON, DC 20001	20-3664119	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL VOTE AT HOME COALITION PO BOX 65427 WASHINGTON, DC 20035			50,000				GENERAL SUPPORT
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKEITBACKORG PO BOX 2017 SIOUX FALLS, SD 57101	47-3176941	501(c)(4)	25,000				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number
53-0114650

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No
	4c No	
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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.

Return Reference	Explanation
PART I, LINE 1A - TAX GROSS UP PAYMENT	THE TAX GROSS UP PAYMENT CONSISTS OF PAYROLL TAXES ON TAXABLE BENEFITS INCLUDED AS COMPENSATION TO ALL INDIVIDUALS DENOTED IN PART VII AS OFFICERS
PART II, COLUMN C - DEFERRED COMPENSATION	\$2,199,194 OF DEFERRED COMPENSATION REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY. THIS DOES NOT REPRESENT ACTUAL CASH OUTLAYS.

Additional Data

Software ID:
Software Version:
EIN: 53-0114650
Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1FREDRIC V ROLANDO PRESIDENT	(i)	199,724		21,166	48,657	2,600	272,147	0
	(ii)	0			0	0	0	0
1BRIAN RENFROE EXECUTIVE VICE- PRESIDENT	(i)	165,463		20,869	24,411	10,807	221,550	0
	(ii)	0			0	0	0	0
2LEW DRASS VICE PRESIDENT	(i)	165,165		15,402	71,273	0	251,840	0
	(ii)	0			0	0	0	0
3NICOLE RHINE SECRETARY-TREASURER	(i)	162,536		16,776	53,877	8,707	241,896	0
	(ii)	0			0	0	0	0
4JUDY WILLOUGHBY ASST SECRETARY- TREASURER	(i)	162,564		16,450	133,551	2,600	315,165	0
	(ii)	0			0	0	0	0
5BRIAN HELLMAN DIRECTOR, HEALTH BENEFIT PLAN	(i)	162,476		25,252	119,474	0	307,202	0
	(ii)	0			0	0	0	0
6MANUAL L PERALTRA JR DIRECTOR SAFETY & HEALTH	(i)	158,946		16,019	135,308	20,042	330,315	0
	(ii)	0			0	0	0	0
7RON WATSON DIRECTOR, RETIRED MEMBERS	(i)	164,359		15,602	252,538	805	433,304	0
	(ii)	0			0	0	0	0
8MYRA WARREN DIRECTOR, LIFE INSURANCE	(i)	0			0	0	0	0
	(ii)	164,071		23,004	116,868	0	303,943	0
9CHRISTOPHER JACKSON DIRECTOR, CITY DELIVERY	(i)	162,475		15,594	73,526	16,513	268,108	0
	(ii)	0			0	0	0	0
10BRYANT ALMARIO NATL BUSINESS AGENT REGION 1	(i)	114,179		13,017	39,991	17,667	184,854	0
	(ii)	0			0	0	0	0
11KATHY BALDWIN NATL BUSINESS AGENT REGION 10	(i)	115,414		11,202	65,179	2,600	194,395	0
	(ii)	0			0	0	0	0
12MIKE BIRKETT NATL BUSINESS AGENT REGION 5	(i)	113,778		11,749	78,091	18,068	221,686	0
	(ii)	0			0	0	0	0
13ROGER BLEDSOE NATL BUSINESS AGENT REGION 4	(i)	115,523		10,407	53,484	2,500	181,914	0
	(ii)	0			0	0	0	0
14MICHAEL CAREF NATL BUSINESS AGENT REGION 3	(i)	109,404		12,344	22,904	22,442	167,094	0
	(ii)	0			0	0	0	0
15PATRICK CARROLL NATL BUSINESS AGENT REGION 6	(i)	118,023		11,905	28,826	0	158,754	0
	(ii)	0			0	0	0	0
16JOHN CASCIANO NATL BUSINESS AGENT REGION 14	(i)	118,023		13,591	28,654	0	160,268	0
	(ii)	0			0	0	0	0
17LAWRENCE CIRELLI NATL BUSINESS AGENT REGION 15	(i)	114,088		10,529	72,373	13,234	210,224	0
	(ii)	0			0	0	0	0
18KENNETH GIBBS NATL BUSINESS AGENT REGION 9	(i)	118,023		11,020	64,882	0	193,925	0
	(ii)	0			0	0	0	0
19PETER MOSS NATL BUSINESS AGENT REGION 8	(i)	116,829		14,583	73,536	2,305	207,253	0
	(ii)	0			0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
2 DAVID NAPADANO NATL BUSINESS AGENT REGION 12	(i)	115,523		10,785	55,566	2,500	184,374	0
	(ii)	0			0	0	0	0
1 VADA PRESTON NATL BUSINESS AGENT REGION 13	(i)	108,205		11,393	49,119	18,754	187,471	0
	(ii)	0			0	0	0	0
2 PAUL PRICE NATL BUSINESS AGENT REGION 2	(i)	111,804		11,196	62,056	20,042	205,098	0
	(ii)	0			0	0	0	0
3 DANIEL TOTH NATL BUSINESS AGENT REGION 11	(i)	118,023		10,391	52,872	0	181,286	0
	(ii)	0			0	0	0	0
4 CHRIS WITTENBURG NATL BUSINESS AGENT REGION 7	(i)	116,333		12,045	49,100	7,769	185,247	0
	(ii)	0			0	0	0	0
5 RICHARD DICECCA REGIONAL ADMIN ASSIST	(i)	84,523		8,247	50,209	20,042	163,021	0
	(ii)	0			0	0	0	0
6 JAMES HENRY REGIONAL ADMIN ASSIST	(i)	85,811		7,666	41,710	18,754	153,941	0
	(ii)	0			0	0	0	0
7 STEVE LASSAN REGIONAL ADMIN ASSIST	(i)	87,407		7,927	42,156	17,442	154,932	0
	(ii)	0			0	0	0	0
8 JAMES W SAUBER EXECUTIVE ASSIST TO PRESIDENT	(i)	172,718	1,100	774	110,179	19,686	304,457	0
	(ii)	0			0	0	0	0
9 MICHAEL HICOK CHIEF ENGINEER	(i)	144,994	300	0	100,002	17,586	262,882	0
	(ii)	0			0	0	0	0
10 WILLIAM JENKINS ASSISTANT ENGINEER	(i)	131,309	300	0	59,302	17,086	207,997	0
	(ii)	0			0	0	0	0
11 KOREN KELLER-BLALOCK LEGISLATIVE DIRECTOR	(i)	120,911	800	60	9,721	20,998	152,490	0
	(ii)	0			0	0	0	0
12 NEIL BOWLING DIRECTOR OF INFO TECHNOLOGY	(i)	115,077	800	393	53,914	18,412	188,596	0
	(ii)	0			0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number
53-0114650

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GENEVA KUBAL	FAMILY MEMBER OF BRIAN HELLMAN, DIRECTOR OF NALC HEALTH BENEFIT PLAN	92,217	WAGES		No
(2) FREDRIC J ROLANDO	FAMILY MEMBER OF FREDRIC V ROLANDO, PRESIDENT OF NALC	61,741	WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS

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.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

53-0114650

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 2 - BUSINESS RELATIONSHIP	NATIONAL OFFICER MYRA WARREN SERVES AS DIRECTOR OF LIFE INSURANCE FOR UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION ("MBA") THREE TRUSTEES AND THE PRESIDENT OF THE FILING ORGANIZATION ARE TRUSTEES AND OFFICERS OF MBA

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 6 - MEMBERSHIP OF ORGANIZATION	<p>Membership shall be ----- (a) regular branch members who shall be nonsupervisory employees in the Postal Service, and regular branch members who the Executive Council has determined were unjustly separated from the Postal Service, retirees from that Service who were regular members of the NALC when they retired, and persons leaving the Service with coverage under Office of Workers Compensation Programs (OWCP) Such retirees, OWCP dependees, and non-letter carrier regular members shall have no voice or vote in the branch, in any matter pertaining to the ratification of a national working agreement, local memorandum of understanding or proposed work stoppage, (b) present members of existing Federal Branches may retain their membership, (c) present members who have left the Postal Service, or have been temporarily or permanently promoted to supervisory status, may retain their membership but shall be members only for the purpose of membership in the NALC Life Insurance Plan and/or the NALC Health Benefit Plan These members shall have no voice or vote in any of the affairs of such Branch, except they shall have a voice and vote at the Branch level upon matters appertaining to the NALC Life Insurance Plan, and/or the NALC Health Benefit Plan, if they are a member thereof, and on any proposition to raise dues These members are not eligible to be candidates for any State Association, Branch, or National office or delegates to any conventions They may attend only that part of the meeting which concerns them, such as change of dues structure and information concerning Health or Life Insurance</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A - ELECTION OF TRUSTEES AND OFFICERS	<p>Every four (4) years, nominations for officers of the Union shall be called by the Chairperson of the Convention on the third day (Wednesday) of the Convention. The Chair shall call for nominations from the floor for each national office separately. Any delegate may nominate an eligible member for anyone of the following national offices: President, Executive Vice President, Vice President, Secretary-Treasurer, Assistant Secretary-Treasurer, Director of City Delivery, Director of Safety and Health, Director of Life Insurance, Director of Health Benefits, Director of Retired Members, and a three member Board of Trustees. No nominations of fifteen (15) National Business Agents shall be separately by NALC Regions. Only delegates from the appropriate NALC Region may nominate candidates for the position of National Business Agent for such Region. The newly-elected officers shall assume their offices as soon after 45 days from the date of the certification of results by National Election Committee as is practicable. As soon as practicable after the Convention at which nominations for National Officers have been made, the National Secretary-Treasurer shall furnish to the National Election Committee a list of all members eligible to vote. To be so eligible, a member must be in good standing as of June 1 of the election year. There shall be one membership-wide ballot issued in each of the fifteen (15) NALC Regions authorized and established elsewhere in this Constitution reflecting the names of all nominees for the positions of President, Executive Vice President, Vice President, Secretary-Treasurer, Assistant Secretary-Treasurer, Director of City Delivery, Director of Safety and Health, Director of Life Insurance, Director of Health Benefits, Director of Retired Members, three members of the Board of Trustees, and the names of all nominees for the position of National Business Agent for one of the fifteen (15) NALC Regions. The National Election Committee shall then be responsible for mailing ballots to all eligible members as soon as possible. All regular members shall be entitled to one vote for each office to be filled. The voter shall indicate his/her choice for each of the officers by following the procedure established by the National Election Committee as set forth in the ballot instructions. The voter shall then seal the ballot in the smaller envelope, enclose this envelope within the large one, and mail it to the post office box printed on the larger envelope. Write-in votes shall not be valid. No markings shall be made on the ballot or the smaller envelope other than as indicated.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7B - DECISIONS OF GOVERNING BODY	<p>Each Branch having twenty (20) or less members shall be entitled to one delegate and one vote in the National Convention. Branches having more than twenty (20) members shall be entitled to one delegate and one vote for each twenty (20) members or fraction thereof. Each State Association shall be Entitled to two Delegates-at-Large. National Officers and Delegates-at-Large shall each be entitled to one vote only. The delegates from any Branch present at the National Convention shall be allowed to cast the whole number of votes to which the Branch is entitled, provided such delegates agree unanimously as to who among them shall cast such vote. In case of disagreement, the delegates in attendance shall be entitled to such number of whole votes as can be divided equally among them each pro rata. The number of members for whom per capita tax is paid to the National Association for the term beginning October 1 prior to each Biennial Convention shall determine the number of votes and delegates to which the Branch is entitled at such Convention.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B - REVIEW PROCESS OF FORM 990	THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S SECRETARY-TREASURER PRIOR TO SIGNATURE AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINES 15A & 15B- COMPENSATION OF OFFICERS AND TRUSTEES	THE SALARIES FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT, VICE PRESIDENT, SECRETARY-TREASURER, ASSISTANT SECRETARY-TREASURER, DIRECTOR OF CITY DELIVERY, DIRECTOR OF SAFETY AND HEALTH, DIRECTOR OF LIFE INSURANCE, DIRECTOR OF HEALTH BENEFITS AND DIRECTOR OF RETIRED MEMBERS ARE SET FORTH IN THE NALC CONSTITUTION (ACCESSIBLE ON NALC'S WEBSITE), LAST AMENDED AT THE AUGUST 2016 CONVENTION THE CONSTITUTION STATES THE PER ANNUM SALARY AMOUNT, EFFECTIVE DATE OF THE AMOUNT, PROVIDES FOR FUTURE SALARY ADJUSTMENTS THAT ARE MADE IN LINE WITH THE SAME PERCENTAGE GIVEN TO TOP GRADE LETTER CARRIERS THE TRUSTEES ARE PAID AN EQUAL SUM PER YEAR THE SELECTED CHAIRPERSON OF THE BOARD IS TO RECEIVE AN ADDITIONAL AMOUNT PER YEAR FOR HIS SERVICE AS CHAIRPERSON THE TRUSTEES ARE ALSO ENTITLED TO FUTURE SALARY ADJUSTMENTS THAT ARE MADE IN LINE WITH THE SAME PERCENTAGE GIVEN TO TOP GRADE LETTER CARRIERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19 - AVAILABILITY OF GOVERNING DOCUMENTS AND F/S	THE ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, EXCEPT AS MAY BE REQUIRED UNDER APPLICABLE FEDERAL LAW THE NALC CONSTITUTION IS AVAILABLE ON NALC'S WEBSITE UNDER UNION ADMINISTRATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, LINE 1A, COLUMN F- OTHER COMPENSATION	\$2,885,831 REPRESENTS THE ANNUAL INCREASE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT PLAN, AS CALCULATED BY THE PLAN ACTUARY THESE AMOUNTS REPORTED ARE NOT ACTUAL OUTLAYS OF COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	<p>\$(20,520,898) POSTRETIREMENT-RELATED CHANGES \$(9,526,691) INCREASE IN OPM SPECIAL RESERVE</p> <p>----- \$(30,047,589) NET OTHER CHANGE IN NET ASSETS =====</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **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 www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number
53-0114650

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, 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

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

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LETTER CARRIER POLITICAL FUND	Q	450,755	BILLING
(2) NALC ANNUITY TRUST FUND	R	7,351,710	ACTUARY
(3) NALC HEALTH BENEFIT PLAN FOR EMPLOYEES	R	8,168,259	PREMIUM BILLING
(4) UNITED STATES LETTER CARRIERS MUTUAL BENEFIT	R	287,224	PREMIUM BILLING
(5) LETTER CARRIER POLITICAL FUND	R	152,707	IN-KIND

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 53-0114650
Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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