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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**D** Employer identification number  
39-6078127

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO Box 222

**E** Telephone number  
(262) 496-2908

City or town, state or province, country, and ZIP or foreign postal code  
Kenosha, WI 53141

**F** Group Exemption Number  
0685

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: \_\_\_\_\_

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)( 5) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other Union Branch

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 46,871**

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b>	Membership dues and assessments	<b>3</b>	44,254
	<b>4</b>	Investment income	<b>4</b>	80
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</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)	<b>6b</b>	0
Expenses	<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	0
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	0
	<b>b</b>	Less cost of goods sold	<b>7b</b>	0
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0
	<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	2,537
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	46,871
	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	4,296
	<b>11</b>	Benefits paid to or for members	<b>11</b>	0
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	28,320
Net Assets	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	0
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	0
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	0
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	14,271
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	46,887
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-16
	<b>19</b>	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)	<b>19</b>	45,997
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	45,981

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	45,997	22	45,981
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	45,997	25	45,981
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)	45,997	27	45,981

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
Representing union members

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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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
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)?	35a	No
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	
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	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	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, 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	
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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed WI		
42a	The organization's books are in care of Steven Cairo Telephone no (262) 496-2908 Located at 4739 89 Street kenosha, WI ZIP + 4 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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
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	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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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>			2014-05-05	
	Signature of officer			Date	
Paid Preparer Use Only	<div><div></div></div>				
	Print/Type preparer's name			Preparer's signature	Date
	Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

Additional Data

Software ID: 13000241  
Software Version: v1.00  
EIN: 39-6078127  
Name: NATIONAL ASSOCIATION OF LETTER CARRIERS

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 steward	2	979	0	0
Daniel Carey Steward	2	1,142	0	0
William Hoaglund President	4	4,349	0	2,007
Jerry Matteucci Secretary	2	1,468	0	0
Steven Cairo Treasurer	3	2,456	0	496
Richard Willems Steward	2	1,359	0	71
Edward Salo Director of Health Benefits	2	979	0	904
James Kirby Director of Retirees	2	979	0	390
Merwyn Tetzlaff Sargent at Arms	1	653	0	334
Richard Rozinski Vice President	3	2,175	0	162
Michelle Badham Trustee	1	50	0	75
Ronald Elverman Steward	2	979	0	25
Donald Peoples Steward	2	1,808	0	485
Kevin Kiefer Steward	2	1,671	0	162
Kristine Halker Trustee	1	50	0	50

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
Robert Harpe 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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013****Open to Public  
Inspection**Name of the organization  
NATIONAL ASSOCIATION OF LETTER CARRIERS

Employer identification number

39-6078127

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8	Insurance refunds, employee and member reimbursements
Form 990-EZ, Part I, Line 10	Check# 9430 NALCA Aux 465 8644-33 Ave Kenosha, WI 53142 donation \$150, Check# 9746 Michelle Cappaletti 6306 31 St Kenosha, WI 53144 donation \$100, Check# 9747 & 9748 Paula and Rick Gallo 8036 18 Ave Kenosha, WI 53143 donation \$100 each, Check# 9749 Dale Herrolt 9377 8 Ave Pleasant Prairie, WI 53158 donation \$100, Check# 9750 Lance Leitl 4301 Wilson Road Kenosha, WI 53142 donation \$100, Check# 9751 Larry Olle 3421 23 Ave Kenosha, WI 53140 donation \$100, Check# 9752 Jerry Kirschner 5605 Sheridan Road Kenosha, WI 53140 donation \$100, Check# 9753 Hospice Alliance 10220 Prairie Ridge Blvd Pleasant Prairie, WI 53158 donation \$250, Check# 9758 Cardmember Service PO Box 790408 St Louis, MO 63179 donation \$292 63, Check# 9780 MDA 330 S Executive Dr Brookfield, WI 53005 donation \$1534, Check# 9863 Washington Island Archives PO Box 220 Washington Island, WI 54246 donation \$75, Check# 9881 Jim Yule 1723 29 St Kenosha, WI 53140 donation \$100, Check# 9897 Hospice Alliance (address same as above) donation \$300, Check# 9904 Cardmember Service (address same as above) donation \$150, Check# 9936 Kevin Klemisch 6820 37 Ave Kenosha, WI 53142 donation \$500, Check# 940 MDA (address same as above) donation \$50, Check# 9943 Aiello Florist 2108 52 St Kenosha, WI 53140 donation \$84 40, Check# 9974 Cardmember Service (address same as above) donation \$109 71
Form 990-EZ, Part I, Line 16	Officer training including per diem, lodging, registration fees, parking and airfare Door prizes at union meetings, bond renewal, labor Paper subscriptions and ads Postal calendars