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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27299	22 35199
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	700	24 700
25 Total assets	27999	25 35899
26 Total liabilities (describe in Schedule O)	(1350)	26 (1765)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26649	27 34134

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

Check if the organization used Schedule O to respond to any question in this 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? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 (describe in Schedule O)	
(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)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILLIAM JACKSON - PRESIDENT 1103 CORAL DRIVE LOCKPORT, IL 60441	8 HOURS	3891	0	765
WINSTON PURCHASE - VICE PRESIDENT 804 HARTFORD LN BOLINGBROOK, IL 60440	7 HOURS	3858	0	834
CINQUE STEVENS - SECRETARY 11256 S. HALE CHICAGO, IL 60643	6 HOURS	2950	0	766
MICHAEL KATREIN - TREASURER 5001 CORNELL AVE DOWNERS GROVE, IL 60515	6 HOURS	2152	0	231
CESAR MEDINA- SERGEANT AT ARMS 2700 HIGHLAND AVE BERWYN, IL 60402	0 HOURS	666	0	834
KIMBERLY KALOUSEK-PAST TREASURER 4123 S GROVE AVE STICKNEY, IL 60402	0 HOURS	500	0	0
ROBERT COOPER- STEWARD 3314 OAK STREET HAZEL CREST, IL 60429	6 HOURS	1152	0	289
TRICIA JACKSON- NEWSLETTER EDITOR 1103 CORAL DRIVE LOCKPORT, IL 60441	0 HOURS	500	0	0
KIRK BAILEY- DELEGATE 2218 LYNN DRIVE MONTGOMERY, IL 60538	0 HOURS	0	0	238
KENNETH BILLINGS - DELEGATE 245 BRISTOL COURT BOLINGBROOK, IL 60440	0 HOURS	0	0	231
MARKITA JACKSON- DELEGATE 1353 S BLUE ISLAND CHICAGO, IL 60608	0 HOURS	0	0	395

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in 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"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

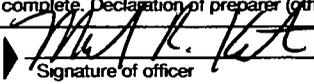
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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	 Signature of officer	3/22/14 Date
	MICHAEL R KATREIN - TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Name of the organization

Employer identification number

NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 1870

36-6167955

PART 1

LINE 10 \$1352 DONATED TO MUSCULAR DYSTROPHY ASSOCIATION & \$100 DONATED NORTH CENTRAL LABOR COUNCIL

LINE 16 1. AIRFARE= \$2562

2. HOTEL = \$3055

3. TRANSPORTATION= \$1317

4. TRAINING/FEES = \$625

5. REFRESHMENTS= \$1495

6. P.O. BOX 304 = \$54

7. FOOD DRIVE EXPENSES= \$1327

8. CHARITY MANIA WINNER= \$25

TOTAL AMOUNT = \$10460

PART II

LINE 24.OFFICE FURNITURE AND FIXTURES (DESKS,FILE CABINETS,CHAIRS,PAPER SHREDDER,OLDER COMPUTERS ,LAPTOP)

LINE 26. TAXES FOR 2013 THAT WERE PAID IN JANUARY 2014

PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE

THIS LABOR ORGANIZATION REPRESENTS ITS MEMBERS BY PROTECTING WORKING CONDITIONS, BENEFITS AND WAGES,

AND DEFENDING AGAINST MANAGEMENT ABUSE.