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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

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

C Name of organization
NATIONAL ASSOCIATION OF LETTER CARRIERS

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
3574 HOLLAND ROAD

City, town, or country | State | ZIP + 4
VIRGINIA BEACH | VA | 23452-4063

D Employer identification number
54-6058131

E Telephone number
(757) 463-7560

F Group Exemption Number ▶

- *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. [X] Cash [ ] Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one)— [X] 501(c) (5) ◀ (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 ▶ $ 136,176

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	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	133,548
	4	Investment income		4	1,353
	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 ▶ [ ]			
	a	Gross revenue (not including $ 0 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		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ Other Receipts)		8	1,275
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	136,176
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	40,957
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	69,371
	17	**Total expenses.** Add lines 10 through 16 ▶		17	110,328
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	25,848
	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	97,543
	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	123,391

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	97,543	22	124,563
23 Land and buildings		23	
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	97,543	25	124,563
26 **Total liabilities** (describe ▶ PAYROLL LIABILITIES)	0	26	1,172
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	97,543	27	123,391

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

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, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Line	Description		Expenses
28	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	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
Robert Lassiter 3654 Trant Avenue Norfolk VA 23502	Title President Hr/WK .00	9,388	0	0
Michael O'Neill 2885 Einstein Drive Virginia Beach VA 23456	Title Vice President Hr/WK .00	2,608	0	0
Robert Wittman 3504 Champlain Lane Virginia Beach VA 23452	Title Secretary Hr/WK .00	4,028	0	0
Stephan Kirby 3148 Barbour Drive Virginia Beach VA 23456	Title Treasurer Hr/WK .00	4,028	0	0
Anthony Sabettini 3709 Kings Point Arch Virginia Beach VA 23452	Title Health Benefit Rep. Hr/WK .00	0	0	0
John Minafee 3004 Darius Court Chesapeake VA 23323	Title Sergeant-At-Arms Hr/WK .00	400	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	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.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37 a	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?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
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			
40 a	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		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ▶ National Association of Letter Carriers Telephone no. ▶ (757) 463-7560 Located at ▶ 3574 Holland Road City Virginia Beach ST VA ZIP + 4 ▶ 23452-4063			
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)?	42b		X
	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.?	42c		X
	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 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	45		X

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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

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 — Date: 8-2-10

▶ STEVE KIRBY, TRES
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)
STEVEN HICKEY	3/24/2010	☐	
Firm's name (or yours if self-employed), address, and ZIP + 4: STEVEN HICKEY, PC 1064 LASKIN ROAD, SUITE 11-C, VIRGINIA BEACH, VA 23451		EIN ▶	
		Phone no ▶ (757) 422-0300	

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

Part I, Line 8 (990-EZ) - Other Revenue

1,275

	Description		Amount
1	Other Receipts	1	1,275
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

69,371

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	SEE DOL FORM LM3	13	69,371
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 26 (990-EZ) - Liabilities

0 1,172

	Description	Beginning	End
1	PAYROLL LIABILITIES		1,172
2			
3			
4			
5			
6			
7			
8			
9			
10			

U S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No 1215-0188
Expires 09-30-2011

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1 FILE NUMBER	2 PERIOD COVERED MON DAY YEAR	3 (a) AMENDED – If this is an amended report correcting a previously filed report, check here ☐ (b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here ☐ (c) SUBSIDIARY – If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here ☐
E	080-634	From 01/01/2009 Through 12/31/2009	

4. AFFILIATION OR ORGANIZATION NAME
LETTER CARRIERS, NATL ASN, AFL-CIO

5 DESIGNATION (Local, Lodge, etc)	6 DESIGNATION NUMBER
BRANCH	2819

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56)
Yes ☒ No ☐

8 MAILING ADDRESS (Type or print in capital letters)

First Name	Last Name
STEVE	KIRBY

P O Box – Building and Room Number (if any)

Number and Street
3574 HOLLAND RD SUITE 203

City
VIRGINIA BEACH

State	ZIP Code + 4
VA	23452-4063

56 ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions)

57.SIGNED _____ PRESIDENT (If other title, see instructions)

Date _____ Telephone Number _____

58 SIGNED _____ TREASURER (If other title, see instructions.)

Date _____ Telephone Number _____

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 080-634

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: LASSITER; First Name: ROBERT; Middle Initial: L Title: PRESIDENT	Status: C	$9,388	$1,006	$10,394
2. Last Name: O'NEILL; First Name: MICHAEL; Middle Initial: Title: VICE PRESIDENT	Status: C	$2,608	$225	$2,833
3. Last Name: WITTMAN; First Name: ROBERT; Middle Initial: Title: SECRETARY	Status: C	$4,028	$948	$4,976
4. Last Name: KIRBY; First Name: STEVE; Middle Initial: Title: TREASURER	Status: C	$4,028	$424	$4,452
5. Last Name: SABETTINI; First Name: ANTHONY; Middle Initial: Title: HEALTH BENEFIT REP	Status: C	$0	$0	$0
6. Last Name: MINAFEE; First Name: JOHN; Middle Initial: Title: SARGEANT-AT-ARMS	Status: C	$400	$0	$400
7. Last Name: ; First Name: ; Middle Initial: Title:	Status:			$0
8. Totals from additional pages (if any)		$0	$0	$0
9. Totals of Lines 1 through 8		$20,452	$2,603	$23,055
			10. Less Deductions	
		The Total from Line 11 will be entered in Item 45	11 Net Disbursements	$23,055

* Code for (C) Status past officer – P, continuing officer – C, new officer during the reporting period – N

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1)

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 080-634

STATEMENT A
ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25 Cash	$97,543	$124,563	32. Accounts Payable	$0	$0
26 Loans Receivable	$0	$0	33. Loans Payable	$0	$0
27. U S Treasury Securities	$0	$0	34. Mortgages Payable	$0	$0
28 Investments	$0	$0	35. Other Liabilities	$0	$1,172
29 Fixed Assets	$0	$0	36. TOTAL LIABILITITES	$0	$1,172
30 Other Assets	$0	$0			
31 TOTAL ASSETS	$97,543	$124,563	37. NET ASSETS (Item 31 less Item 36)	$97,543	$123,391

STATEMENT B
RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38 Dues	$132,748	45. To Officers (from Item 24)	$23,055
39 Per Capita Tax	$0	46 To Employees (less deductions)	$26,297
40 Fees, Fines, Assessments & Work Permits	$0	47 Per Capita Tax	$0
41 Interest & Dividends	$1,353	48 Office & Administrative Expense	$54,825
42 Sale of Investments & Fixed Assets	$0	49 Professional Fees	$2,770
43 Other Receipts	$2,075	50 Benefits	$0
44 TOTAL RECEIPTS	$136,176	51 Contributions, Gifts & Grants	$3,381
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form		52 Purchase of Investments & Fixed Assets	$0
		53. Loans Made	$0
		54 Other Disbursements	$0
		55 TOTAL DISBURSEMENTS	$110,328

56. ADDITIONAL INFORMATION

FILE NUMBER. 080-634

Cash Reconciliation:	Beg cash	97,543
Income	131,539	
Dispursements	110,328	
Net increase	21,211	

Beg year cash	97,543
Net cash increase	21,211
Prior year adjustment	4,637
Change in payable	1,172
End year cash	124,563