

Form **990-EZ**

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)

2004

Open to Public Inspection

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20

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 Letter Association of Letter Carriers
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 120128
 City or town, state or country, and ZIP + 4
West Melbourne FL 32912

D Employer identification number
59:6194534
E Telephone number
(321) 242-0708
F Group Exemption Number ▶ 9412

• 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: ▶

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

J Organization type (check only one) — 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

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	58,423
4	Investment income	4	- 0 -
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 (line 5a less line 5b) (attach schedule).	5c	- 0 -
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	- 0 -
6b	Less: direct expenses other than fundraising expenses	6b	- 0 -
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	- 0 -
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 (line 7a less line 7b)	7c	- 0 -
8	Other revenue (describe ▶ <u>see attachment</u>)	8	452
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	58,905
10	Grants and similar amounts paid (attach schedule)	10	4,420
11	Benefits paid to or for members	11	- 0 -
12	Salaries, other compensation, and employee benefits	12	37,838
13	Professional fees and other payments to independent contractors	13	- 0 -
14	Occupancy, rent, utilities, and maintenance	14	5,686
15	Printing, publications, postage, and shipping	15	2,505
16	Other expenses (describe ▶)	16	19,506
17	Total expenses (add lines 10 through 16)	17	64,955
18	Excess or (deficit) for the year (line 9 less line 17)	18	-11,050
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	118,267
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	107,217

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,756	26,752
23	Land and buildings	83,027	83,511
24	Other assets (describe ▶)	484	2,954
25	Total assets	118,267	107,217
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	118,267	107,217

SCANNED JUN 27 2005

Expenses

Net Assets

RECEIVED
MAY 13 2005
IRS-OCG
MAGDEN, UT

22

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Harbor Union</u>	
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, or other relevant information for each program title.	
28 <u>Labor Union representing 178 member for the sole purpose of educating and representing in record to postal union laborers</u>	28a
29 <u>rules and regulation union meeting held on 2nd monthly basis</u>	29a
30	30a
31 Other program services (attach schedule)	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of 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	(E) Expense account and other allowances
<u>see attachment</u>				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>		
b Did the organization file Form 1120-POL for this year?		
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 unpaid at the start of the period covered by this return?		
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	<u>N/A</u>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	<u>N/A</u>
b Gross receipts, included on line 9, for public use of club facilities	39b	<u>N/A</u>
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b 501(c)(3) and (4) organizations. 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 an explanation.		
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____		
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42 The books are in care of ▶ <u>1497 Guava Ave</u> Telephone no. ▶ () _____ Located at ▶ <u>Melbourne FL 32935</u> ZIP + 4 ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <u>43</u>		

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 <u>Sharon Oxendine</u>	Date <u>5-15-05</u>
Paid Preparer's Use Only	Type or print name and title. <u>Sharon Oxendine Treasury</u>	
	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
	EIN ▶ _____	Phone no. ▶ () _____

PART 1 LINE 8

INTEREST FROM CHECKING ACCOUNT
INCOME FROM BRANCH MEMBER GUEST FOR THE
INSTALLATION DINNER.

PART 1 LINE 10

SCHOLARSHIP WINNER:
4-1,000.00 WINNER AT BREVARD COMMUNITY COLLEGE
FLOWERS AND DONATION IN THE AMOUNT OF 60.00 EACH FOR
UNION MEMBER DEATH IN THE FAMILY

PART 1 LINE 16

INSTALLATION DINNER, NATIONAL CONVENTION IN HAWAII
,PICNIC, STEAK FRY, 2 SEMINARS, WISH YOU HERE CONTEST

MA

	WAGES	S.S	MEDI.	FED	PAY
ALAN WOLLARD	110.00	6.82	1.60		101.58 - 1 hrs
Patti DeFrank	110.00	6.82	1.60		101.58 - 1 hrs
DAVID DELAGE	110.00	6.82	1.60		101.58 - 1 hrs
FRANK DOLACK	110.00	6.82	1.60		101.58 - 1 hrs
TERRY OVERLY	110.00	6.82	1.60		101.58 - 1 hrs
ROBERT CARTECHINE	130.00	8.06	1.89		120.05 - 1 hrs
DANIEL SHEEHAN	175.00	10.85	2.54		161.61 - 6 hrs
GEORGE PEARSON	175.00	10.85	2.54		161.61 - 1 hrs
MICHEAL CLARK	175.00	10.85	2.54		161.61 - 10 hrs
SHARON OXENDINE	175.00	10.85	2.54		161.61 - 8 hrs
MIKE MONOPOLI	300.00	18.60	4.35	30.00	247.05 - 10 hrs
DONALD MILINE	90.00	5.58	1.31		83.11 - 2 hrs
ALAN SARGE	110.00	6.82	1.60		101.58 - 1 hrs
BRUCE DELENA	110.00	6.82	1.60		101.58 - 1 hrs