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Form **990**

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning and	ending								
В	Check if applicable	C Name of organization	_	D Employer identific	cation number						
	Addre	LOCAL 881 UNION									
F	Name chang		36-212555								
F	Initial return		Room/suite								
\vdash	Termir		· · · · · · · · · · · · · · · · · · ·								
Έ	lated Amend return			G Gross receipts \$	294-5064 12,531,730.						
F	Applic			H(a) Is this a group re							
_	pendir			for affiliates?	Yes X No						
		SAME AS C ABOVE		H(b) Are all affiliates inc							
<u> </u>	Tax-exe	empt status:	or 527	7 ' '	list. (see instructions)						
		e: N/A	<u> 02,</u>	H(c) Group exemption							
		organization; ☐ Corporation X Trust ☐ Association ☐ Other ►	1 Year		State of legal domicile: IL						
	art I	Summary	<u>L</u> , ou.	oriormanon, 252711	r otato or rogar dormono, 22						
	_	Briefly describe the organization's mission or most significant activities: LABO	R UNIC	ON							
Activities & Governance	'	======================================			-						
ja J	2	Check this box If the organization discontinued its operations or dispose	sed of more	ethan 25% of its net as	sets.						
Š	۱ .	Number of voting members of the governing hady (Part VI, line 1a)	ALL STREET	3	36						
Ğ	4	Number of independent voting members of the governing body (Part VI Intel 16)	JED_		0						
တို	5	Number of voting members of the governing body (Fart VI, line Ta) Number of independent voting members of the governing body (Part VI, line Ta) Total number of individuals employed in calendar year 2012 (Part VI, line Ta)		₹ ∪! \	65						
itie	6	Total number of volunteers (estimate if necessary)	2 3013	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0						
∌ਂ	1	Total unrelated business revenue from Part VIII, column (C), line 12	3 54	7a	0.						
⋖	4	Total number of individuals employed in calendar year 2012 (Part V, Intel 24) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	و استسار	7b	0.						
	<u> </u>	A LE	EN, U	Prior Year	Current Year						
a)	8	Contributions and grants (Part VIII, line 1h)		0.	0.						
Ž	9	Program service revenue (Part VIII, line 2g)	· ·	12,155,128.	12,194,949.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		217,908.	185,595.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		390,553.	126,486.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,763,589.	12,507,030.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		123,966.	94,306.						
		Benefits paid to or for members (Part IX, column (A), line 4)		35,000.	29,000.						
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,713,934.	5,498,974.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ĝ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.								
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,376,334.	7,307,771.						
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,249,234.	12,930,051.						
	19	Revenue less expenses Subtract line 18 from line 12	·. ${\sf \Gamma}$	<485,645.							
308	3		Ве	eginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		11,652,042.	11,651,346.						
AR	21	Total liabilities (Part X, line 26)		1,466,741.	1,335,210.						
Net Assets or	22_	Net assets or fund balances Subtract line 21 from line 20		10,185,301.	10,316,136.						
P	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (gener than officer) is based on all information of wi	hich prepare	r has any knowledge.	1-1-						
)		1 May 6 Pure f		09	1/19/13						
Sig		Signature of officer/		Date 4//	1/17-						
He	re	RONALD POWELL, PRESIDENT			9// /						
ラ う		Type or print name and title		Data I	/ /						
		Print/Type preparer's name Preparer's signature		Date /14/13 Check L	PTIN						
Pai		TIMOTHY CIBULKA TIMOTHY CIBULKA		sett-employe							
	parer	Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	32-0043599						
Use	Only	Firm's address 311 S. WACKER DRIVE, STE. 4000			10 000 000						
		CHICAGO, IL 60606		Phone no. 3	12-368-0500						
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Par	t III Statement of Program Service Accomplishments	
7	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: LABOR UNION	
2	Did the organization undertake any significant program services during the year which were not listed on	-
	the pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	
4a		
74	TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCI	
	OF THEIR CONDITION AND STATUS.	
4b	(Code) (Expenses \$) (Revenue	ue \$)
		·
4c	(Code) (Expenses \$	ue \$
		
		·-
4d	Other program services (Describe in Schedule O)	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses	
	Total program selvice expenses P	Form 990 (2012)

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Par	t IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3	X	,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	dunng the tax year? If "Yes," complete Schedule C, Part II	^ 4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		-	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	<i>i</i> 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	' <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV			x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		^
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
	• •			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		х	
.	• • • • • • • • • • • • • • • • • • • •	11a	^	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- T	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	مدا		- T
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 - -	X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			- T
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		. ,
	Schedule D, Parts XI and XII	12a		X_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	+-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			•
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	├	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٠,,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 -	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	,,
	complete Schedule G. Part III	1 10	1	l x

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20a

20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $\,H\,$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	'		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b	ļ	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			<u></u>
	of any of these persons? If "Yes," complete Schedule L, Part III	27	 	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			\
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		.
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u> -
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1990	(2012)

<u> </u>	Check if Schedule O contains a response to any question in this Part V			
•			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a / 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	4-	х	
20		1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 65			ĺ
	filed for the calendar year ending with or within the year covered by this return 2a 65 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	211	11	
За		22		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
→ a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:	44		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as chantable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	ł		
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_	ļ	
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-	1	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	┨	ŀ	
12a	1 1	12a	├	-
ь 40		-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	 	+-
а		13a	 	+
L	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	· · · · · · · · · · · · · · · · · · ·			1
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	1		
C 14a		40-	<u> </u>	+
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	 	X
	1991 That it most a Forth Figure to report these payments Fir TNO, DIOVIGE All EXDIGITATION IN CONECUTE O	1 144U		1

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. 36-2125555 Page 6

•	to line da, 60, or rob below, describe the circumstances, processes, or changes in Schedule O. See instructions.					
	Check if Schedule O contains a response to any question in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	j				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	,				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		_X_		
6	Did the organization have members or stockholders?	6	X			
7a	, , , , , , , , , , , , , , , , , , , ,					
	more members of the governing body?	7a	<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
_	persons other than the governing body?	7b	<u>X</u> _			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	.,			
	The governing body?	8a	X	 -		
	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			•		
Soc	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	NI-		
10a	Did the organization have local chapters, branches, or affiliates?	100	Yes	No X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a				
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	<u>X</u>			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x		
b		12b				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0				
	in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		х		
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	X			
b	Other officers or key employees of the organization	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le			
	for public inspection. Indicate how you made these available Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial			
~	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨				
	STEVEN POWELL-SECRETARY/TREAS (847) 294-5064			_		
	10400 HIGGINS RD, ROSEMONT, IL 60018					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than on box, unless person is both a					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CLINT BROWN	40.00	-		•				105 510	_	4 - 4 -
VICE PRESIDENT	40.00	├	<u> </u>	X		1	-	106,510.	0.	15,875
(2) LISA CATANZARO	40.00	-		.,		ļ.		160 060		15 055
EXECUTIVE VICE PRESIDENT	40.00			X	-		├	160,962.	0.	15,875
(3) RAUL BALAGTAS	40.00	4		x				60,987.	0.	15 615
VICE PRESIDENT (4) CATHERINE HOWE	40.00	<u> </u>		^	-	┢		00,307.		<u>15,615</u>
VICE PRESIDENT	40.00	1		x	ľ		ĺ	68,075.	0.	15,659
(5) JEFFREY JAYKO	40.00			^				00,073.	<u> </u>	15,659
VP / DIRECTOR OF COLLECTIVE BARGAINI	40.00	İ		x	ŀ			106,559.	0.	15,875
(6) MAYNARD JEROME (PAST)	40.00	!				\vdash	┢	100,333.		13,073
EXECUTIVE VICE PRESIDENT		1		x				90,248.	0.	0
(7) ROBERT KLEICH JR.	40.00									
VICE PRESIDENT		1		x				65,266.	0.	15,643
(8) ANDREW O'KEEFE	40.00									
VICE PRESIDENT				Х		<u></u>		92,793.	0.	15,802
(9) BRADLEY POWELL	40.00									
VICE PRESIDENT		<u> </u>		X			L	93,746.	0.	15,811
(10) RONALD POWELL	40.00]				İ		:		
PRESIDENT		ᆫ		X	L	L		216,379.	0.	17,860
(11) STEVEN POWELL	40.00						l			
SECRETARY-TREASURER		_	_	X				203,376.	0.	20,513
(12) MAMIE PRATT	40.00	-								
VICE PRESIDENT	1.0	\vdash	<u> </u>	Х			<u> </u>	60,425.	0.	15,615
(13) PAUL SCHAEFER	40.00	-		l					_	
VICE PRESIDENT	40.00	-	<u> </u>	X	_	ـــ	\vdash	106,842.	0.	<u>15,875</u>
(14) PATRICK STATTER	40.00	┨		١				03.004		4- 644
RECORDER	40.00	╀	\vdash	Х	-	\vdash	⊢	93,924.	0.	15,811
(15) KATHRYN WAHL	40.00	$\{$.		1		107 051	_	15 055
VICE PRESIDENT	40.00	 		Х	├—	+	\vdash	107,051.	0.	15,875
(16) MOISES ZAVALA	40.00	1		x				00 770	_	22 526
VICE PRESIDENT (17) RODNEY ZELASKO	40.00	+	 	^	\vdash	┼	+-	88,778.	0.	22,536
VICE PRESIDENT	40.00	1	ĺ	x				91,794.	0.	15 755
232007 12-10-12	1 ,			141		—		<u> </u>	<u> </u>	15,755 Form 990 (20

	1990 (2012) LOCAL 88.									30-4145	<u>555 Page O</u>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)	
8	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Position (do not check more th box, unless person is officer and a director/					h an	n compensation	Reportable compensation from related	Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18)	MARY BARTHEL	1.00									
VICE	PRESIDENT		$oxed{oxed}$		X				4,662.	0.	_0.
	GARLAND BLAKELY PRESIDENT	1.00	1		х				1,635.	0.	0.
	NADINE FLORES (PAST)	1.00		,	-						* -
	PRESIDENT		1		X				648.	0.	0.
(21)	SUSAN FELLNER	1.00								_	
VICE	PRESIDENT	<u> </u>	ـــــ		X	<u> </u>		ļ	1,096.	0.	0.
	GLORIA GONZALES	1.00	-	1	l						
VICE	PRESIDENT	 	Ь—	ļ	X	-	ļ	ļ	1,541.	0.	0.
	THERESA GRATZ	1.00	-		,,			ļ	1 600		
	E PRESIDENT	10.00	↓	ļ	X			├	1,620.	0.	0.
	CONSTANTINE DOUKAS (NEW)	40.00	1	l	x				60,590.	0.	15,615.
	PRESIDENT	1.00	╁	┢	^		\vdash	\vdash	60,590.	0.	15,015.
) GEORJEAN HILKO (PAST) E PRESIDENT	1.00	1		x]	900.	0.	0.
) KENT MADISON	1.00	\vdash	\vdash	1		t^-	H	700.	•	•
		1.00	1		x				1,600.	0.	0.
	S PRESIDENT Sub-total	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	l	14	l	_	L	1,888,007.	0.	281,610.
	Total from continuation sheets to Part V	II Section A							130,598.		15,875.
	Total (add lines 1b and 1c)	n, Jection A							2,018,605.		297,485.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r		<u> </u>	
-	compensation from the organization				4		-,		TOTAL THE STATE OF	.,	8

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE KARMEL LAW FIRM, P.C., 221 NORTH LASALLE STREET SUITE 1307, CHICAGO, IL	LEGAL SERVICES	291,084.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

•		Check if Schedule O conta	ains a response	to any question ir	n this Part VIII		_	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a				-	
등등	b	Membership dues	1b					
Am,	С	Fundraising events	. 1c		ļ			
a ë	d	Related organizations	1d					
S.E.	е	Government grants (contribut	ions) 1e					
rion	f	All other contributions, gifts, grant	ts, and					
章		similar amounts not included above						
달의	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>				
				Business Code				
8	2 a	MEMBERSHIP DUES AND AS	·	900099	12,194,949.	12,194,949,		
ه کّ	b				,			
Program Service Revenue	c				• • •			
eve	d							
₽œ	е				-		•	
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		•	12,194,949,			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	185,295,			185,295.
	4	Income from investment of tax	x-exempt bond p	roceeds ►	·			
	5	Royalties .		▶ [
			(ı) Real	(II) Personal				
	6 a	Gross rents	39,231,					
	b	Less: rental expenses	0.					
		Rental income or (loss)	39,231.					
		Net rental income or (loss)		>	39,231.			39,231.
		Gross amount from sales of	(i) Securities	(II) Other				1
		assets other than inventory	25,000.					
	b	Less: cost or other basis						
		and sales expenses	24,700.					
	С	Gain or (loss)	300.					
	d	Net gain or (loss)		. •	300,			300.
ne	8 a	Gross income from fundraisin	g events (not					
ŭ		including \$	of					
Other Reven		contributions reported on line	1c). See					•
<u>*</u>		Part IV, line 18	a					
the	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less. direct expenses	b					İ
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	ıe	Business Code				
	11 a	MISCELLANEOUS		900099	87,255.			87,255.
	b							
	c	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d			87,255,			
	12	Total revenue. See instructions.			12,507,030.	12,194,949	0,	312 081.
23200 12-10	9 -12				- 			Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX										
				(C)	<u> </u>					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	78,781.								
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	15,525.								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16	20 000			· · · · · · · · · · · · · · · · · · ·					
4	Benefits paid to or for members	29,000.								
5	Compensation of current officers, directors,	2 105 600								
•	trustees, and key employees	2,185,689.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	2,254,060.								
8	Pension plan accruals and contributions (include	2,234,000.								
0	section 401(k) and 403(b) employer contributions)	82,784.								
9	Other employee benefits	650,069.								
10	Payroll taxes	326,372.			· ·					
11	Fees for services (non-employees)	320,3720								
a	Management									
b	Legal	297,797.								
C	Accounting	55,768.								
d	Lobbying	•								
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	12,875.								
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	95,333.	_							
13	Office expenses .	353,874.								
14	Information technology									
15	Royalties									
16	Occupancy	330,320.								
17	Travel	285,864.								
18	Payments of travel or entertainment expenses	;								
	for any federal, state, or local public officials	41 000		-						
19	Conferences, conventions, and meetings	41,960.		 -						
20	Interest	4,992,655.								
21 22	Depreciation, depletion, and amortization	94,700.								
23	Insurance	44,493.								
24	Other expenses. Itemize expenses not covered	11/455.								
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MEMBERSHIP COMMUNICATIO	301,446.								
b	TRANSFERS TO PAC FUND	171,191.								
С	COLLECTIVE BARGAINING &	105,320.								
d	LABOR EDUCATION	88,422.								
е	All other expenses	35,753.								
25	Total functional expenses. Add lines 1 through 24e	12,930,051.								
26	Joint costs. Complete this line only if the organization		<u> </u>							
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here If following SOP 98-2 (ASC 958-720)									

		Check if Schedule O contains a response to any question in this Part X	100 2		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	445,113.	1	234,640.
	2	Savings and temporary cash investments	4,632,263.	2	4,240,102.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	50,595.	4	58,471.
	5	Loans and other receivables from current and former officers, directors,			_
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	1,000.	5	1,100.
	6	Loans and other receivables from other disqualified persons (as defined under	·		
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
İ		employers and sponsoring organizations of section 501(c)(9) voluntary			
ا ي		employees' beneficiary organizations (see instr). Complete Part II of Sch L	2,300.	6	2,200.
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	93,511.	9	102,153.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 2,204,525.	400 504		224 - 42
		Less: accumulated depreciation 10b 1,819,982.	409,524.	10c	384,543.
	11	Investments - publicly traded securities	2,766,944.	11	3,210,668.
	12	Investments - other securities. See Part IV, line 11	2,920,740.	12	3,096,782.
Ì	13	Investments - program-related. See Part IV, line 11	<u> </u>	13	·
	14	Intangible assets	220 050	14	200 607
ŀ	15	Other assets. See Part IV, line 11	330,052. 11,652,042.	15	320,687.
-+	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equal line 34)	465,119.	16	11,651,346.
	18	Accounts payable and accrued expenses Grants payable	403,119.	17 18	438,439.
	19	Deferred revenue	273,878.	19	224,208.
1	20	Tax-exempt bond liabilities	213,010.	20	224,200
s l	21	Escrow or custodial account liability Complete Part IV of Schedule D	····	21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ig		key employees, highest compensated employees, and disqualified persons.			
=		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	727,744.	25	672,563.
	26	Total liabilities, Add lines 17 through 25	1,466,741.	26	1,335,210.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
S S		complete lines 27 through 29, and lines 33 and 34.			
a a	27	Unrestricted net assets	10,185,301.	27	10,316,136.
Balt	28	Temporanly restricted net assets		28	
힏	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
Sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds	40 405 001	32	40 045 455
-	33	Total net assets or fund balances	10,185,301.	33_	10,316,136.
	34	Total liabilities and net assets/fund balances	11,652,042.	34	11,651,346. Form 990 (2012)

_		6-2125	<u> 555</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	12	,50	7,0	30.
2	Total expenses (must equal Part IX, column (A), line 25)	12	, 93	0,0	51.
3	Revenue less expenses Subtract line 2 from line 1				21.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10	,18	5,3	01.
5	Net unrealized gains (losses) on investments	;	55	3,8	56.
6	Donated services and use of facilities	;			
7	Investment expenses 7	,			
8	Prior penod adjustments		_		
9	Other changes in net assets or fund balances (explain in Schedule O)	,			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
		10	,31	6.1	36.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	ı a	·		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,			
	consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air	udıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ıle O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-10-12

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) or 	ganizations. Complete Part III.		<u>.</u>	
Name of organization			Emple	oyer identification number
LOCA	L 881 UNION	*		<u>36-2125555</u>
Part I-A Complete if the	e organization is exempt und	der section 501(c) o	r is a section 527 or	rganization.
 Provide a description of the of Political expenditures Volunteer hours 	organization's direct and indirect politi	cal campaign activities in	Part IV. ▶\$	
Part I-B Complete if th	ne organization is exempt und	der section 501(c)(3	1.	
<u> </u>	ise tax incurred by the organization un		▶\$	<u> </u>
•	ise tax incurred by organization manage		▶ \$	
•	section 4955 tax, did it file Form 4720	•	• •	Yes No
4a Was a correction made?	,			Yes No
b If "Yes," describe in Part IV.			• • •	
Part I-C Complete if the	ne organization is exempt un	der section 501(c), e	except section 501(c)(3).
1 Enter the amount directly ex	pended by the filing organization for se	ection 527 exempt function	on activities > \$	
2 Enter the amount of the filing	g organization's funds contributed to o	ther organizations for sec	tion 527	
exempt function activities			▶\$	
3 Total exempt function expen	nditures Add lines 1 and 2. Enter here	and on Form 1120-POL,		
line 17b			▶\$	
5 Enter the names, addresses made payments For each or contributions received that we	e Form 1120-POL for this year? and employer identification number (Erganization listed, enter the amount pawere promptly and directly delivered to AC) If additional space is needed, pro-	ald from the filing organiza o a separate political organ	tion's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
UFCW LOCAL 881 PA	AC ROSEMONT, IL			
FUND	60018	06-1808805	0.	171,191.
			 .	
				
				
				
		_ i	İ	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2012 LOCA	L 881 t	NION	- E04(-)(0) and file		2125555 Page 2
Part II-A Complete if the organization (election under section 5		mpt under section	n 501(c)(3) and file	ea Form 5/68	
			-	 	
A Check Lifthe filing organization be	-	= :::	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of ex		•			
B Check > if the filing organization ch	cked box A a	nd "limited control" pro	ovisions apply.		T
Limits on L (The term "expenditures	obbying Expe ' means amo			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion i	(grass roots Johnving)			
b Total lobbying expenditures to influence a	-		•		
c Total lobbying expenditures (add lines 1a		dy (direct lobbying)	}		-
d Other exempt purpose expenditures	and 10)	•	·		
e Total exempt purpose expenditures (add	inos 1e and 1	٠	}		+
		•	h!		<u> </u>
f Lobbying nontaxable amount. Enter the a			1 -		
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter 25% h Subtract line 1g from line 1a. If zero or les i Subtract line 1f from line 1c. If zero or les j If there is an amount other than zero on e reporting section 4911 tax for this year?	s, enter -0- s, enter -0- ther line 1h or	line 1, did the organiz			Yes No
		* *	n do not have to comp		
			es 2a through 2f on pa	ge 4.)	
	obbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
4. Crossroots Johnson and drives					
f Grassroots lobbying expenditures		1			

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 LOCAL 881 UNION 36-212559

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
f the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or		-		_
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912	****			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ection	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
				٠,
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		- 2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		3)(5), or se		X
Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		3)(5), or se		X
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Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ed "No," O	3)(5), or se R (b) Par		}
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Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ed "No," O	3)(5), or se R (b) Par 1 2a 2b 2c		X
Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ed "No," O	3)(5), or se R (b) Par 1 2a 2b 2c		X
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemei	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	CD. Assets assisted as Ferra COO Date		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 LOCAL 881						36	-212555	5 Ра	ige 2
Par	t III Organizations Maintaining Colle	ections of A	rt, Hist	orical Tre	easures, o	r Othe	er Similar <i>i</i>	Assets(conti	nued)	
-3	Using the organization's acquisition, accession, a	and other record	ds, check	any of the	following that	t are a s	ignificant use	of its collectio	n item:	S
	(check all that apply):									
а	Public exhibition	C	י בן נ	oan or excl	nange progra	ms				
b	Scholarly research	•	• 🗀 (Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's collection	tions and expla	in how th	ey further th	ne organizatio	on's exe	mpt purpose	ın Part XIII.		
5	During the year, did the organization solicit or red					er sımılaı	r assets			
	to be sold to raise funds rather than to be mainta							Yes		No
Par	t IV Escrow and Custodial Arranger		ete if the	organizatio	n answered "	Yes" to	Form 990, Pa	art IV, line 9, or		
	reported an amount on Form 990, Part X,									
1a	Is the organization an agent, trustee, custodian of	or other interme	diary for o	contribution	s or other as:	sets not	included		_	1
_	on Form 990, Part X?				• •		•	. L Yes	L.	No
b	If "Yes," explain the arrangement in Part XIII and	complete the fo	ollowing t	able:						
	Day of the Control of							Amoun	t	
	Beginning balance		•		•		1c	·		
d	Additions during the year						1d			
e	Distributions during the year						1e	• •		
f	Ending balance				•		1f			1
2a	Did the organization include an amount on Form							L Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII. Che t V Endowment Funds. Complete if the						10			
						1				<u> </u>
4-) Current year	(6) P	rior year	(c) Two year	S Dack	(d) Three year	s back (e) Fou	r years	Dack_
_	Beginning of year balance									
b	Contributions		 							
C	Net investment earnings, gains, and losses		 		,					
d	Grants or scholarships					1				
е	Other expenditures for facilities									
	and programs			-	_					
' ~	Administrative expenses		 							
g	End of year balance				\\ bald aa.	1				
2	Provide the estimated percentage of the current Board designated or quasi-endowment	. year end balan	ce (iirie T) %	g, column (a	i)) neid as					
a b	Permanent endowment	%								
	Temporarily restricted endowment	⁷⁶ %								
·	The percentages in lines 2a, 2b, and 2c should e									
За	Are there endowment funds not in the possession		zation tha	nt are held a	nd administe	red for t	he organizati	on.		
Ju	by:	on the organiz	Lation tile	alo 11610 a	na aaniiniste	101 1	. IS Organizati	···	Yes	No
	(i) unrelated organizations							3a(i)	162	140
	(ii) related organizations	•					•	3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations list	ted as required	on Sched	fule B2				3b		
4	Describe in Part XIII the intended uses of the organizations	=			•	•	•	(00		
	rt VI Land, Buildings, and Equipmen									
	Description of property	(a) Cost or			or other	(c) A	ccumulated	(d) Boo	k valu	e
	,	basis (invest			(other)		preciation	(5,55)		•
	Land		-							
b	Buildings			76	3,502.		501,719	26	1,7	83.
C	Leasehold improvements				1,552.		301,552		<u> </u>	0.
d	Equipment				9,471.		016,711		2,7	
_	Other				- , - · - •		,		<u>-,,</u>	<u></u>
Total	1. Add lines 1a through 1a. (Column (d) must saus	-/ Co 000 Dos	+ V 00/:	nn (D) /mn 1	10(0)			20	1 5	13

Schedule D (Form 990) 2012

- Sche	dule D	(Form 990) 2012 LOCAL 881 UNION			36-	2125555_ Page 4
	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wi			
•1	Total r	revenue, gains, and other support per audited financial statements			1	13,060,886.
2		nts included on line 1 but not on Form 990, Part VIII, line 12				
а		nrealized gains on investments	2a	553,856.		
b		ed services and use of facilities	2b			
С	Recov	venes of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2đ			
e	Add III	nes 2a through 2d			2e	<u>553,856.</u>
3	Subtra	act line 2e from line 1			3	12,507,030.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add I	nes 4a and 4b			4c	0.
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	12,507,030.
Pai		Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	
1		expenses and losses per audited financial statements			1	12,942,633.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ted services and use of facilities	2a			
b	-	year adjustments	2b			
C		losses	2c	102 772		
d		(Describe in Part XIII.)	2d	183,773.		102 772
		nes 2a through 2d			2e	183,773.
3		act line 2e from line 1			3	12,758,860.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	ا ـه ا			
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	171,191.		
b		(Describe in Part XIII)	4b	1/1,191.		171,191.
		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	12,930,051.
5 Pai		Supplemental Information			_ 5	12,930,031.
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1	la and 4: Part IV lines 1	h and	2h Part V line 4 Part
		art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p				25,1 41: 4, 1110 4, 1 47:
		, LINE 2: THE LOCAL FILES FORM 990, RET		•		N
		,		<u> </u>		
EXI	ЕМРТ	FROM INCOME TAX. THE LOCAL'S RETURN I	SS	UBJECT TO EX	AMI	NATION BY
TH!	E IN	TTERNAL REVENUE SERVICE UNTIL THE APPLICATION OF TH	ABL	E STATUTE OF	LI	MITATION
EX:	PIRE	S.	. <u>.</u>	···		
יגכו	יי חם	XII, LINE 2D - OTHER ADJUSTMENTS:				
FA	VT V	ATT, DINE 2D - OTHER ADJUSTMENTS:				
PA	כ סכ	DNATIONS				183,773.
	<u> </u>					

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 LOCAL 881 UNION Part XIII Supplemental Information (continued)	36-2125555 Page 5
- Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
TRANSFERS TO PAC	171,191.
TRANSFERS TO PAC	1/1,191.

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization	MULTINIA						Employer identification number 36-2125555
Part I General Information on Grants and Assistance	Ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
critena used to award the grants or assistance?	stance?	:	•	:		•	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the Unite	d States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. (Somplete if the org	janization answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO JOBS WITH JUSTICE 330 SOUTH ASHLAND AVENUE CHICAGO IL 60601	80-0111994	501(C)(3)	8	0	N/A	N/A	JOBS WITH JUSTICE EDUCATION FUND
CITIZEN ACTION/ILLINOIS 27 EAST MONROE STREET CHICAGO IL 60603	36-4163480	501(C)(4)	6,250.	0	N/A	N/A	IO SUPPORT PUBLIC INTEREST AND SOCIAL CHANGE
	53-0220586	501(0)(5)	25 000	o	4 / N	N/A	DISASTER RELIEF
l .	ind government or	rganizations listed in the	ne line 1 table				
S Enter total number of other organizations issed in the line is able LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2012)

36-2125555

Page 2

(Form 990) (2012) LOCAL 881 UNION Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FLOWERS AND BIBLES	100	0	15,525,	N/A	FLOWERS AND BIBLES FOR DECEASED MEMBERS FAMILIES,
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	lne 2, Part III, columr	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: THE EX	EXECUTIVE	SOARD OF T	VE BOARD OF THE LOCAL CAREFULLY	REFULLY	
REVIEWS ALL REQUESTS FOR DONATIONS	PRIOR	THEIR AP	TO THEIR APPROVAL AND		
DISBURSEMENT. APPROVAL IS GRANTED ONLY		REPUTABLE	ORGANIZAT	TO REPUTABLE ORGANIZATIONS WHO HAVE	
SATISFIED THE BOARD'S DUE DILIGENCE.	THE	3OARD PERF	BOARD PERFORMS NO SUBSEQUENT	SEQUENT	
MONITORING OF THE USE OF DONATIONS	AND GRANTS	TE ISSUED.	. ALL RECORDS	RDS	
REGARDING DISBURSEMENT OF FUNDS AR	ARE MAINTA	NTAINED AT TH	THE LOCAL'S OFFICE	FFICE.	

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 **2012**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

LOCAL 881 UNION Employer identification number 36-2125555

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		-	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
			i	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	1 1		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	ļ
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		ı	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.	-		
а	The organization?	5a		<u> </u>
b		5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ļ
	contingent on the net earnings of:	ĺ		
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

232111

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 LOCAL 881 UNION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Ì							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) LISA CATANZARO	Œ	155,056.	5,906.	0.	2,020.	13,855.	176,837.	0.
WITTOE VICE PRESIDENT	: @	0	0	0	0	0	0.	0
	ε	208,430.	7,949.	0.	4,361.	13,499.	234,239.	0
	: (3	4	0	0.	0		0.	0.
EN POWELL	ε	195,945.	7,431.	0	6,657.	13,856.	223,889.	0.
STARY-TREASURER	: 🗉		0	0	0		0	0.
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	(3)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

OMB No 1545-0047

Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection Employer identification number

	I	OCAL 8	81	UNION						36	<u>-21</u>	255	<u>55</u>		
Part I	Excess Bene	efit Trans	actio	ons (section 50	1(c)(3) and s	ection 501(c)(4) orga	anization	ns only).						
	Complete if the o	organization	answ	ered "Yes" on F	orm 9	90, Pa	irt IV, line 25a or 25b	, or Fon	n 990-EZ, P	art V, I	ine 40)b			
1 (-) Nor	ma of diaminalified m		(b) R	elationship betv	veen c	disqual	ified	. Danam			_		(d)	Correc	cted?
(a) Nai	me of disqualified p	person		person and or	ganiza	ation	(C	Descri	ption of tran	isactio	ก		Ye	s	No
	_														
2 Enter	the amount of tax	incurred by	the o	rganization man	agers	or disc	qualified persons dur	ing the	year under						
sectio	n 4958										▶ \$				
3 Enter	the amount of tax,	ıf any, on lır	ne 2, a	above, reimburs	ed by	the or	ganızatıon				▶ \$				
 T															
Part II	Loans to and	d/or From	ı int	erested Per	sons	•									
	•	-					, Part V, line 38a or F	orm 99	D, Part IV, Iir	ne 26,	or if th	ie orga	anızatı	on	
	reported an amo			·	·		···· ·					Trial Ann	n-00d		
	a) Name of	(b) Relation with	nsnip	(c) Purpose of loan		an to or	(e) Original	(f) Ba	lance due	(g)	ln ko	(h) Ap by bo	ard or		ritten
inter	ested person	organizat	tion	Orioan	organı	zation?	principal amount				ult?	comm	uttee?	<u> </u>	ment?
		h		 	То	From				Yes		Yes	No	Yes	No
				ADVANCES		X	1,100.		1,100.	 	X	X	ļ		X
22 AD	VANCES @ S	EMPLO	YEE	ADVANCES	-	X	2,200.		<u>2,200.</u>	<u> </u>	X	X			X
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rotal Part III	Grants or As	ecictopoo	Bor	ofiting Into	rocto	d Da	▶ \$		3,300.					<u> </u>	
-ait iii	J			•											
	Complete if the								4 5 7		П				
(a) N	lame of interested	person	((b) Relationship interested pers			(c) Amount of assistance		(d) Type assistar) Purp assist		T
			ł	the organiza											
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			+					+							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar	ation's
	,			Yes	No.
				-	
				++	
		 		1	
					_
Day V O I I I I I I I I I					
Part V Supplemental Information	al information for responses to question	s on Schodulo I. (soo	unata sational		
Complete this part to provide addition	nar mornation for responses to question	s on ochedule L (see	mstractions).	-	
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERE	STED PERSON	IS:		
(A) NAME OF INTERESTED PE	P.CON.				
(A) NAME OF INTERESTED PE	RSON:				
11 ADVANCES @ \$100 EACH T	O 11 OFFICERS AND KE	Y EMPLOYEES	5		
(C) PURPOSE OF LOAN: ADVA	NCEC FOR EVERNOES MO	DE INCHES	TN ETDCM	VEXD	ΛE
(C) FURFUSE OF LUAN: ADVA	NCES FOR EXPENSES TO	BE INCURRE	IN FIRST	ILAK	UF
EMPLOYMENT.					
(A) NAME OF PERSON: 22 AD	VANCES @ \$100 EACH T	O 22 EMPLOY	TEES.		
(B) RELATIONSHIP WITH ORG.	ANTZATTON: EMDLOVEES				
(b) REBUILTONDILL WITH ONG	ANIDATION: BHILDIED				
(C) PURPOSE OF LOAN: ADVA	NCES FOR EXPENSES TO	BE INCURRE	ED IN FIRST	YEAR	OF
EMPLOYMENT.					
EMP DOIMENT.					

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

LOCAL 881 UNION	36-2125555
FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT OF TH	
POWELL, HAS TWO SONS EMPLOYED AS OFFICERS OF THE LOCAL, S'	TEVE POWELL,
SECRETARY-TREASURER AND BRAD POWELL, VICE-PRESIDENT.	
FORM 990, PART VI, SECTION A, LINE 6: AN ACTIVE MEMBER IS	A MEMBER WHO
HAS SATISFIED THE REQUIREMENTS FOR MEMBERSHIP AND IS STILE	L EMPLOYED UNDER
THE JURISDICTION OF THE LOCAL UNION. AN ACTIVE MEMBER PA	YS FULL DUES AND
HAS FULL VOTING RIGHTS.	
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE	LOCAL ELECT THE
GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS	OF THE GOVERNING
BODY ARE SUBJECT TO APPROVAL BY MEMBERSHIP.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM	990 WAS PROVIDED
TO THE ORGANIZATION'S ENTIRE GOVERNING BODY FOR FORMAL BO	ARD REVIEW AND
APPROVAL PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR T	HE PRESIDENT,
LOCAL UNION OFFICERS, AND OTHER KEY EMPLOYEES IS ORIGINAT	ED AND APPROVED BY
THE GOVERNING BODY IN ACCORDANCE WITH THE GUIDELINES SET	BY THE LOCAL'S
CONSTITUTION AND BYLAWS.	

FORM 990, PART VI, SECTION C, LINE 19: THE LOCAL MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AT THE LOCAL'S MAIN OFFICE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization LOCAL 881 UNION	Employer identification number 36-2125555
DURING REGULAR BUSINESS HOURS WITH ADVANCE NOTICE.	
	-
	<u>_</u>
	 -
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LOCAL 881 UNION

Related Organizations and Unrelated Partnerships

Inspection

2012 Open to Public OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

Employer identification number 36-2125555

(g) Section 512(b)(13) controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section Public charity Total income Exempt Code € section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity <u>e</u> Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

<u>∾</u>

Yes

501(c)(3))

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527

Trinois

MAKE EXPENDITURES TO LOCAL ACCEPT CONTRIBUTIONS AND

UFCW LOCAL 881 POLITICAL ACTION COMMITTEE

36-3276557, 10400 WEST HIGGINS ROAD

IL 60018

ROSEMONT

POLITICAL CANDIDATES

36-2125555

Page 2

Schedule R (Form 990) 2012 LOCAL 881 UNION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina (related, excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		oortion- zations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Ganeral or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	janizations Taxable a poration or trust durin	is a Corpoid the tax	oration or Trust (Cc /ear.)	omplete if th	ie organizatior	answered "Y	es" to Form	990, Part IV,	line 34 be	ecause it had	one or mo	re related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income		(g) Share of Peend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
										_		
232162 12-10-12				32						Schedu	le R (Forn	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 LOCAL 881 UNION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
		הפופר טושמיינים הסופים		1a ×
 Grift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) 		:	· · · · · · · · · · · · · · · · · · ·	+
d Loans or loan guarantees to or for related organization(s)			<u>- </u>	Td X
e Loans or loan guarantees by related organization(s)			<u>.</u>	1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)			:	1g X
h Purchase of assets from related organization(s)		:	· .	th X
i Exchange of assets with related organization(s)	:		:	× ;
 j Lease of facilities, equipment, or other assets to related organization(s) 	÷			1; X
k Lease of facilities, equipment, or other assets from related organization(s)		:	:	
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		<u> </u>	= !
m Performance of services of membership of fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	anization(s) ion(s)			×
		. :		
	:	:	<u>-</u> -	d
q Reimbursement paid by related organization(s) for expenses	:			
	٠		<u> </u>	+ 4 × ×
Citier transfer of cash of property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered	ation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pe/
(1) UFCW LOCAL 881 POLITICAL ACTION FUND	Ф	171,191.	TRANSFERS TO PAC	
(4)				
532163 12-10-12	33		Schedule R (Fc	Schedule R (Form 990) 2012

36-2125555

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Araali Predominant income partners sec (related, unrelated, excluded from tax under section 512-514) Yes No	(e) (f) (f) Ateall Share of 50(10)(3) total orgs No Income	(g) Share of end-of-year assets	(h) Disproportional dispersions? Yes No	(h) (i) (j) (k) Dispropor- Businger amount in box 20 managing ownership allocations? of Schedule K-1 partner? Yes No (Form 1065) Yes No	(j) General or managing partner? Yes No	(k) x/Percentage g ownership
				l					
							i		
								-	

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	LOCAL 881	UNION		36-2125555 Page 5
Part VII	(Form 990) 2012 Supplemental In	formation			
N .			nation for recono	es to questions on Schedule R (see inst	nuctions)
	Complete this part to	provide additional infon	nation for respons	es to questions on schedule in (see inst	uctions).
			 		
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Part VII Section A. Officers, Directors	(B)	Ī .		(()			(D)	(E)	(F)
Name and title	Average			۲۰ Pos				Reportable	Reportable	Estimated
	hours	(ct		allt			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				E E		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	l gg			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste			ee/					organizations
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	=			organizations
	line)	Indivi	置	Officer	Keye	ij.	Former			
(27) KATHRYN EGGERT	1.00									
VICE PRESIDENT				X				1,635.	0.	0.
(28) KRYSTINA KLEICH (NEW)	1.00									
VICE PRESIDENT				X		_		927.	0.	0.
(29) MICHAEL MCCALL	1.00	1							1	
VICE PRESIDENT				X	<u> </u>		ļ	1,196.	0.	0.
(30) JANET PARSE	1.00									
VICE PRESIDENT		ļ		X			$oxed{oxed}$	1,539.	0.	0.
(31) MARSHA MINOTT	1.00]								
VICE PRESIDENT		<u> </u>	_	X		ļ	ļ	1,635.	0.	0.
(32) OVERTIS JACKSON	1.00	-							_	_
VICE PRESIDENT		├	<u> </u>	X		_	₩	1,496.	0.	0.
(33) THOMAS TYSKA	1.00	┨						4 600		
VICE PRESIDENT	40.00	-	_	X	-		├	1,630.	0.	0.
(34) MARLENE AUMULLER	40.00	-	ł			ł		1 406		•
VICE PRESIDENT	1 00	-	<u> </u>	X		<u> </u>	-	1,496.	0.	0.
(35) DEBRA PRICE	1.00	ł		١.,			1	1 520		0
VICE PRESIDENT	1 00	1	<u> </u>	X		-	┢	1,539.	0.	0.
(36) VALERIE WICINSKI	1.00	1	ŀ	x			1	1,635.	0.	0.
VICE PRESIDENT	1.00	1	┢	 ^	┢┈	├	 	1,033.	0.	0.
(37) DIANE ZABALY-SCHREINER VICE PRESIDENT	1.00	1		X			ŀ	2,064.	0.	0.
(38) JAMES MOUNCE	1.00	+		^		H	+	2,004.	0.	<u> </u>
VICE PRESIDENT	1.00	1		X				1,496.	0.	0.
(39) KATHRYN RESENDIZ	1.00	+	1-	1	\vdash	\vdash	+	1,470.	0.	0.
VICE PRESIDENT	1.00	1		x				1,620.	0.	0.
(40) PATRICIA VARDALOS	40.00				t			1,020		
COMPTROLLER		1				x		110,690.	0.	15,875.
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Total to Doub VIII Control A Lond								120 500		15 075
Total to Part VII, Section A, line 1c								130,598.	<u> </u>	15,875.