

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the 2015 ca	alendar year, or tax year b	eginning 01-01-2015 , and ending 1	2-31-2015			
	neck if applicable	C Name of organization UNITED FOOD AND COMME	RCIAL WORKERS		D Employer	identification number	
	ldress change	INTERNATIONAL UNION LOC	AL 1189		27-3293	3248	
	ame change	Doing business as					
In	ıtıal return	Number and street (or P.O.	box if mail is not delivered to street address)	Poom/suito	E Telephone	number	
	nal turn/terminated	266 HARDMAN AVENUE	box if final is not delivered to street address)	Room/ suite	(651)45	51-6240	
┌ An	nended return	City or town, state or provi	nce, country, and ZIP or foreign postal code				
┌ Ap	plication pending	SOUTH ST PAUL, MN 5507.			G Gross rece	ıpts \$ 4,285,673	
		F Name and address	of principal officer	H(a) is t	⊸l hıs a group re	turn for	
		DONALD SEAQUIST 266 HARDMAN AVE			ordinates?	⊤Yes √ No	
		SOUTH ST PAUL, MN			all subordinat	tes [Yes [No	
				If"		list (see instructions)	
I Ta	ax-exempt status	501(c)(3) 5 01(c)	(5) ◀ (Insert no)	627 H(c) Gro	oup exemption	number 🕨 0278	
J W	/ebsite:► W\	WW UFCW1189 ORG					
K For	rm of organizatioi	n Corporation Trust A	ssociation Other ►	L Year of	formation 2010	M State of legal domicile	
Ds	art I Sun	nmary				MN	
		<u>-</u>	nission or most significant activities				
	LABORU		masion of most significant activities				
ခို							
Governance	2 Check t	his box দ if the organiza	tion discontinued its operations or dis	posed of more than	25% of its ne	t assets	
	2 Number	of voting mambars of the	governing body (Part VI, line 1a) .		. 3	3 25	
୬ଓ ଜୁନ			nbers of the governing body (Part VI,				
Ĕ		· -	ved in calendar year 2015 (Part V, lin	·		-	
Activities &	1		ate if necessary)			5 0	
4	7a Total un	related business revenue	from Part VIII, column (C), line 12		7	a 0	
	b Net unrel	lated business taxable inc	ome from Form 990-T, line 34		7	7b 0	
					ior Year	Current Year	
a)	1		VIII, line 1h)		4,398,74	0 0 2 4,282,670	
Revenue			VIII, line 2g)	n(A), lines 3, 4, and 7 d)			
ě	1		nn (A), lines 5, 6d, 8c, 9c, 10c, and 1		3,64		
	1	·	ugh 11 (must equal Part VIII, columr		4,402,46		
	12)						
	1		d (Part IX, column (A), lines 1-3)		70,459		
			(Part IX, column (A), line 4) mployee benefits (Part IX, column (A		600		
\$	15 Salar 5-10		imployee beliefits (Fait 1%, Column (A), iiiles	1,954,29	2,021,430	
Expenses	16a Profe	essional fundraising fees (F		0			
ਡੋ	b Total f	undraising expenses (Part IX, co	lumn (D), line 25) ► 0				
	1		ın (A), lınes 11a-11d, 11f-24e) .		2,354,407 2,456,06		
		expenses Add lines 13-		4,379,76			
ن بر		nue iess expenses. Subtra	ct line 18 from line 12		22,70		
8 €				Beginning	of Current Yea	r End of Year	
Net Assets or Fund Balances	20 Total				1,389,53		
	21 Total				4,29		
			ibtract line 21 from line 20		1,385,239	9 1,161,831	
Unde my k	er penalties of	belief, it is true, correct, a	ave examined this return, including ac nd complete Declaration of preparer				
		***			2016-05-26		
Sig	n Sigr	nature of officer			Date		
Her	e <u>k</u> bor	NALD SEAQUIST PRESIDENT					
	F	e or print name and title Print/Type preparer's name	Dranarade constura	Date	, ,	TIN	
Pai		LARRY WOOD	Preparer's signature LARRY WOOD		ICCK I II I	IN 00634996	
		Firm's name 🕨 LEGACY PROF	ESSIONALS LLP	Fı	m's EIN ► 32-00	043599	
	e Only	Fırm's address ► 6800 FRANCE	AVENUE SO SUITE 550	Pi	none no (952) 84	41-3950	
Jat	Cilly	EDINA, MN 5	6435				

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

1 Briefly TO ORGANIZ ACHIEVE TH WITH EMPLO 2 Did the the prior If "Yes, 3 Did the service If "Yes, 4 Describ expens	Statement of Program Service Acc heck if Schedule O contains a response or describe the organization's mission E ALL WORKERS FOR THE ECONOMIC, N IS PURPOSE, THE LOCAL'S OFFICERS A YERS ON BEHALF OF THE LOCAL'S MEM	note to any line in this Part III ORAL AND SOCIAL ADVANCI ND BUSINESS AGENTS NEGOT	EMENT OF THEIR CONDITI	ON AND STATUS TO
1 Briefly TO ORGANIZ ACHIEVE TH WITH EMPLO 2 Did the the prio If "Yes, 3 Did the service If "Yes, 4 Describ expens the tota	describe the organization's mission E ALL WORKERS FOR THE ECONOMIC, N IS PURPOSE, THE LOCAL'S OFFICERS A	10 RAL AND SOCIAL ADVANCI ND BUSINESS AGENTS NEGOT	EMENT OF THEIR CONDITI	ON AND STATUS TO
2 Did the the prior of "Yes, and the service of "Yes, and the the the prior of the service of the	E ALL WORKERS FOR THE ECONOMIC, N IS PURPOSE, THE LOCAL'S OFFICERS A	ND BUSINESS AGENTS NEGOT	EMENT OF THEIR CONDITI TIATE COLLECTIVE BARGA	ON AND STATUS TO
2 Did the the prior If "Yes, 3 Did the service If "Yes, 4 Describe expens the total	IS PURPOSE, THE LOCAL'S OFFICERS A	ND BUSINESS AGENTS NEGOT	TATE COLLECTIVE BARGA	UN AND STATUS TO
the prior If "Yes, 3 Did the service If "Yes, 4 Describe expens the total stress of the service				INING AGREEMENTS
the prior If "Yes, 3 Did the service If "Yes, 4 Describe expens the total stress of the service				
the prior If "Yes, 3 Did the service If "Yes, 4 Describe expens the total stress of the service				
Joint the service If "Yes, 4 Describe expens the total services."	organization undertake any significant prog Form 990 or 990-EZ?			「Yes ▼No
service If "Yes Describe expens the total	describe these new services on Schedule	0		
4 Describer expense the total	organization cease conducting, or make sig	nıfıcant changes ın how it condu	cts, any program	「Yes ▼No
expens the tota	' describe these changes on Schedule O			
4a (Code	e the organization's program service accomes Section 501(c)(3) and 501(c)(4) organi I expenses, and revenue, if any, for each pro	zations are required to report the		
10 (0000) (Expenses \$	including grants of \$) (Revenue \$)
PERFOR	ECTIVES OF THIS LOCAL SHALL BE THE ELEVATION O MANCE OF WORK WITHIN THE JURISDICTION, TO O RKING CONDITIONS			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other (Expe	orogram services (Describe in Schedule O ses \$ including gr) (Revenue \$)
4e Total	orogram service expenses 🗠			

Form 990 (2	2015)		
Part 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. 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	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	Yes	
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{?}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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), 501(c)(4), and 501(c)(29) 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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
.	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
U	Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
	eneck if senedule o contains a response of note to any line in this	rare	<u> </u>		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	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	2a	263			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)? \cdot .			4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100$ organization solicit any contributions that were not tax deductible as charitable contributions.			6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su •••	ch contributions or gifts	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	•	· · · · ·	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the o		zatıon file Form 8899 as			
h	required?		the organization file a	7g 7h		
8	Form 1098-C?	•		711		
	Did a donor advised fund maintained by the sponsoring organization have excess bu during the year?	sines	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) ın lıe	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. 9	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	year	?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explana	tion ii	schedule O	14h	I	

Se	ection 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 25			
	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 1b 0			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		Νo
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶DONALD SEAQUIST 266 HARDMAN AVENUE SOUTH ST PAUL, MN 55075 (651) 451-6240

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

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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	,	MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Part VII	Section A. Officers, Directors	, Trustees, Key Employees,	, and Highest Compensated Employ	ees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	ne l both	oox, an d	heck unless officer stee)	3	(E Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W-	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organizat relai organiz	ed
See	Addıtıonal Data Table												
1b	Sub-Total						<u> </u>					L	
C	Total from continuation sheet	s to Part VII, S	ection A	١.		•	-						
d	Total (add lines 1b and 1c) .					-	▶			7,073	0		72,149
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wh	no receive	d more th	an		
											_	Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>							yee,	or highest	t compen	sated employee	3	No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum	of repo	rtable	e coi	mpe	nsatıoı						
5	Did any person listed on line 1	a receive or acc	rue cor	nner	• satir	n fr	 om an	• / !!pr	elated org	anization	or individual for	4	No
,	services rendered to the organ			-					_		· · · ·	5	No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fiv	e highest comp											
	compensation from the organiz	(A)		ацип	IUFT	.ne C	.arenda	ıı ye	ar ending		(B)	(0	
	N	ame and business a	address							Des	cription of services	Compe	nsation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form **990** (2015)

Part V	444	Chack if Schodula O contains a rec	spanca ar nota to any lu	no in this Bart VIII			Г
	10	Check if Schedule O contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts nts	1a	Federated campaigns	1a				
ons, Gifts, Grants Similar Amounts	Ь	Membership dues	1b				
, G Am	c	Fundraising events	1c				
Gifts, iilar A	d	Related organizations	1d				
s, 6 imil	e	Government grants (contributions)	1e				
Contributions, and Other Sim	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
tributio Other	q	Noncash contributions included in lines					
Contr and C		1a-1f \$					
<u>ام ت</u>	h	Total. Add lines 1a-1f					
e H	_		Business Code				
ven	2a .	MEMBER DUES/INIT FEES	900099	4,208,731	4,208,731		<u> </u>
<u>윤</u>	b	REIMBURSEMENTS FROM AF	900099	73,939	73,939		<u> </u>
Program Serwce Revenue	C L						
) S	d						
ran	e f	All other program service revenue					
્રે	'						
ш.	g	Total. Add lines 2a-2f		4,282,670			
	3	Investment income (including dividend other similar amounts)		61			61
	4	Income from investment of tax-exempt be	ond proceeds 🕨				
	5	Royalties					
	6a	(1) Real	(II) Personal				
	b	Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10					
e T		See Part IV, line 18	a				
둦	b	Less direct expenses	ь				
_	С	Net income or (loss) from fundrais	ng events 🛌				
	9a	Gross income from gaming activiti See Part IV, line 19	es a				
	b	Less direct expenses	b				
		Net income or (loss) from gaming a	activities				
	10a	Gross sales of inventory, less returns and allowances .					
	_		a				
		Less cost of goods sold Net income or (loss) from sales of	b				
	c	Miscellaneous Revenue	Business Code				
	11a	FOOD DRIVE CONTRIBUTIO	900099	1,490			1,490
	ь	OTHER REFUNDS AND REIM	900099	1,227			1,227
	С	TOURNAMENT RECEIPTS	900099	225			225
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,942			
	12	Total revenue. See Instructions		4,285,673	4,282,670		0 3,003
	ı			7,203,073	7,202,070		~ ₁ 3,003

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	this Part IX	 (B)		<u></u> Г
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	17,016			
2	Grants and other assistance to domestic individuals See Part IV, line 22	773			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	533,988			
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	1,134,993			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	50,358			
9	Other employee benefits	180,554			
10	Payroll taxes	121,537			
11	Fees for services (non-employees)				
а	Management				
b	Legal	45,482			
c	Accounting	14,850			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,472			
13	Office expenses	152,778			
14	Information technology	39,660			
15	Royalties				
16	Occupancy	63,279			
17	Travel	39,569			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22,222			
19	Conferences, conventions, and meetings	63,619			
20	Interest				
21	Payments to affiliates	1,786,316			
 22	Depreciation, depletion, and amortization	18,214			
23	Insurance	12,386			
24	Other expenses Itemize expenses not covered 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 O)				
а	ADDITIONAL INVESTMENT I	87,240			
ь	STEWARDS' EXPENSE	37,855			
c	ORGANIZING	37,248			
d	MEMBERSHIP SERVICES	23,577			
e	All other expenses	31,521			
25	Total functional expenses. Add lines 1 through 24e	4,495,285			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Fig. 1f following SOP 98-2 (ASC 958-720)	., 133,233			

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 285,573 444.190 1 1 782.403 432.463 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 143,606 10a Complete Part VI of Schedule D b 10b 132,869 25,338 10c 10,737 Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 296.221 15 282.425 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,389,535 16 1,169,815 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 4,296 7,984 25 4,296 26 7,984 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 1.385.239 1,161,831 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 1,385,239 33 1,161,831 Total liabilities and net assets/fund balances 1.389.535 34 1.169.815

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal Part VIII, Column (A), me 12)	1		4,2	285,673
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	195,285
3	Revenue less expenses Subtract line 2 from line 1	3		- 5	209,612
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		1,3	385,239
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-13,796
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,:	161,831
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 27-3293248

Name: UNITED FOOD AND COMMERCIAL WORKERS

INTERNATIONAL UNION LOCAL 1189

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check Average Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other person is both an officer week (list from related compensation from the organizations (Wand a director/trustee) organization (Wany hours from the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee O∰ TO ₽ Individual trustee or director organizations related nstitutional below organizations employee dotted line) Trustee 50 00 DONALD SEAQUIST Х 0 100,350 11,926 PRESIDENT 1 00 50 00 JENNIFER CHRISTENSEN Χ 86,148 0 11,926 SECRETARY-TREASURER 1 00 50 00 JAMES GLEB Х 81,924 0 10,655 RECORDING SECRETARY/BUSINESS AGENT 1 00 50 00 GARY MORGAN Χ 85,753 19,373 VICE PRESIDENT/BUSINESS AGENT 1 00 50 00 10YCE BERGLUND Χ 68,913 0 17,391 VICE PRESIDENT/BUSINESS AGENT 1 00 5 00 CAROL AGURKIS Х 420 0 0 VICE PRESIDENT-PAST 1 00 1 00 CONNIE SALAKKA Χ 532 0 0 VICE PRESIDENT-PAST 1 00 1 00 ALYCIA HUGHES Х 3,573 0 0 VICE PRESIDENT 1 00 1 00 DUANE GESKE Χ 1,148 0 VICE PRESIDENT 1 00 1 00 LAURI ANDERSON 1,096 0 0 Χ VICE PRESIDENT 1 00 1 00 ROBERT KLINGNER 0 0 Χ 3,058 VICE PRESIDENT 1 00 1 00 MARK MCMAHON Χ 720 0 0 VICE PRESIDENT 1 00 1 00 KIM MADIGAN Х 1,054 0 0 VICE PRESIDENT 1 00 5 00 BETTY BANNERMAN-THOMPSON Χ 926 0 VICE PRESIDENT-PAST 1 00 5 00 ROBERT JORDAN 0 0 Х 2,346 VICE PRESIDENT 1 00 1 00 JUDY HILL 0 Χ 643 0 VICE PRESIDENT 1 00 1 00 DEAN NELSON Χ 893 0 0 VICE PRESIDENT 1 00 1 00 DENNIS MCMAHON Χ 1,078 0 0 VICE PRESIDENT 1 00 1 00 PATRICIA GOOD Х 970 0 0 VICE PRESIDENT-PAST 1 00 1 00 TERRY HOFFMANN 5,502 0 Χ 0 VICE PRESIDENT 1 00 1 00 JAMES WESTIN Χ 10,328 0 878 VICE PRESIDENT 1 00 1 00 **DENNIS REEVES** Χ 852 0 0 VICE PRESIDENT 1 00 1 00 BRUCE BERGH Х 4,501 0 0 VICE PRESIDENT 1 00 1 00 TODD GUSTAFSON Χ 939 0 0 VICE PRESIDENT 1 00

1 00

1 00

Х

780

0

0

ANTHONY SUSNIK

VICE PRESIDENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

· · · · · · · · · · · · · · · · · · ·	3										
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	tion (d han o n is b	ne b	ox, u an of	nless ficer	3	(D) Reportable compensation from the organization (W-	compensation of oth compens organizations (W-2/1099-MISC) organizations relate	Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations	
KIMBERLY LEVENS VICE PRESIDENT	1 00			х				934	0	0	
ZACHARY SIAS VICE PRESIDENT	1 00			х				150	0	0	•
CHRISTINE SPURLIN VICE PRESIDENT	1 00			х				1,542	0	0	•

SCHEDULE C

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493152002856

Inspection

(Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
UNITED FOOD AND COMMERCIAL WORKERS	
INTERNATIONAL UNION LOCAL 1189	27-3293248
Part I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.

Provide a description of the organization's direct and indirect political campaign activities in Part IV

•	Provide a description of the organization's direct and indirect political campaign activities in Part IV
-	

Political expenditures

•			
3			
Valuntaar haurs			

			Ψ
3			
olu'	nteer h	nours	
Par	t I-B	Complete if the organization is exempt under section 501(c)(3).	
1	Enter	the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter	the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the	organization incurred a section 4955 tax, did it file Form 4720 for this year?	┌ Yes ┌ No
4a			
Vas	a corre	ection made?	
- _Y	es 「	- No	
b	If"Y€	es," describe in Part IV	
Par	t I-C	Complete if the organization is exempt under section 501(c), except section	1 501(c)(3).
1	Enter	the amount directly expended by the filing organization for section 527 exempt function activities	\$

Part I-0	Complete if the organization is exempt under section 501(c), except section	501(c)(3).	
	er the amount directly expended by the filing organization for section 527 exempt function activities	\$	
2			
	amount of the filing organization's funds contributed to other organizations for section 527 nction activities		
•			
		\$	
3 Tota	al exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$	

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
Not over \$500,000	20% of the amount on line 1e					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
Over \$17,000,000	\$1,000,000					

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

	filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes		
a olunteers?			,	•
	1			
	I ff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Iedia advertis	ements?			
	<u>l</u>			
d ailings to me	mbers, legislators, or the public?			
	, , , . I			
e Publicati	ons, or published or broadcast statements?			
f Grants to	o other organizations for lobbying purposes?			
g Direct co				
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i ther activitie	s?			
	I			
j otal Addune	s 1c through 1:			
l I	I			
	Lactivities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912	\vdash		
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	i		
d If the fili	ng 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), section	 n 501(c)	(5), c	or section
	501(c)(6).			Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?		F	1 Yes
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		-	2 Yes
Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		-	3 No
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 line 3, is answered "Yes."			
1 ues, assessm	nents and similar amounts from members			
1				
expenses	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).			
a urrent year				
2a				
b arryover from	last vear			
, 2b	,			
С				
otal a- I				
2c Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
oes the organ	diture next year?			
4 Taxable	amount of lobbying and political expenditures (see instructions)	5		
Provide the d	Supplemental Information escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gives a secription of the secreption of the secription of the secreption of the sec	roup list\	Part II	-A, lines 1 and
2 (see instru	ctions), and Part II-B, line 1 Also, complete this part for any additional information	46 1136/1		.,os I unu
Ret	rurn Reference Explanation	1-1-0/5	000	or 990EZ) 2015
	Eah.	7011110 ' '		1 OL COUF \1

DLN: 93493152002856

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

I Reveille Service The organization ITED FOOD AND COMMERCIAL WORKERS FERNATIONAL UNION LOCAL 1189	·		oyer identification number
art I Organizations Maintaining Dono	r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.		or Accounts.
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	sed Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recression of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	Preservation of ar Preservation of ar	certified	I historic structure
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easeme	ents	2b	
Number of conservation easements on a certified	d historic structure included in (a)	2c	
Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, tra	nsferred, released, extinguished, or terminato	ed by th	e organization during the
Number of states where property subject to cons	ervation easement is located ►		
Does the organization have a written policy regard violations, and enforcement of the conservation of		dling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
P			
A mount of expenses incurred in monitoring, insp	ecting, nandling of violations, and enforcing c	onserva	ition easements during the year
Does each conservation easement reported on Ii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financia		se statement, and
t IIII Organizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education,	or resea	arch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exhibition, education,		
i) Revenue included on Form 990, Part VIII, line	1	► \$	
) Assets included in Form 990, Part X			
If the organization received or held works of art, following amounts required to be reported under		or financ	
Revenue included on Form 990 Part VIII line 1			ln- &

Assets included in Form 990, Part X

Part	****	Organizations Maintaining (continued)	Collections of Ar	t, His	stori	cal ·	Trea	sures,	or O	ther Si	imilar A	sse	ts	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	rds, c	heck a						nificant us	e of	ıts	
а	┌ P	ublic exhibition		d	ı	Loa	nore	xchange	progra	ams				
b	┌ s	cholarly research		е	Γ	Oth	er							
c	Γ P	reservation for future generations												
4	Provi Part >	de a description of the organization's (III	s collections and expl	aın ho	w the	y furt	her th	ie organiz	atıon'	's exemp	t purpose	e in		
5		g the year, did the organization solic is to be sold to raise funds rather tha	an to be maintained as								┌ Yes	. Г	- No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV,	lıne 9, o	r rep	orted a	n amour	nt or	ı Forn	າ 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	iediary	y for c	ontrıl	bution	ns or othe	rass	ets not	┌ Yes	: Г	- No	
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowin	g tab	le				Am	ount	•	
С		ginning balance	·			_			1c					
d		ditions during the year							1d					
e		tributions during the year							1e					
f	End	ding balance							1f					
2a		ne organization include an amount oi	n Form 990, Part X, III	ne 21,	fores	scrow	vorcu	ıstodıal a	ccour	ıt lıabılıt	y? ☐ Yes	· [- No	
		· ·	, ,	,							•			
b	If"Ye	es," explain the arrangement in Part	XIII Check here if th	e expl	lanatio	on ha	s bee	n provide	d ın P	art XIII				Γ
Pai	rt V	Endowment Funds. Comple	te if the organization	n ans	swere	ed "Y	∕es" t	o Form	990,	Part IV	, line 10			
			(a)Current year	(b) P	rior yea	ar	b (c)	Two years	back	(d) Three	years back	(e)	Four yea	ars back
1a	Begir	nning of year balance												
b	Cont	ributions												
c	Netı losse	· · · · · · · · · · · · · · · · · · ·												
d	Gran	ts or scholarships												
e		r expenditures for facilities programs												
f	• Δ dmi	nistrative expenses							\dashv					
g		of year balance							-+					
2		de the estimated percentage of the o	Lurrent vear and halar	aca (lu	no 1 a	colu	ımn (a)) hold as	L `					
		· -	Luffelit year ellu bafar	ice (iii	ne Iy,	Colu	iiiiii (a	i)) ileiu as	•					
а		I designated or quasi-endowment 🕨												
b		anent endowment 🕨												
С	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%											
3a	organ	nere endowment funds not in the pos ization by	_			are he	eld an	d adminis	stered	for the	-	- (:)	Yes	No
		related organizations				•		•				a(i) n(ii)		
b		es" on 3a(ii), are the related organiza										3b	<u> </u> 	
4		ribe in Part XIII the intended uses o												
Par	t VI	Land, Buildings, and Equip												
		Complete if the organization a Description of property	nswered 'Yes' to Fo		9 90, F Cost or	(a)		ne 11a.9 (b Cost or ot)		0, Part > Accumulated depreciation	1		k value
					(ınve	stmer	nt)	(oth	ier)	+				
				• _								\dashv		
		gs		· _				1				\dashv		
		nold improvements		· _				-						
		nent		· -				-	143,60	J6	132,8	869		10,737
е (other			• 1				1				- 1		

10,737

See Form 990, Part X, line 12. (a) Description of security or category	T	(b)Book value	(c)Method of valuation
(including name of security)			Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered '			
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on Forr	n 990. Part IV. line	11d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip		n 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		(b) Book value 282,425
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization)		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization (a) Descrip)		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability) uzation answered 'Y		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes) uzation answered 'Y		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR) uzation answered 'Y		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END)		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR	(b) Book value		(b) Book value 282,425
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425
Part IX Other Assets. Complete if the organization (a) Descrip (1) INVESTMENT IN BUILDING CORPORATION Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes PAYROLL WITHHOLDINGS NOT REMITTED AT YEAR END	(b) Book value		(b) Book value 282,425

Par		evenue per Audited Financial Statements With Revenue nization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1		er support per audited financial statements	1	
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of t	acılıtıes 2b		
c	Recoveries of prior year grant	s 2c		
d	Other (Describe in Part XIII))		
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII))		
c	Add lines 4a and 4b		4c	
5		d 4c. (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expense nization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses pe	r audited financial statements	1	
2	A mounts included on line 1 bi	ut not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	<u>2</u> b		
C	Otherlosses	<u>2</u> c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII))		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Int	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to $\frac{1}{2}$		de any additional
	Return Reference	Explanation		
PART	X, LINE 2	THE LOCAL FILES FORM 990, RETURN OF ORGANIZATION EXEMPT LOCAL'S RETURN IS SUBJECT TO EXAMINATION BY THE INTERNA THE APPLICABLE STATUTE OF LIMITATION EXPIRES		

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493152002856

2015

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189

Employer identification number 27-3293248

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MARK MCMAHON, VICE PRESIDENT, IS THE BROTHER OF DENNIS MCMAHON, VICE PRESIDENT
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL IS COMPRISED OF ACTIVE MEMBERS WHO PAY FULL DUES AND HAVE FULL VOTING RIGHTS
FORM 990, PART VI, SECTION A, LINE 7A	OFFICERS OF THE LOCAL ARE ELECTED BY THE ACTIVE MEMBERS OF THE LOCAL
FORM 990, PART VI, SECTION A, LINE 7B	ANY PROPOSAL TO ADOPT OR AMEND THE LOCAL'S BY-LAWS MUST BE APPROVED BY THE MEMBERSHIP MEM BERS MUST ALSO APPROVE COLLECTIVE BARGAINING AGREEMENTS THAT AFFECT THE MEMBERSHIP DUES, INITIATION AND REINSTATEMENT FEES, AND GENERAL OR SPECIAL ASSESSMENTS SHALL BE ESTABLISHED , INCREASED OR LEVIED BY APPROVAL FROM THE MEMBERSHIP FURTHERMORE, COMPENSATION AND EXPEN SES FOR OFFICERS IS ESTABLISHED BASED ON RECOMMENDATION OF THE LOCAL UNION EXECUTIVE BOARD AND MUST BE APPROVED BY THE MEMBERSHIP ADDITIONALLY, MINUTES AND A MONTHLY FINANCIAL REP ORT ARE REVIEWED AND APPROVED BY THE MEMBERSHIP
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PROVIDED TO, REVIEWED, AND APPROVED BY THE ENTIRE EXECUTIVE BOARD BEFORE IT IS FILED
FORM 990, PART VI, SECTION C, LINE 19	THE LOCAL MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS UPON REQUEST THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	(DECREASE) IN EQUITY OF BUILDING CORPORATION -13,796

DLN: 93493152002856

OMB No 1545-0047

2015

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection **Employer identification number**

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189				27-32932	48		
Part I Identification of Disregarded Entities Comple	te ıf the organızatıon	answered "Yes" o	on Form 990, Pa				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th		he organization ar	nswered "Yes" o	n Form 990, Pa	rt IV, line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity sta (if section 501(c)		Section (13) co	(g) n 512(l ontrolle itity?
(4 NIECW LOCAL 1190 BUT DING CORROBATION	TO HOLD TITLE TO	MN	E01/C)/2)		UNITED FOOD AND	Yes	No
(1)UFCW LOCAL 1189 BUILDING CORPORATION 266 HARDMAN AVENUE NORTH	PROPERTY OCCUPIED BY UFCW LOCAL NO 1189	MIN	501(C)(2)		COMMERCIAL WORKERS LOCAL 1189	Yes	
SOUTH ST PAUL, MN 55075 27-3299645							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	1357		Schedule R (Forr	- 000)	\04E

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.								ŀ				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop	amount in bo 20 of Schedule K-	amount in box	of partner?		(k) Percentag ownershi
				314)			Yes	No		Yes	No	
												-

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust 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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
-									<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
											e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)				1f		No					
g Sale of assets to related organization(s)											
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)											
p Reimbursement paid to related organization(s) for expenses				1 p		No					
q Reimbursement paid by related organization(s) for expenses											
r Other transfer of cash or property to related organization(s)											
s Other transfer of cash or property from related organization(s)											
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple			1								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nvolved							
L)UFCW LOCAL 1189 BUILDING CORPORATION	В	30,000	CASH								
2)UFCW LOCAL 1189 BUILDING CORPORATION	R	87,240	COST								

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

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) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015