

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 private foundations)

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF LETTER CARRIERS BRANCH 1870		D Employer identification number 36-6167955
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 304		E Telephone number (630) 969-2001
	City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE IL 60515-0304		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

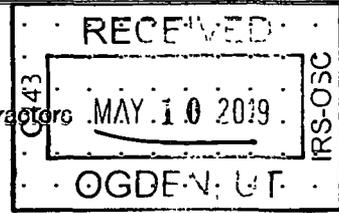
K Form of organization: Corporation Trust Association Other

L Add lines 8b, 9c, 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)) 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	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	54,452
	4 Investment income	4	0
	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 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	1,173
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,173	
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	1,477	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,102	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	1,273
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	38,241
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	1,200
	15 Printing, publications, postage, and shipping	15	2,557
	16 Other expenses (describe in Schedule O)	16	14,533
	17 Total expenses. Add lines 10 through 16	17	57,804
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	702
	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	32,263
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,965



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	33,233	32,779
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	700	700
25 Total assets	33,933	33,479
26 Total liabilities (describe in Schedule O)	1,670	514
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,263	32,965

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	6,002	0	860
CINQUE STEVENS- VICE PRESIDENT 11256 S HALE CHICAGO IL 60643	7	5,828	0	990
MICHAEL KATREIN- TREASURER 5001 CORNELL AVE DOWNERS GROVE IL 60515	6	3,923	0	477
CESAR MEDINA- SECRETARY 2012 W 19TH STREET CHICAGO IL 60608	6	2,962	0	477
RASHIDA SOLOMON-SERGEANT AT ARMS 926 CENTRAL AVE MATTESON IL 60443	0	1,395	0	477
KELLY HAMILTON-NEWSLETTER EDITOR 1911 CARRIAGE LN JOLIET IL 60433	0	500	0	153
JEANIE EDWARDS-FOOD DRIVE COORDINATOR-W 4623 LAKE VALLEY DR 2C LISLE IL 60532	0	321	0	153
KIM KALOUSEK-FOOD DRIVE COORDINATOR-DG 4123 GROVE AVE STICKNEY IL 60402	0	240	0	0
JAKE WISEMAN-DELEGATE 2212 COUNTRY CLUB DR #12 WOODRIDGE IL 60517	0	363	0	477
ANTHONY BARR-STEWARD/DELEGATE 2415 RED OAK CT PLAINFIELD IL 60487	0	726	0	153
KAREN MOORE-DELEGATE 3533 S HARLEM BERWYN IL 60402	0	0	0	153
JOAN PAYNE-DELEGATE 18015 OLYMPIA DR COUNTRY CLUB HILLS IL 60478	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

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

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	Yes	No
			✓

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	47	Yes	No
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 ▶ _____

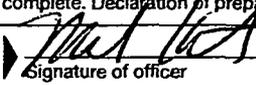
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	 Signature of officer	5/3/19 Date
	MICHAEL 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)**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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Name of the organization

NATIONAL ASSOCIATION OF LETTER CARRIERS BARNCH 1870

Employer identification number

36-6167955

PART 1- LINE 8- OTHER REVENUE

1. TICKET SALES HOLIDAY PARTY= \$600

2. REFUND CHECK RENTAL HALL HOLIDAY PARTY= \$100

3. REFUND CHECK PICNIC DEPOSIT= \$50

4. CREDIT TRUCK RENTAL RETURN FOOD DRIVE= \$540

5. RAFFLE TIX COST= \$187

TOTAL= \$1477

LINE 10- MDA FUNDRAISER DONATIONS 2018= \$1173, DEPAUL EDUCATION DONATION 2018= \$100 TOTAL= \$1273

LINE 16- OTHER EXPENSES

1. AIRFARE= \$1148

2. HOTEL= \$6237

3. TRANSPORTATION= \$2600

4. TRAINING FEES= \$1220

5. REFRESHMENTS= \$1586

6. FOOD DRIVE EXPENSES= \$1672

7. P.O. BOX 304 (12 MONTHS)= \$70

TOTAL= \$14533

PART II

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

LINE 26- TAXES FOR 2018 THAT WERE PAID JANUARY 2019

PART III

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