

2009

Open to Public Inspection

Form 990-EZ

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 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 01, 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: NATIONAL ASSOCIATION OF LETTER CARRIERS BR 226. Address: 6900 BAKER BLVD. FORT WORTH, TEXAS 76118-6370

D Employer identification number: 75-140228. E Telephone number: 817-284-5131. F Group Exemption Number: 0685

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: 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 \$

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for detailed items like contributions, program revenue, membership dues, and various expenses. Total revenue is 252216.00 and total expenses is 233676.00.

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.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 190291.00. Total liabilities: .00. Net assets: 190291.00.

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| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others) | |
|---|--|--|------------------|
| What is the organization's primary exempt purpose? LABOR ORGANIZATION | | | |
| 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 | COLLECTIVE BARGAINING AND REPRESENTATION TO 1045 MEMBERS | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 233676.00 |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 00 |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | .00 |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | .00 |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 233676.00 |

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 |
|--|--|---|---|--|
| LUCINDA J STAPP 612 BURLINGTON AVE FORT WORTH, TX. 76108 | PRESIDENT- 40 HOURS | 62999.00 | 1626.00 | 6962.00 |
| CHRISTIE FITE 3245 SAPHIRE ST HURST, TX 76021 | VICE-PRES. - VARIES | 2831.00 | 00 | 599.00 |
| HARRIET CRAINE 612 WEDGEWOOD FORT WORTH, TX. 76133 | SECRETARY-VARIES | 1080.00 | .00 | 1036.00 |
| MIRANDA MILLER 845 BRIDLE AVE FORT WORTH TX., 76108 | TREASURER-VARIES | 5177.00 | 00 | 694.00 |
| MANUEL HERRERA 608 LITTLEHORSE TRL. FORT WORTH, TX. 76108 | HEALTH BENEFITS REP.-V | 600.00 | .00 | 1402.00 |
| RICHAR MCCOY 1208 E. STELLA FORT WORTH, TX. 76104 | SERGANT-AT-ARMS-VARI | .00 | 00 | 549.00 |
| RICHARD TYLER 1921 SHE4LMAN FORT WORTH, TX. 76112 | DIRECTOR OF RETIREES-I | 450.00 | .00 | 1780.00 |
| MICHAEL BARRETT 4309 LORIN AVE. FORT WORTH, TX. 76105 | TRUSTEE/STEWARD-VARI | 1125.00 | 00 | 855.00 |
| MARY GILLESPIE 7532 HARKWOOD TR. FORT WORTH, TX. 76123 | TRUSTEE-VARIES | 450.00 | .00 | 1059.00 |
| GINA MENDOZA-TELCK 5812 WONDER DR. FORT WORTH, TX. 76133 | TRUSTEE/STEWARD-VARI | 1125.00 | 00 | 00 |
| HAROLD D. PURCELL, JR. 4513 BUFFALO BEND PL. FORT WORTH, TX 76137 | TRUSTEE/STEWARD-VARI | 1800.00 | .00 | 222.00 |
| PATRICK WOODS 4033 BUSCH GARDEN FORT WORTH, TX. 76123 | TRUSTEE-VARIES | 50.00 | .00 | 00 |
| ROBERT ALEJANDRO 1216 CLINTON AVE. FORT WORTH, TX. 76106 | STEWARD-VARIES | 338.00 | .00 | .00 |
| RODNEY ANDERSON 8608 VANDERBILT CT. FORT WORTH, TX. 76120 | STEWARD-VARIES | 675.00 | .00 | 450.00 |
| LINWOOD DURST 4008 MANZANITA ST. FORT WORTH, TX. 76137 | STEWARD-VARIES | 675.00 | .00 | 999.00 |
| FRANK P. FAHERTY, III 4033 SEVEN GABLES ST. FORT WORTH, TX. 76133 | STEWARD-VARIES | 675.00 | .00 | .00 |
| KEVIN GARRETT PO BOX 100163 FORT WORTH, TX. 76185 | STEWARD-VARIES | 675.00 | .00 | .00 |
| SYLVIA GUAJARDO 9601 SIMBA LN. CROWLEY, TX. 76036 | STEWARD-VARIES | 675.00 | .00 | 00 |

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 .00 | | |
| 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 .00 | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a .00 | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b .00 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ .00 ; section 4912 ▶ 00 ; section 4955 ▶ .00 | | |
| 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 ▶ .00 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ .00 | | |
| 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. ▶ TEXAS | | |
| 42a | The organization's books are in care of ▶ MIRANDA B MILLER Telephone no. ▶ 817-284-5131 Located at ▶ 6900 BAKER BLVD. FORT WORTH, TX. ZIP + 4 ▶ 76118-6370 | | |
| 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 <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 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <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 |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 ▶ Miranda Miller | 3-6-10
Signature of officer | Date
 ▶ Miranda Miller, Treasurer
Type or print name and title

Paid Preparer's Use Only

| | | | |
|---|-------|---|--|
| Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> | 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

LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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| [A] NAME AND ADDRESS | [B] TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | [C] COMPENSATION (IF NOT PAID, ENTER -0-) | [D] CONTRIBUTIONS EMPLOYEE BENEFIT PLANS | EXPENSE ACCOUNT [E] AND OTHER ALLOWANCES |
|---|--|---|--|--|
| Edward Godson 5603 Honey Locust Trl. Arlington, Tx. 76017 | Steward -varies | \$ 338.00 | \$.00 | \$ 174.00 |
| Melody Head 4909 Dalevale Ct Ft. Worth, Tx. 76135 | Steward -varies | \$ 418.00 | \$.00 | \$ 174.00 |
| Doyle W. Langston, III 7712 Landmark Ridge Ft. Worth, Tx. 76133 | Steward/Trustee varies | \$ 3660.00 | \$.00 | \$ 1029.00 |
| Victor Palpan 207 Linda Ln. Euless, Tx. 76040 | Steward varies | \$ 675.00 | \$.00 | \$ 579.00 |
| Matthew Schutkowski 3212 Danbury Dr. Ft. Worth, Tx. 76133 | Steward varies | \$ 675.00 | \$.00 | \$ 1029.00 |
| Gary Wylie 2017 Big Springs Joshua, Tx. 76058 | Steward varies | \$ 80.00 | \$.00 | \$.00 |
| Romero Valdez 4209 Stanley Keller Ft. Worth, Tx. 76117 | Steward varies | \$ 338.00 | \$.00 | \$.00 |
| Beverly Thompson 1215 E. Annie Ft. Worth, Tx. 76104 | Steward varies | \$ 675.00 | \$.00 | \$.00 |
| Carla Rice-Garcia 2324 Cass St Ft. Worth, Tx. 76112 | Steward varies | \$ 80.00 | \$.00 | \$.00 |

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| [A] NAME AND ADDRESS | [B] TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | [C] COMPENSATION (IF NOT PAID, ENTER -0-) | [D] CONTRIBUTIONS EMPLOYEE BENEFIT PLANS | [E] EXPENSE ACCOUNT AND OTHER ALLOWANCES |
|--|--|---|--|--|
| Linda Townes 1229 County Rd. 1305 Rio Vista, Tx. 76093 | Steward Varies | \$ 80.00 | \$.00 | \$.00 |
| Bobby Vrba 6204 Bowlin Dr. Ft. Worth, Tx. 76132 | Steward Varies | \$ 675.00 | \$.00 | \$ 174.00 |
| Robert Foster 115 Sweet St. Southlake, Tx. 76092 | Alt. Steward Varies | \$.00 | \$.00 | \$ 624.00 |
| Rosemary Castro 1708 Saxony Ft. Worth, Tx. 76116 | Office Secretary 37.50per wk | \$ 34,506.00 | \$.00 | \$.00 |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |