

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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 \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning Oct 1, 2008, and ending Sept 30, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
DOCKWORKERS EDUCATION AND LEGAL DEFENSE FUND
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
104 MONTGOMERY STREET
 City or town, state or country, and ZIP + 4
BROOKLYN, NEW YORK 11225

D Employer identification number
26 3811163

E Telephone number
(718) 865-8782

F Group Exemption Number **▶**

G Accounting method Cash Accrual
 Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **▶ N/A**

J Organization type (check only one) - 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$**

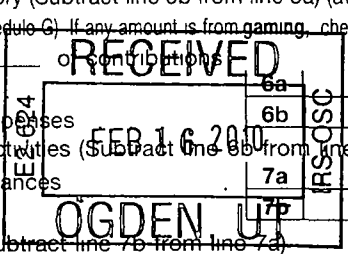
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received	1	47,225
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	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	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	47,225
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	1,438
	13 Professional fees and other payments to independent contractors	13	30,983
	14 Occupancy, rent, utilities, and maintenance	14	1,855
	15 Printing, publications, postage, and shipping	15	2,332
	16 Other expenses (describe ▶ TRAVEL 1,018 BANK FEES 199)	16	1,217
	17 Total expenses. Add lines 10 through 16 ▶	17	37,825
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,400
	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	0
	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	9,400

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	0	22 9,453
23 Land and buildings		23
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE)		24 379
25 Total assets	0	25 9,922
26 Total liabilities (describe ▶ ACOUNTS PAYABLE)		26 522
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 9,400

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		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>N/A</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		
(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) <input type="checkbox"/>		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
TONY PERLSTEIN 118 EIGHTH AVE #5A BROOKLYN NY 11215	1 SEC. TREASURER	0	0	0
LEONARD RILEY 2271 BURRIS RD CHARLESTON SC 29414	1 PRESIDENT	0	0	0
DORSEY MONTGOMERY 376 ASHLAND AVE CHARLESTON SC 29403	1 DIRECTOR	0	0	0
MARSHA NIEMEIJER 619 JANDERBILT #4 BROOKLYN NY 11238	32 EXECUTIVE DIRECTOR	24,951.54	0	0
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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 but not reported to the IRS? 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 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 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	Was there a liquidation, dissolution, termination, or substantial contraction 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 0		
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 unpaid at the start 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 (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," complete Schedule L, Part I		
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? If "Yes," complete Form 8886-T 40e		
41	List the states with which a copy of this return is filed ▶ _____		
42a	The books are in care of ▶ MARSHA NIEMEIJER Telephone no ▶ (718) 865-8782 Located at ▶ 104 MONTGOMERY ST BROOKLYN NY ZIP + 4 ▶ 11225		
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)? 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.	Yes	No
		42b	✓
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 ▶ _____		✓
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		✓
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		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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
NONE				
Total number of other employees paid over \$100,000 ▶	0			

51 Complete this table for the 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
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶	0	

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: *[Signature]* Date: *02/08/2010*

Type or print name and title: *Sec-Treasurer*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

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

Check if self-employed:

Preparer's Identifying Number (See instructions): _____

EIN: _____

Phone no: _____

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

DELDEF
Balance Sheet
 As of September 30, 2009

	<u>Sep 30, 09</u>	CONDENSED
ASSETS		
Current Assets		
Checking/Savings		
DELDEF Checking 16257#	9,518 26	
DELDEF Saving #16257	<u>25 00</u>	
Total Checking/Savings	<u>9,543 26</u>	9543
Accounts Receivable		
Accounts Receivable	<u>378 31</u>	379
Total Accounts Receivable	<u>378 31</u>	
Total Current Assets	<u>9,921 57</u>	9922
TOTAL ASSETS	<u><u>9,921 57</u></u>	
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Credit Cards		
Visa #2355	<u>357 61</u>	
Total Credit Cards	<u>357 61</u>	
Other Current Liabilities		
Payroll Liabilities		
Federal tax payable	<u>164 10</u>	
Total Payroll Liabilities	<u>164 10</u>	
Total Other Current Liabilities	<u>164 10</u>	
Total Current Liabilities	<u>521 71</u>	522
Total Liabilities	521 71	
Equity		
Opening Balance Equity	768 90	
Retained Earnings	35,000 00	
Net Income	<u>-26,369 04</u>	9400
Total Equity	<u>9,399 86</u>	
TOTAL LIABILITIES & EQUITY	<u><u>9,921.57</u></u>	9922

DELDEF
Profit & Loss
 October 2008 through September 2009

deldef INCOME STATEMENT 10/1/2008 TO 9/30/2009

	<u>Oct '08 - Sep 09</u>	line #	Condensed
Ordinary Income/Expense			
Income			
Reimbursed expense income	954 27	less 954	
Donations			
Individual donations	1,450 00		
From Prior group	769 00		
Total Donations	2,219 00	1	2,219 00
 Foundation Support	 45,000 00	 1	 45000
Program Income			
Cargo Chain	6 00	<i>misc 8</i>	6
Total Program Income	6 00		
 Total Income	 48,179 27		 47225
Expense			
Bank fees	198 83	<i>16 misc</i>	199
Postage, Mailing Service	1,341 13	<i>15</i>	
Printing and Copying	84 17	<i>15</i>	
Supplies	907 02	<i>15</i>	2332
Contract Services			
Accounting Fees	1,100 00		
Legal Fees	4,784 22		
Outside Contract Services	23,944 49		
Contract Services - Other	1,154 55		
Total Contract Services	30,983 26	13	30983
 Rent	 2,425 00	 less954 14	
Telephone/fax/cell/internet	384 36	<i>14</i>	1855
Payroll Expenses			
Salary	1,072 50		
Payroll Expenses - Other	365 05		
Total Payroll Expenses	1,437 55	12	1438
 Travel and Meetings			
LWC Membership Meetings	46 45		
Travel	970 04		
Travel and Meetings - Other	1 50		
Total Travel and Meetings	1,017 99	<i>16 misc</i>	1018
 Total Expense	 38,779 31		 37825
 Net Ordinary Income	 9,399 96		
 Net income	 9,399.96		 9400