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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization Saturation Mailers Coalition		D Employer identification number 41-1950880
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number
33 South Sixth Street	4040	612-340-9855
City or town, state or country, and ZIP + 4		F Group Exemption Number ▶
Minneapolis MN 55402		

• 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).

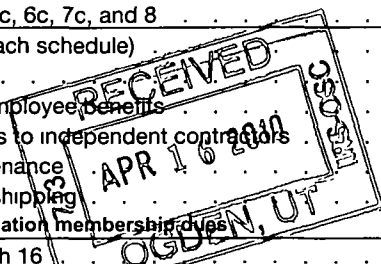
J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1		97700	
	2	Program service revenue including government fees and contracts		2		0	
	3	Membership dues and assessments		3		3150	
	4	Investment income		4		0	
	5a	Gross amount from sale of assets other than inventory	5a			0	
	b	Less: cost or other basis and sales expenses	5b			0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		0	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a			0	
	b	Less: direct expenses other than fundraising expenses	6b			0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		0		
7a	Gross sales of inventory, less returns and allowances	7a			0		
b	Less: cost of goods sold	7b			0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		0		
8	Other revenue (describe ▶ _____)		8		0		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9		100850		
Expenses	10	Grants and similar amounts paid (attach schedule)		10		0	
	11	Benefits paid to or for members		11		0	
	12	Salaries, other compensation, and employee benefits		12		0	
	13	Professional fees and other payments to independent contractors		13		30000	
	14	Occupancy, rent, utilities, and maintenance		14		0	
	15	Printing, publications, postage, and shipping		15		0	
	16	Other expenses (describe ▶ association membership dues)		16		2750	
	17 Total expenses. Add lines 10 through 16		17		32750		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		68100	
	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		137258	
	20	Other changes in net assets or fund balances (attach explanation)		20		0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21		205358	



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	137258	22	205358	
23	Land and buildings	0	23	0	
24	Other assets (describe ▶ _____)	0	24	0	
25	Total assets	137258	25	205358	
26	Total liabilities (describe ▶ _____)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	137258	27	205358	

G-5 8

NO OF MEMBERS

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

What is the organization's primary exempt purpose? <u>business league of mailed print advertisers</u>		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	See Attachment		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
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.)

(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
Donna E. Hanbery 33 S 6th St., #4040 Minneapolis, MN 55402	Ex Dir., Treas, Sec/ 15 hrs	0	0	0
Albert Braunfisch 100 Morgan Keegan Dr., Little Rock, AR 72202	Co-Chair Steering Comm	0	0	0
Harry Buckel 211 Woodbine Ave., Newport, NY 11768	Co-Chair Steering Comm	0	0	0
Greg Belair 15040 NE Mason St., Portland, OR 97230	Steering Committee	0	0	0
Stephen Carazo 2830 Orbiter St., Brea, CA 92821	Steering Committee	0	0	0
Bill Cotter 460 Rodi Rd, Pittsburgh, PA 15235	Steering Committee	0	0	0
Bob Croce One Targeting Centre, Windsor, CT 06095	Steering Committee	0	0	0
Dean Deluca 460 Rodi Rd, Pittsburgh, PA 15235	Steering Committee	0	0	0
Dan Dutton 15040 NE Mason St., Portland, OR 97230	Steering Committee	0	0	0
Vince Giuiliano One Targetng Centre, Windsor, CT 06095	Steering Committee	0	0	0
Pete Gorman 2830 Orbiter St., Brea, CA 92821	Steering Committee	0	0	0
Keith Klein 120 Tillson Ave. #205, rockland, ME 04841	Steering Committee	0	0	0
Dick Mandt 410 S. Ware Blvd, #303, Tampa, FL 33619	Steering Committee	0	0	0
Steve McKinnon 1609 Airport Rd, Monroe, NC 28100	Steering Committee	0	0	0
Scott Patterson 1609 Airport Rd, Monroe, NC 28110	Steering Committee	0	0	0
John Sabo 12131 Western Ave., Garden Grove, CA 92841	Steering Committee	0	0	0
Carol Toomey 100-1 Domino Dr., Concord, MA 01742	Steering Committee	0	0	0
Steve Harrison/Sheri Rapone 1471 Route 15, Avon, NY 14414	Steering Committee	0	0	0

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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		
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		
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 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		✓
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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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
	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: ▶ _____		
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 _____ <input type="checkbox"/> 0		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			✓
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	Yes	No
			✓

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.

- 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

	Yes	No
46		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		
- 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 ▶ _____

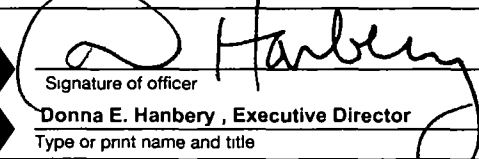
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 over \$100,000 . . . ▶ _____

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


4-9-10
 Signature of officer Date
Donna E. Hanbery, Executive Director
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed
 Preparer's identifying number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no ▶ _____

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

Attachment to 990-EZ
Saturation Mailers Coalition
41-1950880

Part III

Funds collected to represent saturation mailer s before the Postal Service and Postal Regulatory Commission to achieve reasonable rates and operation requirements for Standard Print Mail Advertising sent at saturation mail rates. Dues and contributions received to supplement legal expense and pay office related costs and membership costs for Mailers Technical Advisory Committee. No individual person received a grant or benefit. Services benefitted all free paper publishers, shared mail program providers, and coupon envelope providers that use standard mail advertising (more that 100 businesses). No grants given.