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Short Form

Return of Organization Exempt From Income Tax

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **JANUARY 1**, 2016, and ending **DECEMBER 31**, 20 **16**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 1870
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 304
City or town, state or province, country, and ZIP or foreign postal code
DOWNERS GROVE, IL 60515-0304

D Employer identification number
36-6167955
E Telephone number
(630) 969-2015
F Group Exemption Number ▶ **0685**

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: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

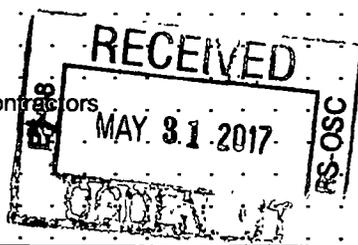
K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$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)

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	10	Grants and similar amounts paid (list in Schedule O)	10	1,097
2	Program service revenue including government fees and contracts	2	0	11	Benefits paid to or for members	11	0
3	Membership dues and assessments	3	53,298	12	Salaries, other compensation, and employee benefits	12	34,934
4	Investment income	4	0	13	Professional fees and other payments to independent contractors	13	0
5a	Gross amount from sale of assets other than inventory	5a	0	14	Occupancy, rent, utilities, and maintenance	14	1,100
b	Less: cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	2,932
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	16	Other expenses (describe in Schedule O)	16	16,993
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	57,056
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,575
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,207	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	34,964
c	Less: direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,207	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,389
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 in Schedule O)	8	976				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,481				



SCANNED JUN 16 2017

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	35,594	34,019
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	700	700
25 Total assets	36,294	34,719
26 Total liabilities (describe in Schedule O)	-1,330	-1,330
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,964	33,389

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

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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
WINSTON PURCHASE-PRESIDENT 804 HARTFORD LN BOLINGBROOK IL 60440	8	7,256	0	1,004
CINQUE STEVENS-VICE-PRESIDENT 11256 S HALE CHICAGO IL 60643	7	4,751	0	762
MICHAEL KATREIN-TREASURER 5001 CORNELL AVE DOWNERS GROVE IL 60515	6	3,381	0	234
CESAR MEDINA-SECRETARY 2700 HIGHLAND AVE BERWYNIL 60402	6	2,880	0	473
RASHIDA SOLOMON-SERGEANT AT ARMS 926 CENTRAL AVE MATTESON IL 60443	0	1,230	0	320
TRICIA JACKSON-NEWSLETTER EDITOR 1103 CORAL DRIVE LOCKPORT IL 60441	0	42	0	0
ANDREW GORNIK-DELEGATE 4614 DRENDEL ROAD DOWNERS GROVE IL 60515	0	376	0	162
SHAHEENA JINKS-FOOD DRIVE COORDINATOR 661 KINGSBROKE CROSSING BOLINGBROOK IL 60440	0	235	0	0
MARKITA JACKSON-DELEGATE 1353 S BLUE ISLAND APT F5 CHICAGO IL 60608	0	0	0	473
JEANIE EDWARDS-DELEGATE 816 S 19TH AVE MAYWOOD IL 60153	0	0	0	153
JAKE WISEMAN-DELEGATE 1925 TILSON LN ROMEOVILLE IL 60446	0	0	0	473
DEBRA COCHRAN-DELEGATE 3838 S ELLIS AVE APT 203 CHICAGO IL 60653	0	0	0	153

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.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
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 tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the United States? 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"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

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 Yes No
46

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

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 Yes No
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 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 Date
5/5/17
 Signature of officer
 MICHAEL KATREIN- TREASURER
 Type or print name and title

Paid Preparer Use Only PTIN
 Print/Type preparer's name Date
 Preparer's signature Check if self-employed
 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ 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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 1870

Employer identification number

36-6167955

PART 1

LINE 8-OTHER REVENUE

1. TICKET SALES HOLIDAY PARTY= \$855

2. REFUND CHECK P.O. BOX ELECTIONS= \$21

3. REDEPOSIT AMOUNT OF DUPLICATE CHECK ISSUED IN ERROR= \$100

TOTAL=\$976

LINE 10-\$1,097 TOTAL DONATED TO MDA FROM CALENDAR,SHAMROCK SALES,BEARS TICKETS RAFFLE FUNDRAISERS

LINE 16

1.AIRFARE=\$2,867

2.HOTEL=\$7,363

3.TRANSPORTATION= \$1,960

4. TRAINING FEES=\$769

5.REFRESHMENTS=\$1405

6.P.O. BOX 304=\$60

7.FOOD DRIVE EXPENSES=\$2,569

TOTAL=16,993

PART II

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

LINE 26-TAXES FOR 2016 THAT WERE PAID JANUARY 2017

PART III

**THIS LABOR ORGANIZATION REPRESENTS IT'S MEMBERS BY PROTECTING WORKING CONDITIONS,BENEFITS,WAGES,AND DEFENDING
AGAINST MANAGEMENT ABUSE.**