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SCANNED MAY 26 2010

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form 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)  
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2009**

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**C** Name of organization

National Association of Letter 574 Kenosha, WI

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 222

City or town, state or country, and ZIP + 4

Kenosha, WI 53141-0222

**D** Employer identification number

39 6078127

**E** Telephone number

262 496-2908

**F** Group Exemption Number

▶ 0685

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

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 50,424

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	45,608
	4	Investment income	4	184
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,700
6b	Less: direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,700	
7a	Gross sales of inventory, less returns and allowances	7a	0	
7b	Less: cost of goods sold	7b	0	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶)	8	2,932	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	50,424	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	3,702
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	25,000
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	415
	16	Other expenses (describe ▶)	16	13,449
	17	<b>Total expenses.</b> Add lines 10 through 16	17	42,566
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,858
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,600
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	31,458

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,600	31,458
23 Land and buildings	0	0
24 Other assets (describe ▶)	0	0
25 <b>Total assets</b>	23,600	31,458
26 <b>Total liabilities</b> (describe ▶)	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	23,600	31,458

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108421

Form **990-EZ** (2009)

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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What is the organization's primary exempt purpose? Union affairs  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	_____		
	_____		
	_____		
	(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	
29	_____		
	_____		
	_____		
	(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30	_____		
	_____		
	_____		
	(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . . . . .		
	(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶	32	

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ► <u>none</u>		
<b>42a</b> The organization's books are in care of ► <u>Steven M. Cairo</u> Telephone no. ► <u>262 496-2908</u> Located at ► <u>8245-54 Ave. Kenosha, WI 53142</u> ZIP + 4 ► <u>53142-2231</u>		
<b>b</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>42b</b>	X
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country: ► _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	<b>43</b>	
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>45</b>	X

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

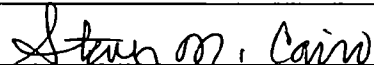
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

**f** Total number of other employees paid over \$100,000 . . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

<b>Sign Here</b>	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		10-30-10 Date	
	Steven M. Cairo Treasurer Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**990EZ FOR NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 574**  
**FEIN: 39-6078127 SCHEDULE FOR PART 1 LINE 10**

<u>CHECK:</u>	<u>TO</u>	<u>FOR</u>	<u>AMOUNT</u>
8579	Letter Carrier AUX Unit 465, c/o 8644-33 Ave, Kenosha, WI 53142	Donation	\$150 00
8589	Kenosha Area Cnrestoppers, P O Box 465, Kenosha, WI 53141	Donation	\$125 00
8590	Hal Dodge, 6200-31 Ave, Kenosha, WI 53142	Retirement gift	\$100 00
8591	Billie Wilson, 2318-75 Street, Kenosha, WI 53143	Retirement gift	\$100 00
8618	Muscular Dystrophy Association, 2949 North Mayfair Road, Milwaukee, WI 53222	Donation (Scotch Bowl)	\$1,700 00
8622	Cardmember Service, P O Box, 790408, St. Louis, MO 63179	Retirement gift (watch)	\$99 70
8623	Dennis McDonough, 6311-118 Street, Pleasant Praine, WI 53158	Retirement gift	\$100 00
8683	Humane Society, 7811-60th Ave, Kenosha, WI 53142	Donation - In memory of deceased member	\$75 00
8715	Hospice Alliance, 10220 Prairie Ridge Blvd , Pleasant Praine, WI 53158	Donation - In memory of deceased member	\$75 00
8748	Brittany Wynn, 38160 Loyola Ave, Beach Park, IL 60087	Branch 574 Scholarship	\$500 00
8755	Kenosha County Sheriff Deputy Association, 1000-55th Street, Kenosha, WI 53140	Donation	\$250 00
8771	Kns Halker, 5605 Shendan Road, Kenosha, WI 53140	Retirement gift	\$100 00
8775	Cardmember Service, P O Box, 790408, St. Louis, MO 63179	Retirement gift (watches)	\$275 55
8770	Mike Hirschmiller, 4225 101st Street, Pleasant Praine, WI 53158	Retirement gift	\$52 00
			<u>\$3,702 25</u>

**990EZ FOR NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 574**  
**FEIN: 39-6078127 SCHEDULE FOR PART IV**

<u>NAME/ADDRESS</u>	<u>TITLE/AVG HOURS</u>	<u>COMPENSATION</u>	<u>D</u>	<u>E</u>
Ed Hall, 629 Center Street, Lake Geneva, WI 53147	Steward, 4	\$996 36	none	none
Daniel Carey, 3745 Greenway Lane, Racine, WI 53406	Steward, 4	\$1,592 61	none	none
William Hoaglund, 5828-69 Street, Kenosha, WI 53142	President, 12	\$3,651 27	none	none
Jerry Matteucci, 6720 Manner Drive #101, Racine, WI 53406	Secretary, 6	\$1,707 43	none	none
Patrick Neis, 2831 Rosalind Avenue, Racine, WI 53403	Trustee, 1	\$140 33	none	none
Steven Cairo, 8245-54 Avenue, Kenosha, WI 53142	Treasurer, 10	\$1,708 34	none	none
Richard Willems, 37095 Shirley Drive, Gurnee, IL 60031	Steward, 4	\$2,029 15	none	none
Edward Salo, 8022-47 Court, Kenosha, WI 53142	Director - Health Benefits, 4	\$931 86	none	none
James Kirby, 8644-33 Avenue, Kenosha, WI 53142	Director - Retirees, 4	\$931.86	none	none
William Bose, 5537-34 Street # 117, Kenosha, WI 53144	Trustee, 1	\$50.00	none	none
Merwyn Tetzlaff, 2009-19 Avenue, Kenosha, WI 53140	Sgt at Arms, 1	\$659 95	none	none
Richard Rozinski, 1504-43 Avenue Kenosha, WI 53144	Vice-President, 6	\$2,275 73	none	none
Ronald Elverman, 757 Chicory Road, Burlington, WI 53105	Steward, 4	\$996 36	none	none
Donald Peoples, 6111-68 Street, Kenosha, WI 53142	Steward, 4	\$1,691 69	none	none
Kevin Kiefer, 7003-18 Avenue, Kenosha, WI 53143	Steward, 4	\$1,435 76	none	none
Michelle Badham, 5920-80 Street, Kenosha, WI 53142	Trustee, 1	\$50 00	none	none
<b>TOTAL COMPENSATION</b>		<b>\$20,848.70</b>		