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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

2011

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011**

☐ Check if applicable

Address change

Name change

Initial return

Terminated

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

PO Box 222

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

Kenosha, WI 53141

D Employer identification number

39-6078127

E Telephone number

(262) 496-2908

F Group Exemption Number

► 0685

G Accounting method ☒ Cash ☐ Accrual Other (specify) ►

I Website:►

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 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 or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 46,221

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I )

Check if the organization used Schedule O to respond to any question in this 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	45,743
	4	Investment income	4	65
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events	6d	0
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	413
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,221
	10	Grants and similar amounts paid (list in Schedule O)	10	953
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	19,455
Net Assets	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	338
	16	Other expenses (describe in Schedule O)	16	15,964
	17	Total expenses. Add lines 10 through 16	17	36,710
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,511
	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	34,016
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	43,527

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

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	34,016	22	43,527
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O )	0	24	0
25	Total assets	34,016	25	43,527
26	Total liabilities (describe in Schedule O )	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21 )	34,016	27	43,527

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Union affairs		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	To conduct letter carrier union affairs to members totaling 120. To provide assistance and representaton to its members. (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O ) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V

☐

		Yes	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	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	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)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	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	No
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	
c	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 . . . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
e	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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> WI		
42a	The organization's books are in care of <input type="checkbox"/> Steven Cairo Telephone no <input type="checkbox"/> (262) 496-2908 8245 54 Avenue Located at <input type="checkbox"/> kenosha, WI ZIP + 4 <input type="checkbox"/> 53142		
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	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 . . . . . <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div><div></div></div>	2012-04-27		
	Signature of officer	Date		
Paid Preparer's Use Only	steven cairo treasurer			
	Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification 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 type="checkbox"/> No				

Additional Data

Software ID: 11000129  
Software Version: v1.00  
EIN: 39-6078127  
Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of 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	(E) Expense account and other allowances
Edward Hall 629 Center Street Lake Geneva, WI 53147	steward 4	967	0	0
Daniel Carey 3745 Greenway lane Racine, WI 53406	Steward 4	1,608	0	0
William Hoaglund 5828 69 Street Kenosha, WI 53142	President 12	3,590	0	0
Jerry Matteucci 6720 Mariner Drive 101 Racine, WI 53406	Secretary 6	1,450	0	0
Steven Cairo 8245 54 Avenue Kenosha, WI 53142	Treasurer 10	1,772	0	0
Richard Willems 37095 Shirley Drive Gurnee, IL 60031	Steward 4	1,714	0	0
Edward Salo 8022 47 Court Kenosha, WI 53142	Director of Health Benefits 4	967	0	0
James Kirby 8644 33 Avenue Kenosha, WI 53142	Director of Retirees 4	967	0	0
Merwyn Tetzlaff 9001 12 Street Kenosha, WI 53144	Sargent at Arms 1	644	0	0
Richard Rozinski 1504 43 Avenue Kenosha, WI 53144	Vice President 6	2,252	0	0
Michelle Badham 5920 80 Street Kenosha, WI 53142	Trustee 1	50	0	0
Ronald Elverman 757 Chicory Road Burlington, WI 53105	Steward 4	967	0	0
Donald Peoples 6111 68 Street Kenosha, WI 53142	Steward 4	1,389	0	0
Kevin Kiefer 7003 18 Avenue Kenosha, WI 53143	Steward 4	1,018	0	0
Kristine Halker 11515 1st Street Lot 99 Sturtevant, WI 53177	Trustee 1	50	0	0

Form 990EZ, Part IV - List of 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	(E) Expense account and other allowances
Deborah Whitefoot 5711 40 Ave Kenosha, WI 53144	Trustee 1	50	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
NATIONAL ASSOCIATION OF LETTER CARRIERS**Employer identification number**

39-6078127

Identifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	Insurance refunds, employee and member reimbursement
F99Z_P01_S00_L10	Form 990-EZ, Part I, Line 10	check # 9162 Women's Horizon 2525-63 Street Kenosha, WI 53143 donation \$75 00, check # 9169 NALCA #465 8644-33 Ave Kenosha, WI 53142 donation \$150 00, check # 9187 Robin Bose 5537-34 Street #117 Kenosha, WI 53144 retirement gift \$91 79, check # 9206 Hospice Alliance Foundation, Inc 10220 Prairie Ridge Blvd, Pleasant Prairie, WI 53158 donation \$200 00, check # 9207 NALCA #465 8644-33 Ave Kenosha, WI 53142 donation \$103 00, check # 9208 Jane Kurtz-Powers 5605 Sheridan Road Kenosha, WI 53140 retirement gift \$100 00, check # 9212 Cardmember Service P O Box 790408 St Louis, MO 63179 retirement gift \$158 21, check # 9308 Hospitality Manor 8633-32 Ave Kenosha, WI 53142 donation \$75 00
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Officer training including per diem, lodging and registration fees Retiree banquet, door prizes at union meetings, etc