

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019
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): 100 INDIANA AVE NW
Room/suite
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
F Name and address of principal officer: FREDRIC ROLANDO, 100 INDIANA AVE NW, WASHINGTON, DC 20001
G Gross receipts \$ 2,046,526,116
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3) 501(c)(5) 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

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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: 2020-02-07
NICOLE RHINE SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: WITHUMSMITHBROWNPC
Preparer's signature
Date: 2020-02-06
Check if self-employed
PTIN: P00234075
Firm's EIN
Firm's address: 4600 EAST WEST HWY 900, BETHESDA, MD 208143423
Phone no: (301) 272-6000

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	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> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	
<b>b</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> . . . . .	25b	
<b>26</b>	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> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	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> . . . . .	33	No
<b>34</b>	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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	
<b>37</b>	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> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	63,113
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	532			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .			<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .			<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .			<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (No); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NICOLE RHINE 100 INDIANA AVE NW WASHINGTON, DC 20001 (202) 393-4695







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	17,185			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		17,185				
<b>Program Service Revenue</b>	<b>2a</b> CONTINGENCY RESERVE	Business Code				
		525100	1,714,114,631	1,714,114,631		
	<b>b</b> MEMBERSHIP DUES AND ASSESSMENTS	900004	45,770,095	45,123,432	646,663	
	<b>c</b> LOGO ITEMS (NET SALES)	900099	318,782	318,782		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		1,760,203,508				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		24,345,446		24,345,446	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		375,729		375,729	
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	259,588,379	600		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	261,748,132	23,985		
		<b>c</b> Gain or (loss)	-2,159,753	-23,385		
	<b>d</b> Net gain or (loss) . . . . .		-2,183,138		-2,183,138	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
		<b>b</b> Less direct expenses . . . . .		0		
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .		0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		195,744			
	<b>b</b> Less cost of goods sold . . . . .		205,193			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		-9,449		-9,449	
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS	900099	1,151,890		1,151,890		
<b>b</b> CLAIMS RECOVERY	525100	643,835	643,835			
<b>c</b> MEMBERS JOB POSTING INCOME	541800	3,800		3,800		
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		1,799,525				
<b>12 Total revenue.</b> See Instructions . . . . .		1,784,548,806	1,760,200,680	646,663	23,684,278	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	387,123			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	84,000			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	1,627,371,652			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	10,641,605			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	32,956,012			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,032,392			
<b>9</b> Other employee benefits.	14,556,671			
<b>10</b> Payroll taxes.	3,106,315			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	2,735,286			
<b>c</b> Accounting.	1,006,000			
<b>d</b> Lobbying.	110,012			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	750,643			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,389,274			
<b>12</b> Advertising and promotion.	1,600			
<b>13</b> Office expenses.	17,508,777			
<b>14</b> Information technology.	1,716,620			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	4,406,428			
<b>17</b> Travel.	5,665,065			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	362,910			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	1,953,432			
<b>22</b> Depreciation, depletion, and amortization.	1,417,405			
<b>23</b> Insurance.	669,252			
<b>24</b> 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.)				
<b>a</b> HBP PROGRAM COSTS	38,902,205			
<b>b</b> PPACA FEES	536,699			
<b>c</b> TRAINING	273,558			
<b>d</b> TAXES - OTHER	172,344			
<b>e</b> All other expenses	246,690			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,780,959,970			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,250	<b>1</b>	1,250
	<b>2</b> Savings and temporary cash investments . . . . .	239,396,047	<b>2</b>	230,866,706
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	101,059,334	<b>4</b>	105,072,319
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	608,594	<b>7</b>	595,833
	<b>8</b> Inventories for sale or use . . . . .	363,456	<b>8</b>	389,146
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,696,415	<b>9</b>	2,387,915
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 13,625,417		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 8,340,775	6,464,697	<b>10c</b> 5,284,642
	<b>11</b> Investments—publicly traded securities . . . . .	607,336,085	<b>11</b>	658,984,957
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	4,944,861	<b>12</b>	5,241,866
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	161,914,494	<b>15</b>	168,501,620
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,124,785,233	<b>16</b>	1,177,326,254	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,250,271	<b>17</b>	8,936,278
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	974,997	<b>19</b>	1,008,423
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	494,358,919	<b>25</b>	503,324,596
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	504,584,187	<b>26</b>	513,269,297
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	620,000,153	<b>27</b>	663,747,393
	<b>28</b> Temporarily restricted net assets . . . . .	100,893	<b>28</b>	209,564
	<b>29</b> Permanently restricted net assets	100,000	<b>29</b>	100,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	620,201,046	<b>33</b>	664,056,957	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,124,785,233	<b>34</b>	1,177,326,254	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,784,548,806
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,780,959,970
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,588,836
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	620,201,046
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	21,746,810
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	18,520,265
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	664,056,957

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0114650

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990 (2018)

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### Form 990, Part III, Line 4a:

SERVED MORE THAN 290,000 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

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**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

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**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				233,112	0	52,191
Lucien Drass ..... Vice President	40 0 ..... 0 0	X		X				188,879	0	81,783
Manuel Peralta Jr ..... Director of Safety and Health	40 0 ..... 0 0	X		X				184,232	0	41,281
Brian L Renfroe ..... Executive Vice President	40 0 ..... 0 0	X		X				195,413	0	38,741
Ronald E Watson ..... Dir of Retired Mbrs (retired)	40 0 ..... 0 0	X		X				189,524	0	33,709
Daniel E Toth ..... Director of Retired Members	40 0 ..... 0 0	X		X				138,885	0	70,743
Nicole Rhine ..... Secretary-Treasurer	40 0 ..... 0 0	X		X				187,872	0	70,237
Judith Willoughby ..... Asst Secy-Treas (retired)	40 0 ..... 0 0	X		X				188,365	0	91,605
Paul Barner ..... Assistant Secretary-Treasurer	40 0 ..... 0 0	X		X				118,147	0	58,096
Stephanie M Stewart ..... Dir Of Health Benefits	40 0 ..... 0 0	X		X				63,700	0	25,206

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			
James W Yates ..... Director of Life Insurance	40 0 ..... 0 0	X		X				91,979	14,428	32,687
Christopher Jackson ..... Director of City Delivery	40 0 ..... 0 0	X		X				186,614	0	102,955
Brian E Hellman ..... Dir,Hlth Benefit Plan (retired)	40 0 ..... 0 0	X		X				156,687	0	32,985
Myra Warren ..... Dir Of Life Ins (retired)	40 0 ..... 0 0	X		X				0	188,772	132,981
Bryant J Almaro ..... Natl Business Agent Region 1	40 0 ..... 0 0	X		X				134,192	0	58,547
Paul Price ..... Ntl Bus Agent Reg 2 (retired)	40 0 ..... 0 0	X		X				131,125	0	89,956
Nicholas S Vafiades ..... Natl Business Agent Region 2	40 0 ..... 0 0	X		X				95,373	0	42,919
Michael Caref ..... Natl Business Agent Region 3	40 0 ..... 0 0	X		X				127,518	0	49,367
Roger W Bledsoe ..... Ntl Bus Agent Reg 4 (retired)	40 0 ..... 0 0	X		X				133,004	0	62,470
Daniel P Versluis ..... Natl Business Agent Region 4	40 0 ..... 0 0	X		X				10,397	0	7,175



**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			
Mike Birkett ..... Natl Business Agent Region 5	40 0 ..... 0 0	X		X				131,640	0	76,355
Patrick C Carroll ..... Ntl Bus Agent Reg 6 (retired)	40 0 ..... 0 0	X		X				137,762	0	29,752
Charles T Clark ..... Natl Business Agent Region 6	40 0 ..... 0 0	X		X				98,905	0	65,026
Troy Fredenburg ..... Natl Business Agent Region 7	40 0 ..... 0 0	X		X				104,138	0	42,318
Chris Wittenburg ..... Ntl Bus Agent Reg 7 (retired)	40 0 ..... 0 0	X		X				135,324	0	60,901
Steve M Lassan ..... Natl Business Agent Region 8	40 0 ..... 0 0	X		X				128,013	0	73,869
Kenneth Gibbs ..... Ntl Bus Agent Reg 9 (retired)	40 0 ..... 0 0	X		X				135,614	0	77,790
Lynne A Pendleton ..... Natl Business Agent Region 9	40 0 ..... 0 0	X		X				100,551	0	36,116
Kathy Baldwin ..... Ntl Bus Agent Reg 10 (retired)	40 0 ..... 0 0	X		X				59,114	0	51,235
Javier Bernal ..... Natl Business Agent Region 10	40 0 ..... 0 0	X		X				114,752	0	61,241

**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			
Mark Camilli ..... Natl Business Agent Reg 11	40 0 ..... 0 0	X		X				103,948	0	29,508
David J Napadano ..... Natl Business Agent Reg 12	40 0 ..... 0 0	X		X				132,623	0	74,297
Vada Preston ..... Natl Business Agent Reg 13	40 0 ..... 0 0	X		X				131,479	0	81,740
John J Casciano ..... Ntl Bus Agent Reg 14 (retired)	40 0 ..... 0 0	X		X				138,870	0	29,836
Richard DiCecca ..... Natl Business Agent Reg 14	40 0 ..... 0 0	X		X				97,406	0	84,217
Lawrence Cirelli ..... Natl Business Agent Reg 15	40 0 ..... 0 0	X		X				134,596	0	33,788
Lawrence D Brown Jr ..... CHAIRMAN, NATIONAL TRUSTEE	40 0 ..... 0 0	X		X				39,413	0	11,357
Michael J Gill ..... NATIONAL TRUSTEE	40 0 ..... 0 0	X		X				46,879	0	45
Mack I Julion Sr ..... NATIONAL TRUSTEE	40 0 ..... 0 0	X		X				21,244	0	31,865
Ronald Adams ..... Reg Admin Asst (retired)	40 0 ..... 0 0			X				97,319	0	45,995

**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			
Anthony Ali ..... Reg Admin Asst	40 0 ..... 0 0			X				19,877	0	0
Shawn D Boyd ..... Reg Admin Asst	40 0 ..... 0 0			X				97,002	0	37,336
Calvin D Brookins ..... Reg Admin Asst	40 0 ..... 0 0			X				93,043	0	58,678
John F Collins ..... Reg Admin Asst	40 0 ..... 0 0			X				100,442	0	38,266
Tonya L Detrick ..... Reg Admin Asst	40 0 ..... 0 0			X				93,133	0	38,976
Bruce Didriksen ..... Reg Admin Asst	40 0 ..... 0 0			X				100,107	0	14,496
Debra J Dixon ..... Reg Admin Asst	40 0 ..... 0 0			X				95,998	0	44,772
Jeffrey Frazee ..... Reg Admin Asst	40 0 ..... 0 0			X				98,446	0	40,428
Orlando Gonzalez ..... Reg Admin Asst	40 0 ..... 0 0			X				97,046	0	46,473
James D Henry ..... Reg Admin Asst	40 0 ..... 0 0			X				95,599	0	66,100

**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			
Jerry A Hutson ..... Reg Admin Asst	40 0 ..... 0 0			X				94,124	0	45,084
Kyle D Inoscencio ..... Reg Admin Asst	40 0 ..... 0 0			X				7,400	0	1,570
William Jackson ..... Reg Admin Asst	40 0 ..... 0 0			X				93,787	0	41,125
Patrick Johnson ..... Reg Admin Asst	40 0 ..... 0 0			X				1,164	0	0
Coby P Jones ..... Reg Admin Asst	40 0 ..... 0 0			X				97,979	0	24,143
Patricia A Joseph ..... Reg Admin Asst	40 0 ..... 0 0			X				79,746	0	47,067
Jason Karnopp ..... Reg Admin Asst	40 0 ..... 0 0			X				94,120	0	38,596
Michael C Keels ..... Reg Admin Asst	40 0 ..... 0 0			X				19,254	0	2,091
David L Kennedy ..... Reg Admin Asst	40 0 ..... 0 0			X				500	0	29,843
Karrie Kimbrell ..... Reg Admin Asst	40 0 ..... 0 0			X				101,595	0	17,523

**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			
Anita Lewallen ..... Reg Admin Asst	40 0 ..... 0 0			X				95,527	0	31,604
Dexter L Lester ..... Reg Admin Asst	40 0 ..... 0 0			X				1,821	0	0
Donald L Lyerly ..... Reg Admin Asst	40 0 ..... 0 0			X				94,186	0	38,397
Thomas A Matthews ..... Reg Admin Asst	40 0 ..... 0 0			X				94,314	0	62,881
Hugh McElroy ..... Reg Admin Asst	40 0 ..... 0 0			X				101,466	0	35,107
David L Mudd ..... Reg Admin Asst	40 0 ..... 0 0			X				100,011	0	24,407
Allan Rios ..... Reg Admin Asst	40 0 ..... 0 0			X				95,515	0	35,712
John D Robles ..... Reg Admin Asst	40 0 ..... 0 0			X				97,046	0	39,258
Charles L Sexton ..... Reg Admin Asst	40 0 ..... 0 0			X				94,185	0	44,911
A J Siciunas ..... Reg Admin Asst (retired)	40 0 ..... 0 0			X				49,932	0	25,425

**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			
J Mark Sims ..... Reg Admin Asst	40 0 ..... 0 0			X				100,848	0	24,288
Christopher Strickland ..... Reg Admin Asst	40 0 ..... 0 0			X				100,348	0	30,682
David A Teegarden ..... Reg Admin Asst	40 0 ..... 0 0			X				93,254	0	45,304
Brian E Thompson ..... Reg Admin Asst	40 0 ..... 0 0			X				96,101	0	37,945
Gerald A Ugone ..... Reg Admin Asst	40 0 ..... 0 0			X				98,153	0	50,649
Monica Walker ..... Reg Admin Asst	40 0 ..... 0 0			X				95,591	0	48,649
Leo Zachwieja ..... Reg Admin Asst	40 0 ..... 0 0			X				97,601	0	38,151
James W Sauber ..... Exec Asst to President	40 0 ..... 0 0					X		179,628	0	134,223
William Jenkins ..... Assistant Engineer	40 0 ..... 0 0					X		147,500	0	72,836
Michael W Hicok ..... Chief Engineer	40 0 ..... 0 0					X		136,483	0	47,250

**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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former				
Koren Blalock Keller ..... Legislative Director	40 0 ..... 0 0					X			136,158	0	32,924
James Cobb ..... Chief Financial Officer	40 0 ..... 0 0					X			124,846	0	48,577

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2018**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Open to Public Inspection**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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	<b>Employer identification number</b> 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		3,351,994
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**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
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**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|-----------------------------------------|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |                                                                                                        |     |    |
|--------------------------------------------------------------------------------------------------------|-----|----|
| <b>(i)</b> unrelated organizations . . . . .                                                           | Yes | No |
| <b>(ii)</b> related organizations . . . . .                                                            |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		2,048,735	1,289,739	758,996
<b>d</b> Equipment . . . . .		5,660,283	3,979,553	1,680,730
<b>e</b> Other . . . . .		5,916,399	3,071,483	2,844,916
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,284,642

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	149,169,449
(2) INTERCOMPANY RECEIVABLE	14,309,814
(3) ACCRUED INTEREST & DIVIDENDS	3,536,067
(4) DUE FROM RELATED ENTITIES	1,442,681
(5) DEPOSITS	43,609
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	▶ 168,501,620

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
BENEFITS INCURRED BUT UNPAID	209,007,499
POSTRETIREMENT BENEFITS	145,465,648
OPM SPECIAL RESERVE	146,278,861
DUE TO BRANCHES & STATES	1,119,897
UNREALIZED LOSS ON SECURITIES	891,804
ACA FEES PAYABLE	39,005
DEFERRED RENT LIABILITY	521,882
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 503,324,596

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,806,723,024
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	21,746,810	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,128,612	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	24,875,422
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,781,847,602
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,701,204	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	2,701,204
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	1,784,548,806

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,780,439,883
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	2,190,566	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	2,190,566
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,778,249,317
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,710,653	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	2,710,653
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	1,780,959,970

**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, 2019, 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	\$3,128,612 REVENUES - RELATED ORGANIZATION

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - REVENUES INCLUDED ON FORM 990, NOT ON FINANCIALS	\$ 2,710,653 REVENUES ELIMINATED FOR FINANCIALS \$ (9,449) NET CAFETERIA OPERATIONS REFLECTED IN COGS ----- \$ 2,701,204 =====

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - EXPENSES INCLUDED ON FINANCIALS, NOT ON FORM 990	\$ 2,181,117 EXPENSES - RELATED ORGANIZATION \$ 9,449 NET CAFETERIA OPERATIONS MOVED TO COGS --- ----- \$ 2,190,566 =====

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - EXPENSES INCLUDED ON FORM 990, NOT ON FINANCIALS	\$ 2,710,653 EXPENSES ELIMINATED FOR FINANCIALS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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.

Go to www.irs.gov/Form990 for the latest information.

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 noncash 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 3
3 Enter total number of other organizations listed in the line 1 table 4

**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	80,000			
(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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ECONOMIC POLICY INSTITUTE 1660 L ST NW 1200 WASHINGTON, DC 20036	52-1368964	501(C)(3)	40,000				GENERAL
PUBLIC CITIZEN LITIGATION GROUP 1600 20TH ST NW WASHINGTON, DC 20009	23-7104508	501(C)(4)	15,000				GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOUNDATION FOR FLINT 500 S SAGINAW BLDG FLINT, MI 48502	81-2649933	501(C)(3)	20,631				GENERAL
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS 753 STATE AVE KANSAS CITY, KS 66101	48-6031851	501(C)(5)	7,000				GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NALC DISASTER RELIEF FUND 100 INDIANA AVE NW WASHINGTON, DC 20001	83-1184866	501(C)(3)	132,000				GENERAL
NATIONAL VOTE AT HOME COALITION PO BOX 65427 WASHINGTON, DC 20035	82-2944257	501(C)(4)	50,000				GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COALITION FOR PAPER OPTIONS 8 E STREET SE WASHINGTON, DC 20003	81-5370826	501(C)(6)	10,000				GENERAL

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
**NATIONAL ASSOCIATION OF LETTER CARRIERS**

Employer identification number  
**53-0114650**

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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	<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)			
<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	<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><b>b</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>	<b>1b</b>	Yes			
<p><b>2</b> 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>	<b>2</b>	Yes			
<p><b>3</b> 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>		No		
<p><b>c</b> 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>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>				
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>				
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>				
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>				
<p><b>7</b> 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>	<b>7</b>				
<p><b>8</b> 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>	<b>8</b>				
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown 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				
See Additional Data Table							

**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

<b>Return Reference</b>	<b>Explanation</b>
PART II, COLUMN C - DEFERRED COMPENSATION	\$1,806,033 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				
Fredric V Rolando President	(i)	210,505		22,607	49,541	2,650	285,303	0
	(ii)	0			0	0	0	0
Lucien Drass Vice President	(i)	174,006		14,873	81,783	0	270,662	0
	(ii)	0			0	0	0	0
Manuel Peralta Jr Director of Safety and Health	(i)	167,274		16,958	20,657	20,624	225,513	0
	(ii)	0			0	0	0	0
Brian L Renfroe Executive Vice President	(i)	174,324		21,089	27,638	11,103	234,154	0
	(ii)	0			0	0	0	0
Ronald E Watson Dir of Retired Mbrs (retired)	(i)	173,182		16,342	33,709	0	223,233	0
	(ii)	0			0	0	0	0
Daniel E Toth Director of Retired Members	(i)	128,217		10,668	70,743	0	209,628	0
	(ii)	0			0	0	0	0
Nicole Rhine Secretary-Treasurer	(i)	171,178		16,694	61,284	8,953	258,109	0
	(ii)	0			0	0	0	0
Judith Willoughby Asst Secy-Treas (retired)	(i)	171,356		17,009	91,605	0	279,970	0
	(ii)	0			0	0	0	0
Paul Barner Assistant Secretary-Treasurer	(i)	116,403		1,744	42,704	15,392	176,243	0
	(ii)	0			0	0	0	0
Christopher Jackson Director of City Delivery	(i)	169,929		16,685	96,346	6,609	289,569	0
	(ii)	0			0	0	0	0
Brian E Hellman Dir, Hlth Benefit Plan (retired)	(i)	136,517		20,170	32,985	0	189,672	0
	(ii)	0			0	0	0	0
Myra Warren Dir Of Life Ins (retired)	(i)	0			0	0	0	0
	(ii)	174,323		14,449	131,110	1,871	321,753	0
Bryant J Almario Natl Business Agent Region 1	(i)	121,340		12,852	49,206	9,341	192,739	0
	(ii)	0			0	0	0	0
Paul Price Ntl Bus Agent Reg 2 (retired)	(i)	119,654		11,471	71,570	18,386	221,081	0
	(ii)	0			0	0	0	0
Michael Caref Natl Business Agent Region 3	(i)	115,259		12,259	26,393	22,974	176,885	0
	(ii)	0			0	0	0	0
Roger W Bledsoe Ntl Bus Agent Reg 4 (retired)	(i)	122,341		10,663	62,470	0	195,474	0
	(ii)	0			0	0	0	0
Mike Birkett Natl Business Agent Region 5	(i)	119,434		12,206	57,556	18,799	207,995	0
	(ii)	0			0	0	0	0
Patrick C Carroll Ntl Bus Agent Reg 6 (retired)	(i)	124,341		13,421	29,752	0	167,514	0
	(ii)	0			0	0	0	0
Charles T Clark Natl Business Agent Region 6	(i)	90,694		8,211	46,302	18,724	163,931	0
	(ii)	0			0	0	0	0
Chris Wittenburg Ntl Bus Agent Reg 7 (retired)	(i)	122,607		12,717	55,247	5,654	196,225	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				
Steve M Lassan Natl Business Agent Region 8	(i)	117,023		10,990	55,895	17,974	201,882	0
	(ii)	0			0	0	0	0
Kenneth Gibbs Ntl Bus Agent Reg 9 (retired)	(i)	124,341		11,273	77,790	0	213,404	0
	(ii)	0			0	0	0	0
Javier Bernal Natl Business Agent Region 10	(i)	105,328		9,424	40,617	20,624	175,993	0
	(ii)	0			0	0	0	0
David J Napadano Natl Business Agent Reg 12	(i)	121,655		10,968	71,647	2,650	206,920	0
	(ii)	0			0	0	0	0
Vada Preston Natl Business Agent Reg 13	(i)	118,818		12,661	62,422	19,318	213,219	0
	(ii)	0			0	0	0	0
John J Casciano Ntl Bus Agent Reg 14 (retired)	(i)	124,341		14,529	29,836	0	168,706	0
	(ii)	0			0	0	0	0
Richard DiCecca Natl Business Agent Reg 14	(i)	88,794		8,612	63,593	20,624	181,623	0
	(ii)	0			0	0	0	0
Lawrence Cirelli Natl Business Agent Reg 15	(i)	122,841		11,755	32,288	1,500	168,384	0
	(ii)	0			0	0	0	0
Calvin D Brookins Reg Admin Asst	(i)	85,149		7,894	36,710	21,968	151,721	0
	(ii)	0			0	0	0	0
James D Henry Reg Admin Asst	(i)	87,760		7,839	46,782	19,318	161,699	0
	(ii)	0			0	0	0	0
Thomas A Matthews Reg Admin Asst	(i)	86,454		7,860	42,257	20,624	157,195	0
	(ii)	0			0	0	0	0
James W Sauber Exec Asst to President	(i)	177,754	1,100	774	113,721	20,502	313,851	0
	(ii)	0			0	0	0	0
William Jenkins Assistant Engineer	(i)	147,150	350		57,434	15,402	220,336	0
	(ii)	0			0	0	0	0
Michael W Hicok Chief Engineer	(i)	136,183	300		28,348	18,902	183,733	0
	(ii)	0			0	0	0	0
Koren Blalock Keller Legislative Director	(i)	135,298	800	60	10,528	22,396	169,082	0
	(ii)	0			0	0	0	0
James Cobb Chief Financial Officer	(i)	123,787	801	258	25,281	23,296	173,423	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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**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	42,481	WAGES		No
(2) FREDRIC J ROLANDO	FAMILY MEMBER OF FREDRIC V ROLANDO, PRESIDENT OF NALC	73,739	WAGES		No
(3) TIMOTHY R ADELMAN	FAMILY MEMBER OF STEPHANIE STEWART, OFFICER OF NALC	50,289	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)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number  
53-0114650

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, SECTION A, LINE 6 - MEMBERSHIP OF ORGANIZATION	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 dependents, 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. 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**

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION A, LINE 7B - DECISIONS OF GOVERNING BODY	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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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 2018 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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
PART VII, SECTION A, LINE 1A, COLUMN F- OTHER COMPENSATION	\$2,572,072 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>\$ 7,112,614 POSTRETIREMENT-RELATED CHANGES \$ 11,407,651 INCREASE IN OPM SPECIAL RESERVE --            ----- \$ 18,520,265 NET OTHER CHANGE IN NET ASSETS =====</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART VI, SECTION A, LINE 2 - BUSINESS RELATIONSHIP	NATIONAL OFFICER MYRA WARREN, THROUGH HER TIME OF DEPARTURE, SERVED 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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>(1)</b> NALC ANNUITY TRUST FUND 20547 WAVERLY COURT  ASHBURN, VA 20149 52-6038252	PENSION FUND	DC	401(A)		NALC	Yes	
<b>(2)</b> LETTER CARRIER POLITICAL FUND 100 INDIANA AVE NW  WASHINGTON, DC 20001 52-1269023	POLITICAL ORG	DC	527		NALC	Yes	
<b>(3)</b> NALC HEALTH BENEFIT PLAN FOR EMPLOYEES 20547 WAVERLY COURT  ASHBURN, VA 20149 54-1875242	BENEFIT PLAN	VA	501(C)(9)		NALC	Yes	
<b>(4)</b> NALCREST FOUNDATION INC PO BOX 6359  NALCREST, FL 33856 59-1004167	RETIRE CTR	FL	501(C)(4)		NALC	Yes	
<b>(5)</b> UNITED STATES LETTER CARRIERS MUTUAL BEN 100 INDIANA AVE NW  WASHINGTON, DC 20001 62-0476257	BENEFIT FUND	TN	501(C)(5)		NALC	Yes	
<b>(6)</b> NALC BUILDING CORPORATION 100 INDIANA AVE NW  WASHINGTON, DC 20001 53-0114650	HOLDING CO	DC	501(C)(2)		NALC	Yes	
<b>(7)</b> NALC DISASTER RELIEF FOUNDATION 100 INDIANA AVENUE NW  WASHINGTON, DC 20001 83-1184866	DISASTER	DC	501(C)(3)	12A	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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)NALC DISASTER RELIEF FOUNDATION	B	132,000	CASH
(2)NALC ANNUITY TRUST FUND	R	7,787,021	ACTUARY
(3)NALC HEALTH BENEFIT PLAN FOR EMPLOYEES	R	8,799,685	PREMIUM BILLING
(4)UNITED STATES LETTER CARRIERS MUTUAL BENEFIT	R	286,162	PREMIUM BILLING

**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)

<b>Return Reference</b>	<b>Explanation</b>