

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning , 2009, 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"/> Terminated <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 National Association of Letter Carriers		D Employer identification number 59 6194534
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P. O Box 120128		E Telephone number 321-242-0708
		City or town, state or country, and ZIP + 4 W. Melbourne FL 32912		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 Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	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 (Subtract line 5b from line 5a)																															
	6	Special events and activities (complete applicable parts of Schedule G) 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 (Subtract line 6b from line 6a)																																
7a	Gross sales of inventory, less returns and allowances																																
7b	Less: cost of goods sold																																
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																
8	Other revenue (describe ▶ Interest Dividends other receipts)																																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																
Expenses	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 ▶ Property Taxes, Ins. Futa, Ogaverj Taxes)																															
17	Total expenses. Add lines 10 through 16																																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																															
	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) see attach																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																															

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,103	23,825
23 Land and buildings	175,000	160,000
24 Other assets (describe ▶)		
25 Total assets		
26 Total liabilities (describe ▶)	201,103	183,825
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>Labor Union</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)
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, and other relevant information for each program title.		
28	<u>Labor Union representing 266 member for sole purpose of educating and representing in regard of postal rules and resurvation union member on monthly basis.</u> (Grants \$) 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)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for 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
<u>Mike Monoplin</u> <u>311 Palmetto Ave Mel. FL 32901</u>	<u>President</u>		<u>4,525</u>	
<u>Dave Delage</u> <u>141 Second St Satellite Bch 32937</u>	<u>V. President</u>		<u>4,845</u>	
<u>Mike Clark</u> <u>550 Prelude St. Palm Bay FL 32907</u>	<u>Secretary</u>		<u>2,725</u>	
<u>Sharon Obendine</u> <u>413 Fillmore Ave Palm Bay FL 32907</u>	<u>Treasurer</u>		<u>2,725</u>	
<u>Alan Wollard</u> <u>1623 Country Cove Malabar FL 32950</u>	<u>Shop Stewart</u>		<u>1970</u>	
<u>Donald Milive</u> <u>2250 Alan Plantation Mel. FL 32935</u>	<u>Sargent of Arms</u>		<u>625</u>	
<u>Pattre DeFrank</u> <u>4141 Timothy Merritts FL 32935</u>	<u>Health Benefit Corp.</u>		<u>625</u>	
<u>Robert Cardeche</u> <u>898 Cumberland St Mel. FL 32901</u>	<u>Editor</u>		<u>1560</u>	
<u>Carlied Douglas</u> <u>911 Overseas St. Palm Bay FL 32909</u>	<u>Shop Stewart</u>		<u>1835</u>	
<u>Darlene McCrae</u> <u>6366 Bennett Ct. St. Cloud FL</u>	<u>Shop Stewart</u>		<u>1945</u>	
<u>Bruce Delean</u> <u>180 Fairview Dr. Cocoa FL 32927</u>	<u>Shop Stewart</u>		<u>1970</u>	
<u>Gus Cirala</u> <u>855 Hunter Creek Br. W Mel. 32904</u>	<u>Chief Stewart</u>		<u>2,725</u>	
<u>Frank Dolack</u> <u>6157 Arlington Ave Mel. FL 32940</u>	<u>Shop Stewart</u>		<u>440</u>	
<u>Ronnie Jenkins</u> <u>351 By Ave Cocoa FL 32922</u>	<u>Trustee</u>		<u>200</u>	
<u>Jermey Wolf</u> <u>1220 Monument Ave Palm Bay FL 32909</u>	<u>Trustee</u>		<u>200</u>	
<u>Sante Zeppier</u> <u>Pete Bundo</u> <u>832 Coopers Hawk Ct</u> <u>Viera FL 32955</u>	<u>Shop Stewart</u>		<u>1550</u>	

Part V Other Information (Note the statement requirements in the instructions for Part 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		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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 or was it subject to section 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	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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
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 outstanding at the end of the period covered by this return?		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>NA</u>		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 39a <u>NA</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>NA</u>		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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			
41	List the states with which a copy of this return is filed. ▶ <u>Florida</u>		
42a	The organization's books are in care of ▶ <u>Branch 2689</u> Telephone no. ▶ <u>321 242-0708</u> Located at ▶ <u>1497 Galloway Ave Melbourne FL 32935</u> ZIP + 4 ▶ <u>32935</u>		
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"/>
	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 .		
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 checked="" type="checkbox"/>
42c			
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 ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45			

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 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 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

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here

▶ Sharon Oxendine
Signature of officer

▶ Sharon Oxendine Treas
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 ▶ _____

May the IRS discuss this return with the preparer shown above? See

May 15, 2010

Part I

The market value of the property and building
went down. 15,000
lost 12 members, 2009

Part III

Sent 10 Delegates to ^{the} state convention in Naples Fl.

We had 4 Scholarships winners at 500 hundred a
piece.

Benefits paid to union member for death in
family in the amount of 60.00 in flower or
Donation of a charity of their willing respecting
for each occurrence.