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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.

OMB No 1545-0047 Open to Public Inspection

Depa	rtment of	the Treasury	Do not enter social security numbers	s on this form	n as it may l	be made public.	Open to Public
	nai Revenu		▶ Information about Form 990 and its i	<u>instructions i</u>	is at www.lr.	s.gov/form990.	Inspection
A F	or the	2016 calend	ar year, or tax year beginning	and	ending		
Bo	Theck if pplicable	C Name o	organization			D Employer identificat	ion number
	Address	LOCA	L 881 UNION				
	Name change		usiness as			36-212	25555
]initial return	Number	and street (or P.O. box if mail is not delivered to street add	tress)	Room/suite	E Telephone number	
	Final return/	1040	0 W. HIGGINS RD.		}	847-29	94-5064
	termin- ated	City or t	own, state or province, country, and ZIP or foreign po	ostal code		G Gross receipts \$	17,143,581.
]Amende	ROSE	MONT, IL 60018			H(a) Is this a group retui	'n
	Applica-	i Finante a	nd address of principal officer RONALD POWE	LL		for subordinates?	Yes X No
	pending	SAME	AS C ABOVE			H(b) Are all subordinates include	ded? Yes No
		npt status:	501(c)(3) X 501(c) (5) ◀ (insert no.)	4947(a)(1)	or 527	If "No," attach a list	. (see instructions)
<u>J \</u>	<u> Vebsite</u>	: ► WWW	LOCAL881UFCW.ORG			H(c) Group exemption n	
		organization: L	Corporation X Trust Association	Other 🕨	L Year	of formation: 1947 MS	tate of legal domicile: IL
Pa		Summary					
ĕ	1 B	riefly describ	e the organization's mission or most significant activi	ities: <u>LABC</u>	R UNIC	<u> </u>	
auc	_						
Governance		heck this bo	,	tions or dispo	sed of more	1 1	
Š	1		ing members of the governing body (Part VI, line 1a)			. 3	37
ಳ			ependent voting members of the governing body (Pa		AFCE	M=0-14	0
Activities			of individuals employed in calendar year 2016 (Part V	, line 2a)		5	81
ΞΞ	į.		of volunteers (estimate if necessary)	- =	ADD di-	2017 O 7a	0
Ac	ì		business revenue from Part VIII, column (C), line 12	ं चि	will J		<u>0.</u>
	b N	let unrelated	business taxable income from Form 990-T, line 34	- ! - ! -		Prior Year	<u> </u>
	١	No. 24 b. 49		!	GORA	O.	Current Year
Ē	1		and grants (Part VIII, line 1h)			**************************************	0. 16,781,153.
Revenue	i	-	ce revenue (Part VIII, line 2g)			16,392,858. 254,979.	285,809.
Re	l .		come (Part VIII, column (A), lines 3, 4, and 7d)		• • -	47,036.	56,026.
?	l		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11		• -	16,694,873.	17,122,988.
; —			<u>add lines 8 through 11 (must equal Part VIII, column</u> nilar amounts paid (Part IX, column (A), lines 1-3)	I (A), IIIIE 12)		112,096.	125,520.
)	ľ		o or for members (Part IX, column (A), line 4)		-	35,000.	45,000.
· ·	ł	-	compensation, employee benefits (Part IX, column (A	A) lines 5.10\	• -	5,870,604.	5,903,230.
Expenses	1	-	indraising fees (Part IX, column (A), line 11e)	9, 11103 0 107	-	0.	0.
per	ſ		ng expenses (Part IX, column (D), line 25)		0.	-	
Ä			es (Part IX, column (A), lines 11a-11d, 11f 24e)		_ <u></u>	8,804,179.	9,397,599.
	Į.	•	Add lines 13-17 (must equal Part IX, column (A), line	e 25)	• -	14,821,879.	15,471,349.
	ì		expenses Subtract line 18 from line 12			1,872,994.	1,651,639.
Soc				·	Be	ginning of Current Year	End of Year
t Assets or Id Balances	20 T	otal assets (l	art X, line 16)			17,285,498.	19,618,966.
A Seg	21 T	•	(Part X, line 26)			2,029,168.	2,087,993.
ESE ESE	22 N		und balances Subtract line 21 from line 20			15,256,330.	17,530,973.
		Signature	Block				
Und	er penalt	es of perjury,	declare that I have examined this return, including accompa	anying schedule	es and statem	ents, and to the best of my kr	lowledge and belief, it is
true	, correct,	and complete	Declaration of preparer (other than officer) is based on all in	nformation of w	hich preparer	has any knowledge.	
			und) E full			04/12	.//7
Sig	n []	Signaturi	of officer			Date	(
Her	e		LD POWELL, PRESIDENT				
		Type or p	rint name and title				
		Print/Type prej	arer's name Preparer's signatu	ire	1	Date 4/8/17 Check	PTIN
Paid	Ī	YHTOMI	CIBULKA TIMOTHY (CIBULKA	·	copi self-employed	P00841100
Pre		Firm's name	LEGACY PROFESSIONALS LLP			Firm's EIN > 3	32-0043599
Use	Only (Fırm's address		. 4000			
			CHICAGO, IL 60606			Phone no.312-	
May	the IRS	S discuss this	return with the preparer shown above? (see instruct	tions)			X Yes No
6320	01 11-11-	-16 LHA F	or Paperwork Reduction Act Notice, see the separ	rate instructi	ions.		Form 990 (2016)

Form	990 (2016) LOCAL 881 UNION	36-2125555 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
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 other revenue, if any, for each program service reported	ers, the total expenses, and
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$
	TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOC	
	OF THEIR CONDITION AND STATUS.	
		
4b	(Code) (Expenses \$	ue \$)
		
		
		 -
4c	(Code) (Expenses \$) (Reven	ue \$)
		
		
		
		
		
		
	Other program canucas (Decemba in Schodula O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	1
		Form 990 (2016)

If "YA 2 Is th publi 4 Sect durir 5 Is th simil 6 Did t prov 7 Did t the 6 8 Did t Schi 9 Did t amo if "YA 10 Did t as a a Did t assa a Did t b Did t assa d Did t part e Did t f Did the 6 5 Ch b Was if "Y	The corganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, "complete Schedule A The organization required to complete Schedule B, Schedule of Contributors The organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for oblic office? If "Yes," complete Schedule C, Part I Setion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect ing the tax year? If "Yes," complete Schedule C, Part II The organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or other amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III The organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to evide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II The organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III The organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete include D, Part III The organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for counts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Yes," complete Schedule D, Part IV	1 2 3 4 5 6 7 7 8	X	X X
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5 Is the simil for provided from the control of the	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or older amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to evide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete needule D, Part III the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for bounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	5	х	
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School S	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for bunts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	8	┝╌┤	
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### 170 ### 17				
10 Did sends 11 If the as a a Did sends b Did assect Did assect Did sends f Did 5 Did 5 Did 5 Schill b Was If "Y		9	l i	X
11 If the as a a a Did Part b Did asse d Did Part e Did the c Did Schill b Was If "Y	the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
as a a Did ' Part b Did ' asse c Did ' asse d Did ' Part e Did ' f Did ' the c 12a Did Schi b Was	lowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
a Did Part b Did asse c Did asse d Did Part e Did f Did the c 12a Did Schi b Was	ne organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
b Did assect Did assec	applicable	,		
b Did assect Did assect Did assect Did for Did the control of the	the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,]	
asse c Did asse d Did Part e Did f Did the Schi b Was	t VI	11a	Х	
c Did assected by American Control of the Control o	the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		Ì	ı
asse d Did Part e Did f Did the Sch b Was	ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
d Did : Part e Did : f Did : the c 12a Did : Schi b Was	the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
Part e Did f Did the c 12a Did Schi b Was	ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
 e Did : f Did : the c 12a Did : Schi b Was If "Y 	the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
f Did the c 12a Did Scho b Was If "Y	t X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	<u> </u>
the c 12a Did School b Was If "Y	the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
12a Did Schi b Was If "Y	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- V	
Scho b Was If "Y	organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
b Was	the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete nedule D, Parts XI and XII	40-		х
If "Y	s the organization included in consolidated, independent audited financial statements for the tax year?	12a	╁─┤	
	Yes, " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13 Is th	he organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	X
	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		\vdash	
	estment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	nore? If "Yes," complete Schedule F, Parts I and IV	14b	[X
	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
		15		X
	eign organization? If "Yes," complete Schedule F, Parts II and IV			
	eign organization? If "Yes," complete Schedule F, Parts II and IV the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
colu	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	77
18 Did	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	17		_X

Form 990 (2016)

18

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

1c and 8a? If "Yes," complete Schedule G, Part II

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
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	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 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization trivest any proceeds or tax exempt bonds seyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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				
	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	X	
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	0.7		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
26	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	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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	0.5		v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	22		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		-
-	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٦,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(00:5
		rom	330	(2016)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-90					
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ŀ					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
	(gambling) winnings to prize winners?	1c	X						
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 81								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)]		l					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1	Ì '	١					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country. ▶								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		l	٠,					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 -						
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		x	ļ					
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	<u> </u>						
D	were not tax deductible?	6ь	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	İ	X					
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>							
-	to file Form 8282?	7c	ļ	X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8		<u></u>					
9	Sponsoring organizations maintaining donor advised funds.	ļ		ł					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ					
10	Section 501(c)(7) organizations. Enter	Ì							
	Initiation fees and capital contributions included on Part VIII, line 12	1	·						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	ł		ŀ					
11	Section 501(c)(12) organizations. Enter	l		ŀ					
	Gross income from members or shareholders Cross income from ethor services (Do not not amounts due or poid to other services accurate	ł							
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	Ì	1	}					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	IZa	 - -	\vdash					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	 					
_	Note. See the instructions for additional information the organization must report on Schedule O.								
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	1							
С	Enter the amount of reserves on hand	1							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		V	
10	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a	Г	Yes	No
10	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	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		_X_
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	37	X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
_	more members of the governing body?	7a	Х	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	- 21	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			х
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		<u> </u>
·	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		X
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	Х	
	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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		Щ.
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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);	availah	lo.	
10	for public inspection. Indicate how you made these available. Check all that apply	.vullal	1.5	
	Own website Another's website W 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	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	STEVEN POWELL-SECRETARY/TREAS (847) 294-5064			
	10400 W. HIGGINS RD, ROSEMONT, IL 60018			
	6 11-11-16	Form	aan	(2016)

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

Check if Schedule O contains a response or note to any line 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 week	box,	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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
(1) CLINT BROWN	40.00			х				110 000	0	10 051
VICE PRESIDENT (2) LISA CATANZARO	40.00	\vdash		^				118,899.	0.	18,051
EXECUTIVE VICE PRESIDENT	1.00	$\mid \cdot \mid$		х				173,744.	0.	17,995
(3) CONSTANTINE DOUKAS	40.00	Н			┢┈	├─		1/3,/12	0.	11,990
VICE PRESIDENT	10.00	1		х		l		75,543.	0.	17,818
(4) CATHERINE HOWE	40.00	П				T				
VICE PRESIDENT		1		х		l		88,884.	0.	17,853
(5) JEFFERY JAYKO	40.00	П								
VP / DIRECTOR OF COLLECTIV - PAST				Х	L			61,130.	0.	6,874
(6) ROBERT KLEICH JR.	40.00									
VICE PRESIDENT		Ш		Х	L			85,845.	0.	17,930
(7) ANDREW O'KEEFE	40.00	↓		٠,,		l		100 505		45 000
VICE PRESIDENT	40.00	Н		Х	<u> </u>	ļ.		102,527.	0.	17,989
(8) BRADLEY POWELL VICE PRESIDENT	40.00	┨		х				104,298.	0.	10 00
(9) RONALD POWELL	40.00	╁╌┤		^	-		├	104,230.	0.	18,023
PRESIDENT	1.00	$\mid \cdot \mid$		х	l			231,444.	0.	19,97
(10) STEVEN POWELL	40.00	\vdash		<u> </u>	\vdash	 	-	231,333.		10,01
SECRETARY-TREASURER	1.00	1		х				218,217.	0.	22,660
(11) MAMIE PRATT	40.00	П						<u> </u>		
VICE PRESIDENT		1		Х				67,596.	0.	17,787
(12) PAUL SCHAEFER	40.00	П								
VICE PRESIDENT				X				119,212.	0.	18,022
(13) PATRICK STATTER	40.00									
RECORDER		Ш		X				105,071.	0.	18,039
(14) TERESA RAMIREZ	40.00]							_	
BUSINESS REPRESENTATIVE - NEW	1	Ш		X		L		61,683.	0.	17,67
(15) KEVIN WEST	40.00	1						67.044		4
VICE PRESIDENT	1000			X	<u> </u>	_		67,014.	0.	17,780
(16) MOISES ZAVALA	40.00			v.				100 670		10 00
VICE PRESIDENT (17) RODNEY ZELASKO	1000	\vdash		Х	ļ	 		102,672.	0.	17,977
(17) RODNEY ZELASKO VICE PRESIDENT - PAST	40.00			х	1			100 035	0.	12,130
ATCH IMPRIDENT - NASI	<u> </u>			Δ	L	L		100,035.	U •]	14,13

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st (es (continued)			
(A)	(B)			(C Pos	-			(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		stimate	-
	week			ss pe nd a d				compensation from	compensation from related	a	mount of their	Oī
	(list any	ctor						the	organizations	con	npensa	tion
	hours for	or dure	_		l	22		organization	(W-2/1099-MISC)	f	from the	е
	related organizations	stee (truste	1		bensa		(W-2/1099-MISC)			ganızat	
	below	ual tr	lanar		ploye	t com	١.			i i	nd relati janizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			lorg	ailizatii)11S
(18) JANET LEE DOLAN	40.00	-	-		×	1 0	۳	 		\dagger		
BUISNESS REPRESENTATIVE - NEW		1	1	x	[\	1	68,597.	0	. 1	7,7	05.
(19) GARLAND BLAKELY	1.00						Г			T		
VICE PRESIDENT		<u> </u>	L	X	L	_		2,526.	00	<u>.L</u>	1	<u>77.</u>
(20) MARLENE AUMULLER	1.00							- ''				
VICE PRESIDENT	1 2 2 2		L	Х	_	ļ	L	1,496.	0	<u></u>	<u> 2 </u>	39.
(21) MICHAEL CROW	1.00		1	١				1 400		Ì		• •
VICE PRESIDENT	1 00	_	L	Х	<u> </u>	$oxed{igspace}$	L	1,496.	0	ч	1	48.
(22) LORENZO FERNANDEZ	1.00	ļ	ļ	x			1	700	_	1	1	<i>c</i> 7
VICE PRESIDENT - PAST (23) GLORIA GONZALES	1.00	├	├-	1	⊢	┢-	H	700.	0	┼	— <u> </u>	67.
VICE PRESIDENT	1.00			x				2,430.	0	1	1	38.
(24) THERESA GRATZ	1.00	\vdash	╁╌	1	\vdash	1	╁	2,430.		' 		30.
VICE PRESIDENT		1		x	ŀ			2,409.	0	.	6	16.
(25) OVERTIS JACKSON	1.00	1	\vdash	T			T	†		1		
VICE PRESIDENT - PAST				X				100.	0			0.
(26) KENT MADISON	1.00											
VICE PRESIDENT	<u> </u>		L	Х		<u> </u>	L	2,255.	0			85.
1b Sub-total								1,965,823.	0		3,8	
c Total from continuation sheets to Part V	II, Section A						>	160,166. 2,125,989.	0		19,2 33,1	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	et limited to th	2000	liet	od 0	bov	a) ved	<u> </u>		<u> </u>	,1 33	,,,,	33.
compensation from the organization	iot iii iikea to ti	1036	1150	eu a	DOV.	e) w	1101	received more trial and to	7,000 of reportable			11
companion with the enganization											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d of	ther compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J	for such individual		4	X	
5 Did any person listed on line 1a receive or	•						rela	ted organization or indiv	idual for services	Ì		3.5
rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch	per	son				5	لــــــــــــــــــــــــــــــــــــــ	Х
Section B. Independent Contractors		don						*************	£100 000 -f			
Complete this table for your five highest countries the organization. Report compensation for	•								•	sauon	ITOTT	
(A)	u ic dalci idai y	cui	CITO		VICI	O: VI	//(/ //	(B)	year.		C)	
Name and business	address							Description of	services		ensatio	n
THE KARMEL LAW FIRM, P.C	., 221 1	ION	RT	H								
LASALLE STREET SUITE 155	0, CHICA	AG	<u>o,</u>	I	<u>. </u>			LEGAL SERVIC	ES	27	79,0	12.
									}			
								<u> </u>				
									1			
			_									
2 Total number of independent contractors (-	ot li	mite	ed to	tho	se li	ste	d above) who received r	nore than			
\$100,000 of compensation from the organ	zation >	.				1						
SEE PART VII, SECTIO	n a con'	I.T.	NÜ.	AT.	TO:	N	SH	EETS		Form	990 (2016)

	991 ONTON								30-212	
Part VII Section A. Officers, Directors	s, Trustees, Key Eı	nplo	yee			ligh	<u>est</u>	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl			tion	арр	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) KATHRYN EGGERT	1.00									100
VICE PRESIDENT			L_	X	L.,	<u> </u>	ļ	2,080.	0.	120
(28) KRYSTINA KLEICH	1.00			v				2 445	^	7.0
VICE PRESIDENT (29) MARSHA MINOTT	1.00		<u> </u>	Х	_	 		2,445.	0.	76
(29) MARSHA MINOTT VICE PRESIDENT - PAST	1.00	ł	Ì '	x			1	440.	0.	150
(30) JAMES MOUNCE	1.00	╁	┝╌	^	-	├	┝	440.	· · ·	130
VICE PRESIDENT	1.00	1	ŀ	х			1	1,496.	0.	178
(31) MARY LONGO	1.00	┢╌	-		H	├─	├-		`	
VICE PRESIDENT	- 	i		x	l			1,448.	0.	81
(32) DEBRA PRICE	1.00	⇈	-		┞	 	T			
VICE PRESIDENT	ļ —	1		Х	ł		1	2,422.	0.	112
(33) KATHRYN RESENDIZ	1.00	T								
VICE PRESIDENT]		Х				2,440.	0.	92
(34) THOMAS TYSKA	1.00	<u> </u>		_			Γ			
VICE PRESIDENT		<u> </u>	L	X		L	L	2,487.	0.	116
(35) VALERIE WICINSKI	1.00	1			1	1	1			4 - 4
VICE PRESIDENT		ļ_	<u> </u>	X	_	L_	<u> </u>	2,518.	0.	154
(36) DIANE ZABALY-SCHREINER	1.00			١				1 445		
VICE PRESIDENT	1-00	├ —	<u> </u>	X	_	<u> </u>	╙	1,446.	0.	0
(37) ROY PETERSON	1.00	1	İ	x				1,400.	0.	122
VICE PRESIDENT (38) MARY TAPIA BARTHEL	1.00	╁		^			⊢	1,400.	V •	132
VICE PRESIDENT	1.00	┨		х			ļ	5,629.	0.	0
(39) MARY BOSWELL	1.00	╁╴	├─	<u> </u>	 	-		3,023.		
VICE PRESIDENT - NEW	1.00	1	1	х	1		1	1,096.	0.	0
(40) SUSAN KLEIN	1.00	-	\vdash	-	_	┢	1			
VICE PRESIDENT - NEW		1		х				1,826.	0.	0
(41) SUSANN SCHAAR	1.00									
VICE PRESIDENT - NEW		1_		Х			ĺ	480.	0.	0
(42) KIM STEWART	1.00			I				·		
VICE PRESIDENT - NEW		<u> </u>	<u> </u>	X	<u> </u>	_	_	1,723.	0.	157
(43) PATRICIA VARDALOS	40.00	1						100 705		47
COMPTROLLER		↓_		_	<u> </u>	X	┡	128,790.	0.	17,907
		-							J	
		+-	\vdash	-	 	├-		 		
	 	1	1	1	1					
		+-	\vdash	\vdash	 	-	\vdash	 		
	<u> </u>	1			1					
				<u> </u>		<u> </u>	_			
Total to Part VII, Section A, line 1c								160,166.		19,275

Form 990 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1a 1b Membership dues Fundraising events 1c d Related organizations 1d Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES AND ASSESSMENTS 900099 16,781,153 16,781,153 Program Service Revenue All other program service revenue 16,781,153 Total. Add lines 2a-2f Investment income (including dividends, interest, and 286,402 286,402. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 27,756 6 a Gross rents b Less: rental expenses 27,756. c Rental income or (loss) d Net rental income or (loss) 27,756 27,756. (i) Securities (ii) Other 7 a Gross amount from sales of 20,000 assets other than inventory b Less: cost or other basis and sales expenses 20,593 <593 c Gain or (loss) <593 <593.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 28,270 28,270. d All other revenue 28,270. e Total. Add lines 11a-11d 17,122,988. 16,781,153. 341,835. Total revenue. See instructions.

Section	on 501(c)(3) and 501(c)(4) organizations must com	nlete all columns. All oth	er organizations must c	complete column (A)	
Secin	Check if Schedule O contains a respor			omplete column (A)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	114,341.			
2	Grants and other assistance to domestic			 	
-	individuals. See Part IV, line 22	11,179.		•	
3	Grants and other assistance to foreign			 	
	organizations, foreign governments, and foreign]	
	individuals See Part IV, lines 15 and 16			Į.	
4	Benefits paid to or for members	45,000.			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,318,941.	 	<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
	persons described in section 4958(c)(3)(B)	2 425 021		ļ	
7	Other salaries and wages	2,425,021.		}	
8	Pension plan accruals and contributions (include	121,863.	lu		
9	section 401(k) and 403(b) employer contributions) Other employee benefits	704,824.		 	
10	Payroll taxes	332,581.	 	 	
11	Fees for services (non-employees)			 	
а	Management				
b	Legal	280,162.		1	
С	Accounting	55,085.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	4	 		
f	Investment management fees	14,950.		<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25,			Ì	
	column (A) amount, list line 11g expenses on Sch O.)	104,615.		ļ	
12	Advertising and promotion	351,512.		 	
13 14	Office expenses Information technology	331,312.			
15	Royalties			 	
16	Occupancy	362,342.		 	
17	Travel	311,848.		<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,216.			
20	Interest	126.			
21	Payments to affiliates	6,459,156.	<u> </u>		
22	Depreciation, depletion, and amortization	108,979. 47,184.		 	
23	Insurance Other expenses. Itemize expenses not covered	47,104.		 	
24	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	TRANSFERS TO PAC FUND	532,249.		 	
b	COLLECTIVE BARGANING	314,980.		 	
С	LABOR EDUCATION	180,634.			
d	MEMBERSHIP COMMUNICATIO	85,807.			
е	All other expenses	131,754.			
25	Total functional expenses. Add lines 1 through 24e	15,471,349.		ļ	
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 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		L

t X	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
				End of year
1	Cash - non-interest-bearing		1	886,449.
2	Savings and temporary cash investments	6,437,748.	2	8,084,753.
3	Pledges and grants receivable, net		_3_	
4	Accounts receivable, net	18,977.	4	20,810.
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			
	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 instr). Complete Part II of Sch L	2,400.	6	2,400
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	107,935.	9	111,691
10a				
b	Less. accumulated depreciation 10b 1,818,672.		10c	422,228.
11	Investments - publicly traded secunties	5,612,430.	11	422,228. 6,267,080.
12	Investments - other securities. See Part IV, line 11	3,310,112.	12	3,425,132.
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	397,323
16	Total assets. Add lines 1 through 15 (must equal line 34)	17,285,498.	16	19,618,966
17	Accounts payable and accrued expenses	561,591.	17	661,579.
18	Grants payable		18	
19	Deferred revenue	583,587.	19	547,599.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	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 .		25	878,815.
26	Total liabilities. Add lines 17 through 25	2,029,168.	26	2,087,993.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	15,256,330.	27	17,530,973.
28	Temporanly restricted net assets		28	
29	· · · · · · · · · · · · · · · · · · ·		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	15,256,330.	33	17,530,973.
<u>~</u>		17,285,498.	34	19,618,966.
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X Reginning of year	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing

Form	990 (2016) HOCAL 881 ONION	30-	41435	22	Pag	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,3	
3	Revenue less expenses Subtract line 2 from line 1	3	1,	65	1,6	39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_ 15,	25	6,3	30.
5	Net unrealized gains (losses) on investments	5		62	3,0	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	F					
9						0.
10	· · · · · · · · · · · · · · · · · · ·					
			17,	53	0,9	73.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Ì		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	- {	_ [ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ĺ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1	j		
	separate basis, consolidated basis, or both:		ľ			
	Separate basis Consolidated basis Both consolidated and separate basis		1			1
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	1			
	consolidated basis, or both		İ			ŀ
	Separate basis		Ì	i		ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	[
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	Г			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	irt	l	. 1	l
	Act and OMB Circular A-133?		Į	3a_		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	nt [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b_		
				Earm	agn	(2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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/tom990.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organiza 	tions Complete Part III			
Name of organization			Emp	loyer identification number
	81 UNION		ļ	36-2125555
Part I-A Complete if the org	janization is exempt un	der section 501(c) o	r is a section 527	organization.
Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		▶ :	£
Part I-B Complete if the org	ganization is exempt un	der section 501(c)(3)	
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	> :	\$
2 Enter the amount of any excise tax	incurred by organization mana	gers under section 4955	▶:	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				L Yes L No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt un	der section 501(c), o	except section 501	(c)(3).
1 Enter the amount directly expended	d by the filing organization for s	section 527 exempt function	on activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to d	other organizations for sec	tion 527	
exempt function activities			▶:	\$
3 Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL,		
line 17b			▶ :	\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr	tion listed, enter the amount pa	aid from the filing organiza	tion's funds. Also enter t	he amount of political
political action committee (PAC). If		, ,	•	ato oogrogatoo tana or a
(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-
	ROSEMONT, IL		_	
FUND	60018	36-3276537	0	532,249.
				1
For Paperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedule (C (Form 990 or 990-EZ) 2016

LHA 632041 11-10-16 SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2016 L	OCAL 881 t	NION		36-	2125555 Page 2
Part II-A Complete if the orga	nization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).					
A Check ► ☐ If the filing organization	n belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	, ,				
B Check ► L if the filing organization	n checked box A a	nd "limited control" pr	ovisions apply		
Limits	on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		unts paid or incurred	.)	organization's totals	totals
1a Total lobbying expenditures to influe.	nce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)		[
d Other exempt purpose expenditures				1	
e Total exempt purpose expenditures	add lines 1c and 1	d)			
f Lobbying nontaxable amount Enter	the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or (bying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0	000 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500		00 plus 10% of the ex			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
	• • • • • • • • • • • • • • • • • • • •				
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a If zero	•				
i Subtract line 1f from line 1c If zero c	r less, enter -0-				
j If there is an amount other than zero		line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this ye		,			Yes No
,		eraging Period Under	r section 501(h)		
(Some organizations tha				of the five columns	below.
	See the separ	ate instructions for I	ines 2a through 2f.)		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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))					
Crassraats labbuung aynandituras					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 LOCAL 881 UNION 36-212555 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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)
of 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)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?	ļ				
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 Rallies, 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			H		
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), section 501(c)(4).	ion 501(c)	(5) o	1 500	tion	
501(c)(6).	011 00 1(0)	(0), 0	300	tion	
			T	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	n	3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), sect					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	i "No," Ol	R (b) I	Part I	lll-A, lin	e 3, is
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				•
expenses for which the section 527(f) tax was paid).					
a Current year		:	2a		
b Carryover from last year			2b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?		L	4		
5 Taxable amount of lobbying and political expenditures (see instructions)			5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 5, Part II-A (affiliated ground the description) and line 1; Part I-C, line 1; Part I-C, line 1; Part I-C, line 1; Part I-C, line 1; Part I-C, line 1; Part I-	p list); Part li	I·A, line	s 1 an	d 2 (see	
instructions), and Part II-B, line 1 Also, complete this part for any additional information.					
PART I-A, LINE 1:					
THE LOCAL HAS ESTABLISHED THE UFCW LOCAL 881 PAC FUND	TO PE	ROVI	DE		
			C F	IDEAL	ıS
SUPPORT TO STATE AND LOCAL CANDIDATES FOR POLITICAL (OFFICE	WHO	31		
SUPPORT TO STATE AND LOCAL CANDIDATES FOR POLITICAL OF ARE SIMILAR TO THOSE OF THE LOCAL AND ORGANIZED LABOR	•				

PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 LOCAL 881 UNION	36-2125555 Page 4
Schedule C (Form 990 or 990-EZ) 2016 LOCAL 881 UNION Part IV Supplemental Information (continued)	-
UFCW LOCAL 881 PAC FUND	
10400 WEST HIGGINS ROAD ROSEMONT, IL 60018	
	· · ·
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	·-····································

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of 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 advised	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring			
	impermissible private benefit?		Yes No			
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histori	ically important land area			
	Protection of natural habitat	Preservation of a certific	ed historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of				
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic sti		2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	i			
_	listed in the National Register 2. Number of consequation assembly modified transferred released extinguished or terminated by the executation during the tay.					
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax					
	year ▶					
4 -						
5	Does the organization have a written policy regarding the pe					
•	violations, and enforcement of the conservation easements		Yes No			
0	6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
7	 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 					
•	\$	ding of violations, and emorning conservation	or easements during the year			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/b)/4)/R\/n			
Ū	and section 170(h)(4)(B)(ii)?	vo sadory and requirements or section (requi	Yes No			
9		son easements in its revenue and expense s				
•	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
	conservation easements					
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of publi	ic service, provide the following amounts			
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		► \$ ► \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g				
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		▶ \$			
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2016			

632051 08-29-16

Schedule D (Form 990) 2016

	MITON		26 212555
Schedule D (Form 990) 2016 LOCAL 881 U	NION	-	36-2125555 _{Page}
Part VII Investments - Other Securities.	5 000 D 1 11 1	441 0 5 000 5 1 4 1	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			
	(b) Book value	(c) Method of Valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	2.60.050		
(A) POOLED FUNDS	3,362,352.	END-OF-YEAR I	
(B) REAL ESTATE TRUST	52,500.	END-OF-YEAR I	
(C) REAL ESTATE STOCK	10,280.	END-OF-YEAR 1	MARKET VALUE
(D)			
(E)			
(F)			
(G)		-	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,425,132.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. lu	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(4)			
(1)			
(2)			
(3)			
(4)		 	
			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, II	ne 15
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)		"	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"			art X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL		118,780.	
(3) ACCRUED REAL ESTATE TAXES		19,385.	
(4) ANNUITY CONTRACTS (DEFERR	ED		
(5) COMPENSATION)		397,322.	

(1) Federal income taxes	
(2) ACCRUED PAYROLL	118,780.
(3) ACCRUED REAL ESTATE TAXES	19,385.
(4) ANNUITY CONTRACTS (DEFERRED	
(5) COMPENSATION)	397,322.
(6) ACCRUED RETIREMENT AND VACATION	
(7) BENEFITS PAYABLE	312,041.
(8) DEFERRED RENT	31,287.
(9)	
Total (Column (b) must equal Form 990, Part V col. (B) line 25.)	878 815

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047 2016

Open to Public

Inspection

Schedule I (Form 990) (2016) ž [] Employer identification number 36-2125555 (h) Purpose of grant or assistance INTEREST AND SOCIAL CIVIC ORGANIZATION OBS WITH JUSTICE TO SUPPORT PUBLIC X Yes EDUCATION FUND Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CHANGE 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance N/A Y/A ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 0.N/A O.N/A 0.N/A (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 7,000 20,000, 7,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(5) 52-2117494 80-0111994 36-4016102 Part I General Information on Grants and Assistance (p) EIN UNION criteria used to award the grants or assistance? LOCAL 881 1 (a) Name and address of organization CHICAGO JOBS WITH JUSTICE 330 SOUTH ASHLAND AVENUE PUBLIC ACTION FOUNDATION or government UFCW MINORITY COALITION 4301 GARDEN CITY DRIVE 27 EAST MONROE STREET Name of the organization LANDOVER, MD 20785 CHICAGO, IL 60603 CHICAGO, IL 60601 Part II

LOCAL 881 UNION

Schedule I (Form 990) (2016) LOCAL 881 UNION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

Page 2

36-2125555

(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 noncash assistance
FLOWERS AND BIBLES	100	11,179.	. 0	0.N/A	FLOWERS AND BIBLES FOR DECEASED MEMBERS FAMILIES.
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2, Part III, column	(b), and any other a	ured in Part I, line 2, Part III, column (b), and any other additional information	
PART I, LINE 2:					
THE EXECUTIVE BOARD OF THE LOCAL C.	LOCAL CAREFULLY	REVIEWS	ALL REQUESTS	S FOR	
DONATIONS PRIOR TO THEIR APPROVAL	AND DISB	AND DISBURSEMENT.	APPROVAL IS	IS GRANTED	
ONLY TO REPUTABLE ORGANIZATIONS WHO	O HAVE S.	SATISFIED T	THE BOARD'S	DUE	
DILIGENCE. THE BOARD PERFORMS NO	SUBSEQUE	SUBSEQUENT MONITORING	ING OF THE	USE OF	
DONATIONS AND GRANTS ISSUED. ALL	RECORDS	REGARDING	DISBURSEMENT	NT OF FUNDS	
ARE MAINTAINED AT THE LOCAL'S OFFIC	CE.				

Schedule I (Form 990) (2016)

SCHEDULE J

Compensation Information

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

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

► Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL 881 UNION

Employer identification number 36~2125555

Questions Regarding Compensation Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 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 (such as, maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? Х X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2016

LOCAL 881 UNION

36-2125555

Page 2

Schedule J (Form 990) 2016 LOCAL 881

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 on 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 aren't 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

		(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		(a).(i)(a)	reported as deferred on prior Form 990
(1) LISA CATANZARO	Ε	167,508.	6,236.	0	3,313.	14,682.	191,739.	0
EXECUTIVE VICE PRESIDENT	Ξ					0	ı	0
(2) RONALD POWELL	Ξ		8,392.	0	3,313.	16,664.	251,421.	0
PRESIDENT	≘					ı		
(3) STEVEN POWELL	Ξ	L	7,845.	0	3,313.	19,353.	240,88	
SECRETARY-TREASURER	Ξ		0	0	0	0	0	0
	Ξ							
	Ξ							
	Ξ							
	Ξ							
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	Ξ							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	(1)							

Schedule J (Form 990) 2016

		red for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
orm 990) 2016 LOCKED OCT ON TON	plemental Information	ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4
Schedule J (F	Part III Sup	Provide the in

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

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Internal Revenue Service

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

Name of the organization							-	identi		on nu	mber
	881 UNION							255	55		
Part I Excess Benefit Trans									_		
Complete if the organization					, or Form 990-EZ, P	art V, lı	ne 40)b			
1 (a) Name of disqualified person	(b) Relationship betw person and or			ified (c) Description of tran	saction	า				cted?
	person and on								Υe	s	No
									+	-+	
									+	-+	
									+-	+	
									+-	-+	
							—		+	+	
2 Enter the amount of tax incurred by	the organization man	agers	or disc	ualified persons dur	ing the year under						
section 4958	ario organizacion mari	ago.o	0. 0.00	daminos borborio osr	ing the your ariaer	1	s				
3 Enter the amount of tax, if any, on lir	ne 2. above. reimburs	ed by	the or	ganization		í	S				
		•	,	9			•				
Part II Loans to and/or From	Interested Pers	ons.									
Complete if the organization	answered "Yes" on F	om 9	90-EZ	, Part V, line 38a or F	orm 990, Part IV, lin	e 26, c	or if th	ne orga	nızatıd	on	
reported an amount on Form	n 990, Part X, line 5, 6	, or 22	2								
(a) Name of (b) Relation		(d) Loa	an to or	(e) Original	(f) Balance due	(g)		(h) App by boa	-d 0-	(i) W	ritten_
interested person with organiz	ation of loan	organiz		principal amount		defa	ult?	comm	ittee?	agree	ment?
			From			Yes	No	Yes	No	Yes	No
	ERSADVANCES		X	1,100.	1,100.		X	X			X
24 ADVANCES @ \$EMPLOY	ZEEADVANCES	ļ	Х	2,400.	2,400.		X	Х			X
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Tabl		L		<u> </u>	3,500.			┝╌┦			Ц
Total Part III Grants or Assistance	Benefiting Inter	este	d Pe		3,300.			L			
Complete if the organization	-										
(a) Name of interested person	(b) Relationship			(c) Amount of	(d) Type	of	\neg	(e)	Purpo	ose of	
(a) Name of Interested person	interested pers			assistance	assistan		- 1		ıssısta		
	the organiza	ation					ł				
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SEE PART V FOR CONTINUATIONS

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

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 LOCAL 881 UNION

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	Bb, or 28c. (c) Amount of transaction	(d) Description of transaction		aring of cation's nues?	
			ļ	Yes	No	
STEVEN POWELL	OFFICER	218,217.	STEVEN POWE		X	
BRADLEY POWELL	OFFICER		BRADLEY POW		x	
CLINT D BROWN	EMPLOYEE		CLINT D BRO		Х	
ebini b brown	EIII BOTBB	11,505.	DEINI D DIO		 -	
						
					<u> </u>	
<u> </u>						
Part V Supplemental Information						
<u> </u>	onses to questions on Schedule L (see	instructions)				
1 Tovide additional information for resp	orises to questions on conteduie E (see	instructions).				
SCHEDULE L, PART II, LOANS	TO AND FROM THEFFE	מתבט סבספטא	ıç.			
SCHEDOLE II, PART II, BOAR	TO AND TROM INTERES	STED FERBOR	io .			
/a) NAME OF DEDCOM. 11 ADS	7337CFC 0 6100 F3CH M	0 11 OPPIO	ים כי			
(A) NAME OF PERSON: 11 ADV	ANCES & \$100 EACH TO	O II OFFICE	iks			
(B) RELATIONSHIP WITH ORGA	ANIZATION: OFFICERS					
(C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.						
(C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.						
(A) NAME OF PERSON: 24 ADVANCES @ \$100 EACH TO 24 EMPLOYEES.						
(11) 1111112 01 1111110111 11111	7121022 0 \$200 211011 2					
(B) RELATIONSHIP WITH ORGA	NTTATION. PMDLOVERS					
(B) RELATIONSHIP WITH ORGA	WIZATION: EMILOTEED					
/a\ puppose of toxy, xpyxx	IORG BOD BYDENGES MO	DE INCHDRE	ישי			
(C) PURPOSE OF LOAN: ADVA	ICES FOR EXPENSES TO	DE INCURRE	עי.			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: STEVE	N POWELL					
(D) DESCRIPTION OF TRANSAC	CTION: STEVEN POWELL	IS SECRETA	RY TREASURE	R OF		
		<u>:</u> -				
THE LOCAL UNION. THE LOCAL	AL PAYS STEVEN POWEL	T. A SALARY	AND CONTRIB	HTES		
THE BOCKE ONTON: THE BOCK	H IMIO DIBVER IOWED	D II DIIIIII	THID CONTINED	0110		
MO EMPLOYER DENEETS DIANC	ON HIC DEHALE COE	WENT DOWNETT	TO A DAMILY			
TO EMPLOYEE BENEFIT PLANS	ON HIS BEHALF. SIE	AEM LOMETT	12 A LYMILIA			
\						
MEMBER OF UNION PRESIDENT	RONALD POWELL.					
(A) NAME OF PERSON: BRADLI	EY POWELL					
(D) DESCRIPTION OF TRANSAG	TTTON: BRADLEY POWEL	L IS VICE P	RESTDENT OF	чнт		
(2) BEBUILTION OF THE HOLD	JIIII DIGIT TOMBO			- 1111		
TOOM INITON MID TOOM D	אעכ ססאחופע המשוד א	פאד.אפע אויד	י העוות ב בתוואים	G mo	1	
LOCAL UNION. THE LOCAL PA	AYS BRADLEY POWELL A	PAUAKI AMI	COMIKIBUTE	o TU		
	DDU	u power = -			_	
EMPLOYEE BENEFIT PLANS ON	HIS BEHALF. BRADLE					
		^	chadula I. /Form 000		71 00 40	

Schedule L (Form 990 or 990-EZ) LOCAL 881 UNION 36-2125555 Page
Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
OF UNION PRESIDENT RONALD POWELL.
(1) MARIO OF DEPOSIT OF THE D. DECIDI
(A) NAME OF PERSON: CLINT D BROWN
(D) DECORIDATOR OF MENDIONE OF MILE
(D) DESCRIPTION OF TRANSACTION: CLINT D BROWN IS AN EMPLOYEE OF THE
LOCAL UNION. THE LOCAL PAYS CLINT D BROWN A SALARY AND CONTRIBUTES TO
LOCAL ONION. THE BOCKE PAID CHINI D BROWN A BABART AND CONTRIBUTED TO
EMPLOYEE BENEFIT PLANS ON HIS BEHALF. CLINT D BROWN IS A FAMILY MEMBER
EMI BOTTE BENEFIT TEMAS ON MIS BENEFIT & BROWN IS IT THEIR MEMBER
OF UNION OFFICER CLINT V BROWN.
OI ONION OILIGIN CHIMI V BROWNY

SCHEDULE 0

(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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization LOCAL 881 UNION	Employer identification number 36-2125555
FORM 990, PART VI, SECTION A, LINE 2:	
THE PRESIDENT OF THE LOCAL, RON POWELL, HAS TWO SONS EMPL	OYED AS OFFICERS
OF THE LOCAL, STEVE 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 REQUIR	EMENTS FOR
MEMBERSHIP AND IS STILL EMPLOYED UNDER THE JURISDICTION O	F THE LOCAL UNION.
AN ACTIVE MEMBER PAYS FULL DUES AND HAS FULL VOTING RIGHT	S.
	
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 AP	PROVAL BY
MEMBERSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S	ENTIRE GOVERNING
BODY FOR FORMAL BOARD REVIEW AND APPROVAL PRIOR TO ITS FI	LING.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE PRESIDENT, LOCAL UNION OFFICERS, AND	O OTHER KEY
EMPLOYEES IS ORIGINATED AND APPROVED BY THE GOVERNING BOD	Y IN ACCORDANCE
WITH THE GUIDELINES SET BY THE LOCAL'S CONSTITUTION AND E	BYLAWS.

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

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization LOCAL 881 UNION	Employer identification 36-2125555	number
FORM 990, PART VI, SECTION C, LINE 19:		
THE LOCAL MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEME	NTS AVAILABLE	UPON
REQUEST AT THE LOCAL'S MAIN OFFICE DURING REGULAR BUSINES	S HOURS WITH	
ADVANCE NOTICE.		
	19- 01-19-	
		
		
	· · · · · · · · · · · · · · · · · · ·	
		·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

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

Employer identification number 36-2125555 Direct controlling entity End-of-year assets e Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity UNION LOCAL 881 Name, address, and EIN (if applicable) of disregarded entity Name of the organization

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

(a)	(q)	(0)	(p)	(0)	()	(g) (g)) (4.4.9)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	e(U) (J)
of related organization		foreign country)	section	status (if section	entity	entity?	٠
)		501(c)(3))		Yes	No
JECW LOCAL 881 POLITICAL ACTION FUND -	ACCEPT CONTRIBUTIONS AND						
36-3276557, 10400 WEST HIGGINS ROAD,	MAKE EXPENDITURES TO LOCAL						
ROSEMONT, IL 60018	POLITICAL CANDIDATES	ILLINOIS	527		N/A		×
OCAL 881 UFCW POLITICAL ACTION FUND -	ACCEPT VOLUNTARY						
7-5320459, 10400 WEST HIGGINS ROAD,	CONTRIBUTIONS &						
ROSEMONT, IL 60018	EXPENDITURES TO FEDERAL	ILLINOIS	527		N/A		×
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 LOCAL 881 UNION

Schedule H (Form 990) 2016 LUCAL 881 UNION

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

organizations treated as a partnership during the tax year	irtnership during the ta	ax year				[-	-	
(a)	(g)	<u></u>	©			€	(B)	<u>e</u>				(K)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year assets	Dispropo	are Code V-UBI amount in box 20 of Schedule	SOX mana Sule partr	ging Cerc	managing ownership
		country)		sections	512-514)			Yes		Des Yes No	2 2	
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Identification of Related Organizations Taxable as a Corporati	ganizations Taxable	as a Corp	poration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	omplete if the	e organization	answered "Yes	3" on Form 990	I, Part IV, line	34 because it h	ad one or	more re	alated
	rporation or trust during	ng the tax	year			:						
(a)			(q)	(၁)	(p)	(e)		ε	(6)	3		<u> </u>
Name address and F	2	Prin	ctivity		Direct control			Share of total	Share of	Percent		action 2(b)(13)
of related organization	· _	-			entity	(C corp, S corp,		income	end-of-year	ownership		ntrolled
1			•	foreign country)		or tr.	ıst)		assets			2
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	owing transactions with one or more related organizations listed in Parts II-IV?		>
 Receipt of (i) interest, (ii) annutties, (iii) royalties, or (iv) rent from a controlled entity And great or central control to related organization(s) 	>			\$ × ×
			L	
				1d X
e Loans or loan guarantees by related organization(s)				Te X
6 Printed and a finance and a communication (a)				×
			1	1
			1,	E +
n Purchase of assets from related organization(s)				+
Exchange of assets with related organization(s)			1,	1
 Lease of racilities, equipment, of other assets to related organization(s) 			1	1
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			× =
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			Tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lion(s)		<u> </u>	th X
 Sharing of paid employees with related organization(s) 				10 X
Commence and the second to select the second				×
			1	1
q Reimbursement paid by related organization(s) for expenses			1	4
r Other transfer of cash or property to related organization(s)				×
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	pea
(1) UFCW LOCAL 881 POLITICAL ACTION FUND	В	532,249.	249. TRANSFERS TO PAC	
(2)				
(5)				
(4)				
(5)				
(9)				
532163 09-06-16	34		Schedule R (F	Schedule R (Form 990) 2016

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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)

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	(J)	(6)	(H)	(i)	(1)	अ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Lonate amount in box 20 managing amount in box 20 managing amount in box 20 managing allocations?	General of managin partner?	Percentage ownership
		country)	sections 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
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Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
NAME OF RELATED ORGANIZATION:	
LOCAL 881 UFCW POLITICAL ACTION FUND	
PRIMARY ACTIVITY: ACCEPT VOLUNTARY CONTRIBUTIONS & EXPENDIT	URES TO FEDERAL
CANDIDATES	
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