



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



Form **990**  
 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 black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 04-01-2005 and ending 03-31-2006**

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

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

**Number and street (or P O box if mail is not delivered to street address) Room/suite**  
 100 INDIANA AVE NW

**City or town, state or country, and ZIP + 4**  
 WASHINGTON, DC 200012144

**D Employer identification number**  
 53-0114650

**E Telephone number**  
 (202) 393-4695

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Web site:** www.nalc.org

**J Organization type** (check only one)  501(c) (5) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,075,359,750

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		9,251	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 9,251 noncash \$ _____)	<b>1d</b>			9,251
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			777,734,275
	<b>3</b> Membership dues and assessments	<b>3</b>			36,280,546
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			2,494,594
	<b>5</b> Dividends and interest from securities	<b>5</b>			11,278,824
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
	<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>				
		246,422,718	<b>8a</b>		
	<b>b</b> Less cost or other basis and sales expenses	246,945,130	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	-522,412	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			-522,412	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			1,139,542	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			828,414,620	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			791,680,668
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			791,680,668
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			36,733,952
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			229,440,957
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			-1,028,677
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			265,146,232

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) <input type="checkbox"/> (cash \$ <u>74,000</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 74,000	74,000		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule) <input type="checkbox"/>	<b>24</b> 705,785,039	705,785,039		
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b> 1,368,146	1,368,146		
<b>26</b>	Other salaries and wages . . . . .	<b>26</b> 23,878,784	23,878,784		
<b>27</b>	Pension plan contributions . . . . .	<b>27</b> 4,609,404	4,609,404		
<b>28</b>	Other employee benefits . . . . .	<b>28</b> 8,804,614	8,804,614		
<b>29</b>	Payroll taxes . . . . .	<b>29</b> 2,009,541	2,009,541		
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>			
<b>31</b>	Accounting fees . . . . .	<b>31</b> 294,553	294,553		
<b>32</b>	Legal fees . . . . .	<b>32</b> 961,669	961,669		
<b>33</b>	Supplies . . . . .	<b>33</b> 396,759	396,759		
<b>34</b>	Telephone . . . . .	<b>34</b> 483,494	483,494		
<b>35</b>	Postage and shipping . . . . .	<b>35</b> 4,601,983	4,601,983		
<b>36</b>	Occupancy . . . . .	<b>36</b> 3,940,896	3,940,896		
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b> 449,854	449,854		
<b>38</b>	Printing and publications . . . . .	<b>38</b> 3,315,033	3,315,033		
<b>39</b>	Travel . . . . .	<b>39</b> 2,443,723	2,443,723		
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b> 192,288	192,288		
<b>41</b>	Interest . . . . .	<b>41</b> 15,789	15,789		
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b> 620,817	620,817		
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 791,680,668	791,680,668	0	0

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► FOUNDED IN 1889, THE NATIONAL ASSOCIATION OF LETTER CARRIERS OF THE UNITED STATES OF AMERICA IS THE MEMBERSHIP ORGANIZATION OF CITY LETTER CARRIERS AND CERTAIN OTHER EMPLOYEES OF THE UNITED STATES POSTAL SERVICE  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> SERVED MORE THAN 300,000 ACTIVE AND RETIRED LETTER CARRIERS AND OTHER EMPLOYEES OF THE U S POSTAL SERVICE IN 2,561 BRANCHES THROUGHOUT THE UNITED STATES, FRATERNALLY UNITED ALL MEMBERS FOR THEIR MUTUAL BENEFIT, TO OBTAIN AND SECURE THEIR RIGHTS AND BENEFITS, AND TO PROMOTE THE WELFARE OF EVERY MEMBER  (Grants and allocations \$ 74,000) If this amount includes foreign grants, check here ► <input type="checkbox"/>	791,680,668
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	791,680,668

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		4,608,095	<b>45</b>	1,861,438
	<b>46</b> Savings and temporary cash investments . . . . .		50,830,092	<b>46</b>	63,928,301
	<b>47a</b> Accounts receivable . . . . .	20,163,941			
	<b>b</b> Less allowance for doubtful accounts	2,117,710	14,070,386	<b>47c</b>	18,046,231
	<b>48a</b> Pledges receivable . . . . .				
	<b>b</b> Less allowance for doubtful accounts			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .				
	<b>b</b> Less allowance for doubtful accounts			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		1,086,187	<b>53</b>	1,440,773
	<b>54</b> Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	247,877,362	<b>54</b>	270,980,443
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	10,339,230			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	8,800,370	1,360,236	<b>57c</b>	1,538,860
<b>58</b> Other assets (describe <input type="checkbox"/> _____)		74,353,090	<b>58</b>	76,131,253	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		394,185,448	<b>59</b>	433,927,299	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .		6,419,808	<b>60</b>	5,902,265
	<b>61</b> Grants payable . . . . .			<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		108,225	<b>62</b>	83,761
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)		158,216,458	<b>65</b>	162,795,041
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		164,744,491	<b>66</b>	168,781,067	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted . . . . .		229,340,957	<b>67</b>	265,046,232
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		100,000	<b>69</b>	100,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .		229,440,957	<b>73</b>	265,146,232
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		394,185,448	<b>74</b>	433,927,299

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	828,336,436
<b>b</b>	Amounts included on line <b>a</b> but not on line 12			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-1,240,114	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify)  _____	<b>b4</b>	2,065,563	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	825,449	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	827,510,987	
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>			
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify)  _____	<b>d2</b>	903,633	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	825,449	
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	828,414,620	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	792,373,120
<b>b</b>	Amounts included on line <b>a</b> but not on line 17			
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>		
<b>4</b>	Other (specify)  _____	<b>b4</b>	1,596,085	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	1,596,085	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	790,777,035	
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	903,633	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	903,633	
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	791,680,668	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>12</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	<b>75c</b>	Yes
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	No

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	Yes
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization  See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b>   _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005
91a The books are in care of
91b 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?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041



**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> CONTING RESERVE					19,432,756
<b>b</b> PREMIUMS					758,301,519
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .	900004	358,841			35,921,705
<b>95</b> Interest on savings and temporary cash investments			14	2,494,594	
<b>96</b> Dividends and interest from securities . . . . .			14	11,278,824	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-522,412	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> ADVERTISING	541800	39,040			
<b>b</b> CAFETERIA SALES			41	192,005	
<b>c</b> LOGO ITEMS			41	108,947	
<b>d</b> MISCELLANEOUS			01	169,635	
<b>e</b> ROYALTIES			15	629,915	
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		397,881		14,351,508	813,655,980
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					828,405,369

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2007-02-01

JANE E BROENDEL SECRETARY-TREASURER  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature: DAVID P DORSEY	Date	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0114650

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> AFFILIATION FEES	<b>43a</b>		2,013,580		
<b>b</b> ARBITRATION	<b>43b</b>		988,478		
<b>c</b> BANK & INVESTMENT FEES	<b>43c</b>		853,732		
<b>d</b> CLEARING HOUSE	<b>43d</b>		59,917		
<b>e</b> HBP PROGRAM COSTS	<b>43e</b>		20,730,558		
<b>f</b> HIPAA EXPENSE	<b>43f</b>		14,147		
<b>g</b> INSURANCE	<b>43g</b>		375,716		
<b>h</b> MARKETING & PROMOTION	<b>43h</b>		51,991		
<b>i</b> MEMBERSHIP DUES & FEES	<b>43i</b>		16,936		
<b>j</b> MISCELLANEOUS	<b>43j</b>		318,749		
<b>k</b> OFFICE EXPENSE	<b>43k</b>		251,969		
<b>l</b> PROFESSIONAL FEES - OTHER	<b>43l</b>		1,531,802		
<b>m</b> TAXES - OTHER	<b>43m</b>		141,283		
<b>n</b> TRAINING	<b>43n</b>		85,424		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
WILLIAM H YOUNG 100 INDIANA AVE NW WASHINGTON,DC 200012144	PRESIDENT 40	168,258	47,345	15,907
James D Williams 100 INDIANA AVE NW WASHINGTON,DC 200012144	Exec Vice President 40	142,784	43,613	11,051
Gary H Mullins 100 INDIANA AVE NW WASHINGTON,DC 200012144	Vice President 40	129,679	53,235	11,151
Jane E Broendel 100 INDIANA AVE NW WASHINGTON,DC 200012144	Secretary-Treasurer 40	135,889	39,142	12,179
James Korolowicz 100 INDIANA AVE NW WASHINGTON,DC 200012144	Asst Secretary-Treas 40	136,381	23,727	5,874
Frederic V Rolando 100 INDIANA AVE NW WASHINGTON,DC 200012144	Dir-City Delivery 40	141,146	44,092	8,163
Donald Southern 100 INDIANA AVE NW WASHINGTON,DC 200012144	Dir-Dept of Retirees 40	136,401	47,270	9,819
Brian E Hellman 100 INDIANA AVE NW WASHINGTON,DC 200012144	Dir-Safety & Health 40	136,604	22,067	5,943
Thomas H Young 100 INDIANA AVE NW WASHINGTON,DC 200012144	Dir-HBP (Retired) 40	128,550	20,568	19,831
Timothy C O'Malley 100 INDIANA AVE NW WASHINGTON,DC 200012144	Dir-HBP (Current) 40	27,753	6,213	3,977

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Lawrence D Brown 100 INDIANA AVE NW WASHINGTON,DC 200012144	National Trustee 40	29,482	3,894	202
Randall L Keller 100 INDIANA AVE NW WASHINGTON,DC 200012144	National Trustee 40	29,457	3,782	580
Daniel Rupp 100 INDIANA AVE NW WASHINGTON,DC 200012144	National Trustee 40	25,762	3,782	310
JANE E BROENDEL 100 INDIANA AVE NW WASHINGTON,DC 200012144	SECRETARY- TREASURER 8	162,003	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
NALC ANNUITY TRUST FUND	X	
NALC BUILDING CORPORATION	X	
NALC COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	X	
NALC HEALTH BENEFIT PLAN FOR EMPLOYEES AND STAFF	X	
NALCREST FOUNDATION INC	X	
UNITED STATES LETTER CARRIERS MUTU BENEFIT ASSOCIATION	X	

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).</b>
93A	CONTINGENCY RESERVE - AMOUNTS TRANSFERED FROM THE U S
0	OFFICE OF PERSONNEL MANAGEMENT TO PROVIDE WELFARE BENEFIT
0	PLAN COVERAGE OF ELIGIBLE MEMBERS AND THEIR DEPENDENTS AND
0	BENEFICIARIES
93B	PREMIUMS - PAYMENTS RECEIVED FOR WELFARE BENEFIT PLAN
0	COVERAGE OF ELIGIBLE MEMBERS AND THEIR DEPENDENTS AND
0	SURVIVORS
94	MEMBERSHIP DUES AND ASSESSMENTS - PAYMENTS FOR FULL MEMBER-
0	SHIP RIGHTS OF UNION REPRESENTATION AND PARTICIPATION IN THE
0	COLLECTIVE BARGAINING PROCESS FOR TRAINING, FAIR WAGES AND
0	BENEFITS, SAFER WORKING CONDITIONS, AND EQUITABLE LABOR
0	PRACTICES

**TY 2005 Cash Grants Paid Schedule**

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	RORY S ARREDONDO	RENSELEAR POLYTECHNIC INST 110 8TH ST TROY, NY 12180	4,000	NONE
	RODERICK I BAUTISTA	UNIVERSITY OF MARYLAND 1000 HILLTOP CIR BALTIMORE, MD 21250	800	NONE
	BYROLYNN N BELVITT	SPELMAN COLLEGE 350 SPELMAN LN SW ATLANTA, GA 30314	800	NONE
	CASEY R BENTON	CORNELL UNIVERSITY PO BOX 752 ITHACA, NY 14851	800	NONE
	LINDSAY A CASE	WHITMAN COLLEGE 515 BOYER AVE WALLA WALLA, WA 99362	800	NONE
	MIMI CHO	TUFTS UNIVERSITY DOWLING HALL MEDFORD, MA 02155	800	NONE
	MYDZUNG CHU	SMITH COLLEGE 7 COLLEGE LN NORTHAMPTON, MA 01063	4,000	NONE
	LAUREN E CUMMING	UNIVERSITY OF WISCONSIN MADISON 750 UNIVERSITY AVE MADISON, WI 52706	800	NONE

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	OMAR R DONELSON	MOREHOUSE COLLEGE 830 WESTVIEW DR SW ATLANTA, GA 30314	800	NONE
	BENJAMIN L FOSTER	UNIVERSITY OF ALABAMA PO BOX 870120 TUSCALOOSA, AL 35487	4,000	NONE
	STEVEN R FRAZIER	UNIVERSITY OF SOUTH CAROLINA 1714 COLLEGE ST COLUMBIA, SC 29208	800	NONE
	YUCAN GONG	HARVARD UNIVERSITY 8 GARDEN ST CAMBRIDGE, MA 02138	1,000	NONE
	DREW H GRIFFNER	CLARK UNIVERSITY 950 MAIN ST WORCESTER, MA 01610	800	NONE
	BRIAN P GUERRERO	MASSACHUSETTS INST OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	800	NONE
	JEFFREY D GURTIZEN	UNIVERSITY OF SCRANTON 800 LINDEN ST SCRANTON, PA 18510	4,000	NONE
	MARIEL M JOHN	MASSACHUSETTS INST OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	800	NONE



<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	SCOTT K JOHNSON	UNIVERSITY OF WISCONSIN MADISON 750 UNIVERSITY AVE MADISON, WI 53706	4,000	NONE
	EDWARD W KARUNA	UNIVERSITY OF CALIFORNIA BERKELEY 250 SPROUL HALL BERKELEY, CA 94720	4,000	NONE
	JOHN S KIM	NORTHWESTERN UNIVERSITY 1801 HINMAN AVE EVANSTON, IL 60208	4,000	NONE
	CALLISTA A LAWLER	COLLEGE OF NEW JERSEY PO BOX 7718 EWING, NJ 08628	800	NONE
	DANIEL J MARTIN	UNIVERSITY OF NOTRE DAME 115 MAIN BLDG NOTRE DAME, IN 46556	4,000	NONE
	ASHLEY A MROCKOWSKI	OHIO NORTHERN UNIVERSITY 525 S MAIN ST ADA, OH 45810	800	NONE
	ALEJANDRO MUNOZ	FLORIDA INTERNATIONAL UNIVERSITY UNIVERSITY PARK CAMPUS MIAMI, FL 33199	4,000	NONE
	RYAN M NOON	STANFORD UNIVERSITY 520 LASUEN MALL STANFORD, CA 94305	4,000	NONE

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
	SARAH S PARK	UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PKWY SEATTLE, WA 98195	4,000	NONE
	COURTNEY SCHAFER	UNIVERSITY OF WISCONSIN MADISON 750 UNIVERSITY AVE MADISON, WI 53706	4,000	NONE
	PATRICK J SEUL JR	UNIVERSITY OF NOTRE DAME 115 MAIN BLDG NOTRE DAME, IN 46556	800	NONE
	SOLINA TITH	STANFORD UNIVERSITY 322 OLD UNION STANFORD, CA 94305	800	NONE
	SARA J TOMCZUK	COLLEGE OF NEW JERSEY PO BOX 7718 EWING, NJ 08628	4,000	NONE
	WILBUR WANG	RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 77251	4,000	NONE
	NICOLE WILLIAMS	UNIVERSITY OF KENTUCKY 18 FUNKHOUSER BLDG LEXINGTON, KY 40506	1,000	NONE
	NICOLE WILLIAMS	UNIVERSITY OF KENTUCKY 18 FUNKHOUSER BLDG LEXINGTON, KY 40506	4,000	NONE

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

## TY 2005 Compensation Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Thomas H Young	NALC HEALTH BENEFIT PLAN FOR EMPL	54-1875242		21,586	3,411	2,120	

## TY 2005 Investments - Securities Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Book Value	Cost/FMV
PUBLICLY TRADED SECURITIES		
CORPORATE DEBT INSTRUMENTS	130,015,075	F
CORPORATE STOCK (<5% OWNER)	52,040,682	F
MUTUAL FUNDS	2,253,960	F
U.S. GOVERNMENT SECURITIES	84,167,058	F
AFL-CIO HOUSING INVESTMENT		
TRUST, 2,342.221 UNITS	2,503,668	F

## TY 2005 Member Benefits Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Type of Benefit	Amount
DEATH, SICKNESS, HOSPITALIZATION, DISABILITY	705,785,039

## TY 2005 Other Assets Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST & DIVIDENDS	2,801,995	2,894,492
DEPOSITS	19,136	19,136
DUE FROM RELATED ENTITIES	176,720	248,028
PER CAPITA TAX RECEIVABLE	4,082,457	4,203,000
PREMIUMS DUE & ACCRUED	67,272,782	68,766,597

## TY 2005 Other Changes in Net Assets Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Amount
INTERFUND TRANSFERS	211,437
NET UNREALIZED LOSSES ON INVESTMENTS	1,240,114

**TY 2005 Other Expenses Included Schedule**

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Amount
ORGANIZATION	1,596,085



**TY 2005 Other Expenses  
Not Included Schedule**

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Amount
STATEMENTS	903,633

## TY 2005 Other Liabilities Schedule

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INCOME TAX LIABILITY	17,099	42,198
BENEFITS INCURRED BUT UNPAID	109,507,325	112,556,170
CAPITAL LEASE OBLIGATIONS	276,617	233,887
DUE TO BRANCHES & STATES	8,510,648	5,934,861
INTERFUND ACCOUNT	8,548,657	9,503,783
POSTRETIREMENT BENEFITS	31,356,112	34,524,142

**TY 2005 Other Revenues Included Schedule**

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Amount
ORGANIZATION	2,065,563

**TY 2005 Other Revenues  
Not Included Schedule**

**Name:** NATIONAL ASSOCIATION OF LETTER CARRIERS

**EIN:** 53-0114650

Description	Amount
STATEMENTS	903,633

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2005, or tax year beginning 04/01, 2005, and ending 03/31, 2006

# 2005

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

**NATIONAL ASSOCIATION OF LETTER CARRIERS**

**53-0114650**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) . . . . .	<b>1b</b> <u>828414620.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) . . . . .	<b>5b</b> _____

## Part II Declaration of Officer

**6**  I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Jane E. Brendel Signature of officer      12-1-07 Date      ▶ SECRETARY-TREASURER Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's signature <u>Daniel P. Dany</u>	Date <u>2/1/07</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00178158</u>
Firm's name (or yours if self-employed), address, and ZIP code <u>BOND BEEBE, P.C.</u>				EIN <u>52-1044197</u>
<u>4600 EAST-WEST HWY., STE. 900</u>				
<u>BETHESDA MD 20814-3423</u>				Phone no <u>301-272-6000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code			EIN
			Phone no