

Short Form

OMB No 1545-1150

2005

Open to Public Inspection

Form 990-EZ

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)

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 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>National Association of Letter Carrier 2689 NANC</u>		D Employer identification number <u>59: 6194534</u>
		Number and street (or P.O. box, if mail is not delivered to street address) <u>P.O. Box 120128</u>		E Telephone number <u>(321) 242-6708</u>
		City or town, state or country, and ZIP + 4 <u>W. Melbourne FL 32912</u>		F Group Exemption Number . . . ▶ <u>9412</u>

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 chooses to file a return, be sure to file a complete return. 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 38 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	55,912
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 ▶)	8	- 0 -
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	55,912
10	Grants and similar amounts paid (attach schedule) <u>See Attached</u>	10	5,625
11	Benefits paid to or for members	11	- 0 -
12	Salaries, other compensation, and employee benefits	12	47,011
13	Professional fees and other payments to independent contractors	13	- 0 -
14	Occupancy, rent, utilities, and maintenance	14	146
15	Printing, publications, postage, and shipping	15	2,192
16	Other expenses (describe ▶ <u>Quarterly, unemployment, Property Tax</u>)	16	11,282
17	Total expenses (add lines 10 through 16)	17	66,856
18	Excess or (deficit) for the year (line 9 less line 17)	18	-(9,027)
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	107,217
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	98,190

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

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,752	13,695
23 Land and buildings	83,511	84,095
24 Other assets (describe ▶)	2,954	406
25 Total assets	107,217	98,190
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,217	98,190

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Part III Statement of Program Service Accomplishments (See page 42 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? 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 Labor Union representing 188 member for the sole purpose of Educating and representing in regard to Postal Union Labor rules and Regulators union meeting held (Grants \$ 9 monthly dues) 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 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 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
See Attached				

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	33		<input type="checkbox"/>	<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	34		<input type="checkbox"/>	<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 type="checkbox"/>	<input 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?	35a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/>	37a		<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b		<input type="checkbox"/>	<input type="checkbox"/>
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?	38a		<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	<input type="checkbox"/>	<input type="checkbox"/>
39 501(c)(7) organizations. Enter:			<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39a	N/A	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	<input type="checkbox"/>	<input type="checkbox"/>
40a 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"/>			<input type="checkbox"/>	<input type="checkbox"/>
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.	40b		<input type="checkbox"/>	<input type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. None

42a The books are in care of Branch 2689 Telephone no. (321) 242-0708
 Located at 1497 Craova Ave Melbourne FL 32935 ZIP + 4 32935

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)?

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: _____

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

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

Please Sign Here

Sharon Owen Dine Signature of officer 5-13-05 Date

Sharon Owen Dine Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	EIN <input type="checkbox"/>	Phone no <input type="checkbox"/>	



Part I Line 10

Four, One thousand Scholarship, for member children for college

Part I Line 10

Gifts for flower or Donations of member request in memory of death in their family member

Part IV

Michael Monopoli President 11 4,219 1,585
311 Palmetta Ave
Melbourne Fl 32901

George Pearson V. President 4 2,100 1,374
520 Sheridan Ave
Satellite Bch. Fl 32983

Mike Clark Secretary 10 2,600 1,538
550 Prelude St.
Palm Bay Fl 32907

Sharow Oxendine Treasure 4 2,600 334
413 Fillmore Ave
Palm Bay Fl 32907