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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 04-01-2007 and ending 03-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL ASSOCIATION OF LETTER CARRIERS. Address: 100 INDIANA AVE NW, WASHINGTON, DC 200012144

D Employer identification number: 53-0114650. E Telephone number: (202) 393-4695. F Accounting method: Accrual

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: 501(c) (5)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 937,853,775

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$82,500 noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	82,500		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24	706,007,295		
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	1,454,173		
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	774		
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	25,273,363		
27 Pension plan contributions not included on lines 25a, b and c	27	4,581,759		
28 Employee benefits not included on lines 25a - 27	28	30,180,156		
29 Payroll taxes	29	2,057,096		
30 Professional fundraising fees	30			
31 Accounting fees	31	308,157		
32 Legal fees	32	1,295,575		
33 Supplies	33	621,388		
34 Telephone	34	457,287		
35 Postage and shipping	35	5,305,715		
36 Occupancy	36	4,131,251		
37 Equipment rental and maintenance	37	509,659		
38 Printing and publications	38	3,627,227		
39 Travel	39	2,142,801		
40 Conferences, conventions, and meetings	40	102,958		
41 Interest	41	5,490		
42 Depreciation, depletion, etc. (attach schedule)	42	673,163		
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	818,758,735	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.

<p>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</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a 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</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	

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	45 Cash—non-interest-bearing	1,647	45	1,447
	46 Savings and temporary cash investments	116,742,180	46	149,539,762
	47a Accounts receivable	47a 16,923,680		
	b Less allowance for doubtful accounts	47b 3,362,418	14,394,954	47c 13,561,262
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	308,453	52	271,065
	53 Prepaid expenses and deferred charges	587,121	53	679,132
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	302,453,018	54a	323,802,950
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,038,693	54b	4,173,232
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 11,041,169			
b Less accumulated depreciation (attach schedule)	57b 9,275,527	1,981,159	57c 1,765,642	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		187,993,424	58 <input checked="" type="checkbox"/> 241,199,465	
59 Total assets (must equal line 74) Add lines 45 through 58	628,500,649	59	734,993,957	
Liabilities	60 Accounts payable and accrued expenses	5,696,184	60	9,548,873
	61 Grants payable		61	
	62 Deferred revenue	75,516	62	69,802
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		278,328,433	65 <input checked="" type="checkbox"/> 361,335,282
66 Total liabilities Add lines 60 through 65	284,100,133	66	370,953,957	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	344,300,516	67	363,940,000
	68 Temporarily restricted		68	
	69 Permanently restricted	100,000	69	100,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	344,400,516	73	364,040,000
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	628,500,649	74	734,993,957

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

a	Total revenue, gains, and other support per audited financial statements	a	839,569,757
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-4,346,913
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	2,335,743
	Add lines b1 through b4	b	-2,011,170
c	Subtract line b from line a	c	841,580,927
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	903,633
	Add lines d1 and d2	d	-2,011,170
e	Total revenue (Part I, line 12) Add lines c and d	e	842,484,560

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

a	Total expenses and losses per audited financial statements	a	820,291,505
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	2,436,403
	Add lines b1 through b4	b	2,436,403
c	Subtract line b from line a	c	817,855,102
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	903,633
	Add lines d1 and d2	d	903,633
e	Total expenses (Part I, line 17) Add lines c and d	e	818,758,735

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				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>12</u>		
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)	75b	No
c 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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	Yes
d Does the organization have a written conflict of interest policy?	75d	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 (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Daniel T Rupp 100 INDIANA AVE NW WASHINGTON, DC 200012144	0	774	0	0

Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
77 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	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a 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?	80a	Yes
b If "Yes," enter the name of the organization <u>See Additional Data Table</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>		
b Did the organization file Form 1120-POL for this year?	81b	

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?	82a		No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	Yes	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	Yes	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.	85b	Yes	
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h 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?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	0	
b Gross receipts, included on line 12, for public use of club facilities	86b	0	
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	0	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	0	
88a 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? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b 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? If "Yes," attach a statement explaining each transaction	89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a List the states with which a copy of this return is filed <u>DC</u>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	727	
91a The books are in care of <u>JANE E BROENDEL</u> Telephone no <u>(202) 393-4695</u> Located at <u>100 INDIANA AVE NW WASHINGTON, DC</u> ZIP + 4 <u>200012144</u>			
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)?	91b	Yes	No
If "Yes," enter the name of the foreign country <u>_____</u>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Contingency Reserve, Logo Items, Premiums, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue (Advertising, Miscellaneous, Royalties), Subtotal, and Total.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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). Rows include Contingency Reserve, Logo Items, Premiums, and Membership Dues and Assessments.

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

Table with 5 columns: (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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
--	------------	-----------

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
---	------------	-----------

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
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Please Sign Here	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	
	Signature of officer WILLIAM H YOUNG PRESIDENT Type or print name and title	Date 2008-11-13

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BOND BEEBE PC 4600 EAST-WEST HWY STE 900 BETHESDA, MD 208143423			EIN Phone no (301) 272-6000

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
a AFFILIATION FEES	43a	2,221,640			
b ARBITRATION	43b	849,534			
c BAD DEBT EXPENSE	43c	23,234			
d BANK & INVESTMENT FEES	43d	891,867			
e CLEARING HOUSE	43e	78,005			
f FASB 158 EFFECT	43f	2,500,000			
g HBP PROGRAM COSTS	43g	20,798,764			
h HIPAA EXPENSE	43h	21,901			
i INSURANCE	43i	394,324			
j MARKETING & PROMOTION	43j	68,111			
k MEMBERSHIP DUES & FEES	43k	7,741			
l MISCELLANEOUS	43l	192,058			
m OFFICE EXPENSE	43m	217,050			
n PROFESSIONAL FEES - OTHER	43n	647,733			
o TAXES - OTHER	43o	331,533			
p TRAINING	43p	697,453			

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

(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
William H Young 100 INDIANA AVE NW WASHINGTON,DC 200012144	President 40 0	179,296	37,262	8,863
Frederic V Rolando CURRENT 100 INDIANA AVE NW WASHINGTON,DC 200012144	Exec Vice President 40 0	147,141	34,052	9,674
James D Williams FORMER 100 INDIANA AVE NW WASHINGTON,DC 200012144	Exec Vice President 40 0	34,387	6,342	4,309
Gary H Mullins 100 INDIANA AVE NW WASHINGTON,DC 200012144	Vice President 40 0	127,196	34,265	6,369
Jane E Broendel 100 INDIANA AVE NW WASHINGTON,DC 200012144	Secretary-Treasurer 40 0	150,068	33,016	5,892
George Mignosi CURRENT 100 INDIANA AVE NW WASHINGTON,DC 200012144	Asst Secretary-Treasurer 40 0	146,686	32,912	6,210
James Korolowicz FORMER 100 INDIANA AVE NW WASHINGTON,DC 200012144	Asst Secretary-Treasurer 40 0	22,128	1,649	1,204
Dale Hart 100 INDIANA AVE NW WASHINGTON,DC 200012144	Director, City Delivery 40 0	146,579	22,116	4,936
Timothy C O'Malley 100 INDIANA AVE NW WASHINGTON,DC 200012144	Director, Health Benefit Plan 40 0	117,290	18,511	12,491
Ernest Kirkland CURRENT 100 INDIANA AVE NW WASHINGTON,DC 200012144	Director, Retired Members 40 0	145,966	22,116	5,689

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

(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
Donald T Southern FORMER 100 INDIANA AVE NW WASHINGTON,DC 200012144	Director, Retired Members 40 0	1,188	0	500
Brian E Hellman 100 INDIANA AVE NW WASHINGTON,DC 200012144	Director, Safety & Health 40 0	147,618	33,286	5,789
Lawrence D Brown Jr 100 INDIANA AVE NW WASHINGTON,DC 200012144	Chairman, National Trustee 40 0	30,910	0	0
Michael Gill 100 INDIANA AVE NW WASHINGTON,DC 200012144	National Trustee 40 0	27,818	4,086	414
Randall L Keller 100 INDIANA AVE NW WASHINGTON,DC 200012144	National Trustee 40 0	29,902	4,089	774

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	

TY 2007 Cash Grants Paid Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Class of Activity	Recipient's name	Address	Amount	Relationship
	RORY S ARREDONDO	RENSSELEAR POLYTECHNIC INSTITUTE 110 8TH ST TROY, NY 12180	4,000	NONE
	BRIANNA BOWMAN	GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21294	4,000	NONE
	MYDZUNG CHU	SMITH COLLEGE 7 COLLEGE LN NORTHAMPTON, MA 01063	4,000	NONE
	ANDREW DARNELL	WEST VIRGINIA UNIVERSITY PO BOX 6201 MORGANTOWN, WV 26506	4,000	NONE
	BENJAMIN L FOSTER	UNIVERSITY OF ALABAMA PO BOX 870120 TUSCALOOSA, AL 35487	4,000	NONE
	CHRISTINE HAZLETT	MASSACHUSETTS INST OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	1,000	NONE
	BRANDON K HOWARD	GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	1,000	NONE
	EDWARD W KARUNA	UNIVERSITY OF CALIFORNIA BERKELEY FINANCIAL AID OFFICE BERKELEY, CA 94720	4,000	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
	JOHN S KIM	NORTHWESTERN UNIVERSITY 1801 HINMAN AVE EVANSTON, IL 60208	4,000	NONE
	KRISTINE LEUNG	UNIVERSITY OF CALIFORNIA BERKELEY FINANCIAL AID OFFICE BERKELEY, CA 94720	4,000	NONE
	KEVIN MCMILLAN	ARIZONA STATE UNIVERSITY UNIVERSITY DR MILL AVE TEMPE, AZ 85287	4,000	NONE
	NICHOLAUS J NELSON- GOEDERT	GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	4,000	NONE
	RYAN M NOON	STANFORD UNIVERSITY 520 LASUEN MALL STANFORD, CA 94305	4,000	NONE
	JOSEPH R PARKER	GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	4,000	NONE
	WANDALYN SAVALE	WASHINGTON UNIVERSITY 1 BROOKINGS DR ST LOUIS, MO 63130	4,000	NONE
	COURTNEY SCHAFER	UNIVERSITY OF WISCONSIN MADISON 750 UNIVERSITY AVE MADISON, WI 53706	4,000	NONE

Class of Activity	Recipient's name	Address	Amount	Relationship
	H SCHMELZIEN	PENNSYLVANIA STATE UNIVERSITY 201 SHIELDS BLDG UNIVERSITY PARK, PA 16802	4,000	NONE
	DIANA SUEN	HARVARD UNIVERSITY 86 BRATTLE ST CAMBRIDGE, MA 02138	4,000	NONE
	PHILLIP TAN	PRINCETON UNIVERSITY PRINCETON, NJ 08544	4,000	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	500	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 2007 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					
Timothy C O'Malley	NALC HEALTH BENEFIT PLAN FOR	54-1875242	RELATIONSHIP 1	20,698	3,267	5,471	

TY 2007 Investments - Securities Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Book Value	Cost/FMV
AFL-CIO HOUSING INVESTMENT - OTHER		
TRUST - 2,590.859 UNITS - OTHER	2,857,132	F
UNION LABOR LIFE INSURANCE - OTHER		
COMPANY - COMMON STOCK, - OTHER		
52,644 SHARES - OTHER	1,316,100	F

TY 2007 Member Benefits Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Type of Benefit	Amount
DEATH, SICKNESS, HOSPITALIZATION, DISABILITY	706,007,295

TY 2007 Other Assets Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST & DIVIDENDS		2,762,960
CASH HELD FOR COLLATERAL		165,233,896
DEPOSITS		19,136
DUE FROM RELATED ENTITIES		67,475
PER CAPITA TAX RECEIVABLE		4,540,000
PREMIUMS DUE & ACCRUED		68,575,998

TY 2007 Other Changes in Net Assets Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Amount
OTHER ADJUSTMENTS	260,572
NET UNREALIZED LOSSES ON INVESTMENTS	4,346,913

TY 2007 Other Expenses Included Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Amount
CAFETERIA/VENDING MACHINES	308,635
ORGANIZATION	2,127,768

**TY 2007 Other Expenses
Not Included Schedule**

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Amount
STATEMENTS	903,633

TY 2007 Other Liabilities Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Beginning of Year Amount	End of Year Amount
BENEFITS INCURRED BUT UNPAID	105,894,978	110,823,315
CAPITAL LEASE OBLIGATIONS	144,336	49,197
CASH COLLATERAL - OBLIGATION	123,001,125	165,233,896
DUE TO BRANCHES & STATES	5,902,549	6,137,541
INTERCOMPANY PAYABLE		9,632,938
POSTRETIREMENT BENEFITS	43,385,445	69,458,395

TY 2007 Other Revenues Included Schedule

Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

EIN: 53-0114650

Description	Amount
CAFETERIA/VENDING MACHINES	308,635
ORGANIZATION	2,027,108

**TY 2007 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 2007, or tax year beginning 04/01, 2007, and ending 03/31, 2008

2007

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 (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>842484560.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

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(ies) 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(ies).

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 2007 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 ▶ William H. Young | 10-13-08 | PRESIDENT
 Signature of officer | Date | 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 Pub 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. 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: Dawn P. Dwyer CPA | Date: 11/12/08 | Check if also paid preparer: | Check if self-employed: | ERO's SSN or PTIN: P00178158
 Firm's name (or yours if self-employed), address, and ZIP code: BOND BEEBE, PC
4600 EAST-WEST HWY, STE 900
BETHESDA MD 20814-3423 | EIN: 52-1044197 | Phone no: 301-272-6000

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: | Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP code: _____ | EIN: _____
 Phone no: _____