

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

2006

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning , 2006, 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 Branch 2689</u>		D Employer identification number <u>59: 6194534</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 120128</u>		E Telephone number <u>(321) 242-0708</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)

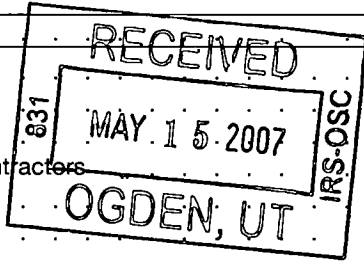
J Organization type (check only one) — 501(c) () (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 47 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule). 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) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (line 6a less line 6b) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 8 Other revenue (describe ▶) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	1	- 0 -
	2	- 0 -
	3	77,135
	4	- 0 -
	5a	- 0 -
	5b	- 0 -
	5c	- 0 -
	6a	- 0 -
	6b	- 0 -
6c	- 0 -	
7a	- 0 -	
7b	- 0 -	
7c	- 0 -	
8	- 0 -	
9	77,135	
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 16 Other expenses (describe ▶) 17 Total expenses (add lines 10 through 16)	10	4,630
	11	- 0 -
	12	53,670
	13	- 0 -
	14	1,097
	15	2,216
	16	18,961
	17	80,574
18 Excess or (deficit) for the year (line 9 less line 17) 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). 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18 through 20)	18	(34,399)
	19	98,190
	20	
	21	94,751



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 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	13,695	22 14,751
23 Land and buildings	89,095	23 80,000
24 Other assets (describe ▶)	400	24
25 Total assets		25
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,190	27 94,751

Handwritten initials: JEP

Part III Statement of Program Service Accomplishments (See page 51 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 193 member for sole purpose of educating and representing in regard to postal union rules and regulation union meeting</u> (Grants \$ _____) If this amount includes foreign grants, check here <input checked="" 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 52 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

Part V Other Information (Note the statement requirement in General Instruction V.)	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 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 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.		
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 checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a		
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 unpaid at the start of the period covered by this return?	38a	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	NA
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	NA
b Gross receipts, included on line 9, for public use of club facilities	39b	NA

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 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** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d** 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? . . .

	Yes	No
40b		
40e		

41 List the states with which a copy of this return is filed. ▶ Florida

42a The books are in care of ▶ Branch 2689 Telephone no. ▶ (321) 242-0708
 Located at ▶ 1797 Galloway Ave Melbourne FL 32935

- b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here

▶ Shaun Oxendine
 Signature of officer

▶ Sharon Oxendine
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

self-employed ▶

EIN ▶ _____

Phone no ▶ () _____

PART IV

32) MICHEAL MONOPOLI PRESIDENT 10HRS
311 PALMENTO AVE MELBOURNE, FL 32091

MIKE CLARKS SECRETARY 10HRS
550 PRELUDE PALM BAY FL 32097

SHARON OXENDINE TRESURER 10HRS
413 FILLMORE PALM BAY, FL 32907

DAVE DELAGE V.PRESIDENT 10HRS
141 SECOND ST SATELITE BEACH, FL 32937

SENT 12 DELGATES TO NATIONAL COVENTION IN LAS VEGA

BENEFITS PAID TO UNON MEMBER FOR DEATH IN FAMILY IN THE AMOUNT OF 60.00 IN
FLOWERS OR DONATION OF A CHAIRTY
OF THIER WILLING RESPECTIVELY, FOR EACH OCCURENCE.

FOUR SCHALARSHIP WINNER OF THE AMOUNT OF 1,000.00 A PIEACE.

INSTALLTION DINNER TO INSTALL OFFICERS.