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# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning January 1 , 2011, and ending December 31 , 20							11					
В	Check if ap	•	C Name of organization				D Empl	-	entification numb	er		
$\equiv$		ss change NALC Branch 219					36 6089800					
=	Name cha	- T	Number and street (or P O box, if mail is not	delivered to street address)	Ro	om/suite	E Telep	E Telephone number				
$\overline{}$	Initial retur Terminate		PO Box 104				630-801-1651					
=	Amended		City or town, state or country, and ZIP + 4				F Group Exemption					
=		n pending	Aurora, IL 60507-0104				Num	nber 🕨	<u> </u>			
G /	Account	ing Method:	☐ Cash	ıfy) 🕨		Н	Check I	<b>▶</b>	f the organization	n is <b>not</b>		
	<b>Nebsit</b>						•		ach Schedule B			
<u>J T</u>	ax-exen	npt status (che	eck only one) — 501(c)(3) 7 501(c) (	5 ) ◀ (insert no.) ☐ 494	7(a)(1) or [	527	(Form 99	90, 990	D-EZ, or 990-PF)			
ΚQ	<u>S</u> heck ▶	► ☐ If the	e organization is not a section 509(a)(3) su	pporting organization or a	section 527	organizatio	n <b>and</b> it	s gross	s receipts are noi	mally		
્ર	ot more	e than \$50,000	0. A Form 990-EZ or Form 990 return is r	ot required though Form	990-N (e-po	stcard) ma	y be req	juired (	see instructions)	But if		
L.F	. e		ses to file a return, be sure to file a comp									
F=	4		b, to line 9 to determine gross receipts. If gr	•	or more, or if	total assets	(Part II,					
	ne 25, c		w) are \$500,000 or more, file Form 990 inst					▶ \$	=	56269		
	art I		e, Expenses, and Changes in N			•			•			
			the organization used Schedule O		estion in t	hıs Part I			<u> </u>	. 🗸		
SCANNEL	1		ons, gifts, grants, and similar amount					1		0		
Z	2	Program se	ervice revenue including government	fees and contracts				2		0		
3	3	Membershi	ip dues and assessments					3		56,174		
Š	4	Investment	tincome					4		95		
Ø	5a	Gross amo	ount from sale of assets other than in	ventory	5a		n/a					
	b	Less: cost	or other basis and sales expenses .		5b		n/a					
	C	Gaming and fundraising events								0		
	6											
ē	а	a Gross income from gaming (attach Schedule G if greater than \$15,000)										
Revenue	h											
ě	"											
Œ			th gross income and contributions ex				n/a					
	C		t expenses from gaming and fundral	•	6c		n/a					
	d		e or (loss) from gaming and fundral			b and sub						
	"	line 6c) .						6d		0		
	7a	Gross sales	s of inventory, less returns and allow	ances	7a		n/a					
	Ь		of goods sold		7b		n/a					
	С	Gross profi	it or (loss) from sales of inventory (Su	btract line 7b from line	e 7a)			7c		0		
	8	-	nue (describe in Schedule O)		•			8		0		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8			. ▶	9		56269		
	10		I sımılar amounts paid (list in Schedu			EIVED	)	10		4808		
	11	Benefits pa	aid to or for members		INLU			11		0		
S	12	Salaries, ot	ther compensation, and employee be	enefits		4.18.4816	୍ । ପୁ	12		31521		
Expenses	13	Professiona	al fees and other payments to indepe	endent contractors 🔯	MAY 1 7 201		<u>′</u> . 19	13		972		
g	14	Occupancy	y, rent, utilities, and maintenance .			· · ·	🍇	14		16058		
ω	15	Printing, pu	ublications, postage, and shipping .	ige, and shipping			<b>T</b>	15		2330		
	16	Other expenses (describe in Schedule O)						J <sub>16</sub>		3667		
	17						. ▶	17		59356		
Ŋ	18	Excess or (	deficit) for the year (Subtract line 17	from line 9)				18		(3087)		
Net Assets	19		or fund balances at beginning of y				with					
		end-of-yea	r figure reported on prior year's retui	m)			[	19		11,101		
	20	Other chan	iges in net assets or fund balances (e	explain in Schedule O)			[	20		0		
<u>~</u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶				21		8014				
For	Paperv	work Reducti	ion Act Notice. see the separate instru	ctions.	Cat No	106421			Form 990-EZ	(2011)		

For Paperwork Reduction Act Notice. see the separate instructions.

Par						-
	Check if the organization used Schedule	O to respond to a	ny question in this			🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			10,516	_	7429
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		<i>.</i>	585		585
25	Total assets			11101	$\rightarrow$	8014
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column		·	11101	27	8014
Part	•	•		•		Expenses
	Check if the organization used Schedule		<u> </u>	Part III 🗌	(Red	quired for section
What	is the organization's primary exempt purpose?	representing union	members			(c)(3) and 501(c)(4)
	ribe the organization's program service accompli- easured by expenses. In a clear and concise m				494	anizations and section 7(a)(1) trusts, optional others.)
perso	ons benefited, and other relevant information for ea	ach program title.			101	Juners.)
28	The labor organization represented its 150 members	by protecting working	ig conditions, benef	ts and wages and		
	defending against management abuse.					
				······································		
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	▶ 📙	282	<u> </u>
29						
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	▶ □	<b>29</b> a	·
30						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	<b>30</b> a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	<u> </u>
32	Total program service expenses (add lines 28a t	through 31a)		•	32	0
Part					nstru	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to ar		Part IV		🗆
		(b) Title and average	(c) Reportable	(d) Health benefits,		F-1
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MIS(		ee (e) Estimated amount of other compensation	
		devoted to position	(if not paid, enter -0-)			
MAR	GARET A PARKER	PRESIDENT 4 HRS				
57 AN	MESBURY MONTGOMERY IL 60538		362	2	0	1272
DAVI	D FRUIT	VICE-PRESIDENT1				
8615	S COUNTY LINE RD LELAND IL 60531	HR	277	7	o	464
LIŞA	DURANDO	TREASURER 1 HR			1	
1721	W INDIAN TRAIL AURORA IL 60506	TREADONER THE	168	2	o	177
STEV	/E LINDEN	RECORDING			$\top$	
РО В	OX 215 SUGAR GROVE, IL 60554	SECRETARY 1 HR	302	5	اه	447
	WAS A BARNES	SERGEANT-AT-			+	<u></u>
	MCDONALD AVE	ARMS 1HR		o	0	0
	IAEL CAMPBELL	HEALTH BENEFITS		-	+	
РО В	OX 5 YORKVILLE IL 60560	REP 1 HR	104	6	0	744
	AN HAYES	TRUSTEE 1 HR		1	+	
	LARKSPUR BRISTOL IL 60512	IRUSIEE I HK	41:	2	0	135
	Y KLUBER	TRUCTEE 4 LIB	• • • • • • • • • • • • • • • • • • • •	-	┰	100
	TRASK AURORA IL 60505	TRUSTEE 1 HR	59	.	0	207
	N STINSON	TD110755	39	<u>'</u>	+	201
	OAKHURST AURORA IL 60504	TRUSTEE 1HR	52	_	اه	120
	Y FRUIT		32	<u></u>	╙	138
		DIRECTOR OF				455
	S COUNTY LINE RD LELAND IL 60531	RETIREES 1 HR		0	<u>이</u>	150
	AY BAXTER	MDA CHAIR		-1		
	ARNUM AURORA IL 60505	1 HR	52	<u> </u>	0	572
	REY BOEDEWIG	TRUSTEE 1 HR		.]		
843 P	PEARL AURORA IL 60505	1	66	5	0	546

							- 3-
Pa		ce Sheets. (see the instructions			5		_
	Cneck	if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	• •	(B) End of year
22	Cash savino	gs, and investments				22	(B) End of year
23	_	ııldings				23	
24		(describe in Schedule O)				24	
25	Total assets	•				25	
26	Total liabilit	ies (describe in Schedule O)				26	
27		or fund balances (line 27 of columi	<u> </u>			27	
Par		nent of Program Service Accom					Expenses
		if the organization used Schedule	e O to respond to a	ny question in this	Part III		uired for section
Wha	t is the organiza	ation's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
Desc	ribe the organ	zation's program service accompl	ishments for each o	f its three largest p	program services,	4947	(a)(1) trusts, optional
as n ners	neasured by ex	penses. In a clear and concise nand other relevant information for e	nanner, describe the	e services provide	a, the number of	for o	thers)
28	one benefited,	and other relevant morniation for e	don program title.				
			***************************************				
	(Grants \$	) If this amount	t includes foreign gra	ints, check here .	▶ 🗆	28a	
29				<u>-</u>			-
	(Grants \$	) If this amount	t includes foreign gra	ints, check here .	▶ 🗆	29a	
30							
	(Grants \$	\ If this amount	t maludaa fararan ara	nto chook have		20-	
21	<u> </u>	services (describe in Schedule O)	t includes foreign gra	ints, check here .		30a	
٠.	(Grants \$		ıncludes foreign gra			31a	
32		service expenses (add lines 28a	through 31a)			32	
		Officers, Directors, Trustees, and Ke					ctions for Part IV.)
		if the organization used Schedule					<u> </u>
			(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employe	(4)	Estimated amount of
	(	a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	$\perp$	
	HINES	ANO II 005 45	STEWARD 2 HR				
	PAULINE PL PI	LANO IL 60545		1127	(	<u>'</u>	607
	ES MOULTON	LE PLANO IL 60545	STEWARD 2 HR	241			2280
	AN MURRAY	LET LANO IL 00343	CTENARD AND	2413	<u>'                                    </u>	+	2200
		R PLANO IL 60545	STEWARD 2 HR	832	، ،	,	678
GRE	G SNARSKI		STEWARD 2 HR			$\top$	
124	BOULDER HILL	PASS MONTGOMERY IL 60538	JOILWARD ZIIK	978	ıl		1043
MAR	NO WALKER		ALT STEWARD 1			1	
1967	WAVERLY WAY	/ MONTGOMERY IL 60538	HR	832	2		678
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Part				_		
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		./		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>-</b>		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>		
36	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					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0	4 - 1		ļ		
b	Did the organization file Form 1120-POL for this year?	37b		✓		
38a	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 tax year covered by this return?  15 (1) And the standard of the standard of the tax year covered by this return?	38a		<b>√</b>		
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-				
оэ a	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities	1 1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶					
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
С	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					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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	40e		<b>/</b>		
41	List the states with which a copy of this return is filed. ▶					
42a		163084		0		
_	Located at ► 525 N. Broadway Aurora, IL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60505				
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓		
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· ·		<b>▶</b> □		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b				
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>\</del>		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del>-</del>		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45h				

46	Did to ca	he organization engage, directly or in andidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities	on behal	f of or	ın opposi	tion	46			
Part		Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Scl	and section 4947 on 4947(a)(1) none: for lines 50 and 51	(a)(1) nonexem kempt charitable	pt charit trusts m	<b>able</b> lust a	trusts or	ıly. A	ll sect		<u>*</u>	
		Check if the organization used Sci	redule O to respond	to any question	III UIIS Pa	rt VI	· · ·	• •	<del></del>	Yes	<u> </u>	
47	Did t	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	activities or have a s	section 501(h) ele	ction in e	ffect o	during the	tax	47	165	<b>√</b>	
<ul> <li>Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Did the organization make any transfers to an exempt non-charitable related organization?</li> <li>If "Yes," was the related organization a section 527 organization?</li> <li>Complete this table for the organization's five highest compensated employees (other than office employees) who each received more than \$100,000 of compensation from the organization. If the</li> </ul>						49a 49b cers, directors, trustees and k						
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contrib benefit	utions	benefits, to employee and deferred sation		stimated er comp			
NONE												
f 51	Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independ	ONE ent contra	actors	who each	ı rece	eived r	nore t	har	
(a)		and address of each independent contractor pa	d more than \$100,000	(b) Type of	service		(c)	Comp	ensation	1		
						$\dashv$	· · · · · · · · · · · · · · · · · · ·					
									<del></del>			
						_						
								· · · · · · ·				
<u>d</u>	Total	number of other independent contra	ctors each receiving	over \$100.000	. ▶		NO	ONE				
52	Did th	ne organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	01(c)(3) organizatı	ons and 4	947(a)	(1)	▶ 🛛	Yes	☑ No	•	
Under ptrue, cor	enalties rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	rmation of which prepa	tements, and irer has any l	to the	best of my kr lge	iowledç	ge and l	belief, it	IS	
o:	T	Janes manns										
Sign Here		Signature of officer  LISA DURANDO FINANCIAL SE	Date 5-11-12									
		Type or print name and title	I Dropprovide assessment	<del></del>	Det			<del></del> -	TIL:			
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	<del>- r</del>	Check Self-emplo	ıf	РПΝ			
Use (		Firm's name ▶	Firm's EIN ▶									
May +h	Firm's address ▶ Prim's address ▶ Prim's address IPS discuss this return with the preparer shown above? See instructions							hone no Yes □ No				
ויונבא וו	₩ 11 13	alocado uno retalli with the biebatet	SHOWIT ADDVE! SEE!	istructions				- 1	res	I No	•	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

uuestions on

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

NATIONAL A	SSUCIATION OF LETTER CARRIERS BRAINCH 219	36-6089800
PART 1 #10	GAVE TO MDA, FOOD PANTRY,ST JUDE HOSP,JUVENILE MYOSITUS,	
PART 1 #16	TRAVEL AND TRANSPORTATION TO CONVENTIONS AND MEETINGS. HOLIDAY PARTY	(
PART 2 #24	LAPTOP	