# Form **990**

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	ror the	2017 Calendar year, or tax year beginning and	enging	_	
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addres	S LOCAL 881 UNION			
	Name change	Doing business as		36-2	125555
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/	•	300E		294-5064
	termin- ated			G Gross receipts \$	17,008,892.
Γ	Amend			H(a) is this a group r	
〒	Applica			for subordinates	
_	tión pendin		AF	H(b) Are all subordinates i	· — —
	Fay aya	empt status:	or 527	4 ' '	list. (see instructions)
		e: NWW.LOCAL881UFCW.ORG	الم الم		
_			1 Van-		on number ▶ 0278
			L Year	or formation: 194/1	M State of legal domicile: IL
F		Summary	- IDITA		
ė	1	Briefly describe the organization's mission or most significant activities. $\overline{ ext{LABO}}$	K UNIO	<u>IN</u>	<del></del>
MAEtifulfel	-				<del></del>
era	2 (	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	l .
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	38
رض کھے	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
(S)	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		<u>5</u>	59
	6	Total number of volunteers (estimate if necessary)		6	0
<u>(</u>	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
હ્ય	ы	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.
_	4	RECEIVED		Prior Year	Current Year
MRevenuell II	8 (	Contributions and grants (Part VIII, line 1h)	Ы <u> </u>	0.	0.
Ž	9 1	Program service revenue (Part VIII, line 2g) 🙀MAY 1 5. 2018	91 <u> </u>	16,781,153.	16,576,822.
5	10	investment income (Part VIII, column (A), lines 3, 4 (and 7d)	&I	285,809.	312,835.
<u>Č</u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e)	<u>~ </u>	56,026.	41,409.
2	12	Total revenue - add lines 8 through 11 (must equal Part VIII) Salar (A) une 12)	_     -	17,122,988.	16,931,066.
S	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,520.	159,641.
W.	14	Benefits paid to or for members (Part IX, column (A), line 4)	• -	45,000.	27,000.
	1		-	5,903,230.	6,112,065.
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	_
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)	· ^	<u> </u>	0.
X	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	0 207 500	0 172 620
_	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,397,599.	9,173,628.
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>15,471,349.</u>	15,472,334.
	19	Revenue less expenses Subtract line 18 from line 12		1,651,639.	1,458,732.
Assets or Balances			Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	· ·	<u>19,618,966.</u>	22,388,648.
함	21	Total liabilities (Part X, line 26)		2,087,993.	2,075,310.
ᇎ	22	Net assets or fund balances. Subtract line 21 from line 20		<u>17,530,973.</u>	20,313,338.
	art II	Signature Block			<del></del>
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer other than officer) is based on all information of wi	hich preparer	has any knowledge.	
		frealE/duse			
Sig	n	Signature of officer		Date	1.0
Her	e	RONALD POWELL, PRESIDENT		2/2	(18
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Tate Check	PTIN
Paid		TIMOTHY CIBULKA TIMOTHY CIBULKA		self-employ	P00841100
Prep		Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	32-0043599
		Firm's address 311 S. WACKER DRIVE, STE. 4000			
-	·	CHICAGO, IL 60606		Phone no. 31	2-368-0500
—— Mav	the IR	IS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	01 11-26		ons.	·	Form <b>990</b> (2017)
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Form	990 (2017) LOCAL 881 UNION			36	-2125555	Page 2
Pai	t III Statement of Program Service Accom	plishments			<u> </u>	
	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 so prior Form 990 or 990-EZ?	ervices during the year whi	ich were not	listed on the	Yes	X No
_	If "Yes," describe these new services on Schedule O			_	<u> </u>	<b>₩</b>
3	Did the organization cease conducting, or make significant If "Yes," describe these changes on Schedule O	-				X No
4	Describe the organization's program service accomplished Section 501(c)(3) and 501(c)(4) organizations are required					
_	revenue, if any, for each program service reported			<del></del>		<del></del>
4a	(Code ) (Expenses \$ TO ORGANIZE ALL WORKERS FOR '	INCluding grants of \$	MODAT.	) (Revenue \$	ADVANCEM	<u> </u>
	OF THEIR CONDITION AND STATUS		MORAL	AND SOCIAL	ADVANCEM	BUL
	OT THEIR CONDITION THE BINTON					
	<del></del>	· · · · · · · · · · · · · · · · · · ·				<del></del>
4b	(Code) (Expenses \$	including grants of \$		) (Revenue \$		)
		<del></del>				
		<del> </del>		<del></del>		
		<del></del>				
						<del></del>
4c	(Code) (Expenses \$	including grants of \$		) (Revenue \$		)
						·
					<del></del>	
				<del></del>		
		<u></u>				
		<del> </del>				
				<del></del>		
		<del></del>				
4d	Other program services (Describe in Schedule O)		\ <i>1</i> -	_		
	(Expenses \$ including grants of \$	<del></del>	) (Revenue	5		
_ <del>40</del>	Total program service expenses				Form Q	90 (2017)
	-					( ( )

LOCAL 881 UNION

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

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complete Schedule G, Part III

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	х	
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		x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<del> </del>
274	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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<del></del> -
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		v	
~~	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If *Yes, * complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ı	
	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 Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ГП		
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (	2017

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See   No.	Pai	Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter of not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return.  59  b If a least one is reported on line 2a, dot the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 150, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  4b If "Yes," in the the name of the foreign country be seen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Use of the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any taxable party nority the organization file Form 8886.17  6b Dod any taxable party nority the organization file Form 8886.17  6c Dod any taxable party nority the organization file Form 8886.17  6c Dod and the organization critical party in the two contributions or grits were not tax deductible?  6c Did the organization receive a phyment in excess of \$57 made party) as contributions and party for goods and services provided to the payor?  7c Did the organization selle, exchange, or otherwise depose of tanglete personal priceptly for which it was required to tile Form 8282? filed during the year  6 Did the organization critically and the complexity to pay premiums on a				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize winners?  2a Erfet rhe number of employees reported on Form W3., Transmittal of Wage and Tax Statements. [fet of the calendar year ending with or within the year covered by this return.]  59 If at least one is reported on line 28, did the organization file all required federal employment tax returns?  Note. If the sum of lines 14 and 2 is greater than 250, you may be required to e-fet (see instructions).  59 Did the organization have unrelated bisiness gross income of \$1.000 or more dumpt the year?  50 If Yes, *Ina it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In an it filed a Form 990-T for this year? If Yie's, *In a file or the responsibility year, did not group and year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR)  50 Was the organization a party to a princhfed tax shelter transaction at any time duming the tax year?  50 If Yes, *In line 5a or 5b, did the organization hile it was or is a party to a prohibeted atx shelter transaction?  6a X X  5b If Yes, *In line 5a or 5b, did the organization hile form 8868-T?  6b If Yes, *In line 5a or 5b, did the organization much will wrise year shell the organization shell any organization file and party as a contribution of a party to a prohibeted that shelter transaction?  6c If Yes, *In line 5a or 5b, did the organization much will wrise year?  6d If Yes, *In line 5a or 5b, did the organization much will wrise year?  7d Organizations that may receive deductible contributions under section 170(c).  8d If	1a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	4 1		
gambing) winnings to pitze winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 b If at least one is reported on line 2a, did the organization life all required feeral employment tax returns?  Note. If the sum of lines is a land 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, * enter the name of the foreign country   ▶  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  5a Was the organization aparty to a prohibited tax shelter transaction at any other transaction?  5c If Yes, * other Son 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, * other son 50, did the organization from 88867.  5d Obes the organization have annual giosis receipts that are normally greater than \$100,000, and did the organization shelt will not tax deductibles as chariable contributions?  5c If Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as chariable contributions?  6b If Yes, * did the organization notify the dornor of the value of the goods or services provided?  7 Organizations that many receive deductible contributions under section 170(c).  8 If Yes, * did the organization notify the dornor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 If Yes, * did the organization receive a payment in excess of \$75 made partly as a contribution on an ap	b	The first further of Ferrina vi 2 a monaded in mile to Effect of in first applicable			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions)  3a Did the organization have underted business gross income of \$1,000 or more during the year?  5a Did the organization than year? If 'No, 1 or line 3b, provide an explanation in Schedule O  5b If 'Yes,' that is filed a Form 990 To first by year? If 'No, 1 or line 3b, provide an explanation in Schedule O  5c If 'Yes,' that the region country (such as a bank account, securities account, or other financial account()?  6a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  6b If Yes,' the line 3a or 5b, did the organization file It was or is a party to a prohibited stax shelter transaction?  6c If 'Yes,' to line 5a or 5b, did the organization file Form 888617  6c If 'Yes,' to line 5a or 5b, did the organization file Form 888617  6c If 'Yes,' to line 5a or 5b, did the organization file Form 888617  6d Does the organization real and plant severy solicitation an express statement that such contributions or grifs were not tax deductible?  6d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization receive any supplies in excess of \$15 made party sis a contribution and party for goods and services provided to the payor?  7 If If the organization receive any supplies the excess business holdings at any time during the year?  9 Did the organization receive any funds, directly or indrectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution o	C				
filed for the calendar year ending with or within the year covered by this return    1		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, ald the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a B. X  3b If 'Yes,' has if filed a form 990.1 for this year? If 'No,' to line 3b, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  5b If 'Yes,' reter the name of the foreign country   ∞    5c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If Yes,' did the organization notify the donor of the value of the goods or services provided?  9d If Yes,' did the organization on the forms 8282 field during the year  9d If Yes,' did the organization on the year pay premiums dispose of transple personal property for which it was required to file Form 8282?  9d If Yes,' did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If Yes,' dindicate the number of Forms 8282 filed during the ye	2a				1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross oncome of \$1,000 more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4 If "Yes," has it filed a Form 990°T for this year? If "No," to line 30, provide an explanation in Schedule 0 5 If "Yes," center the name of the foreign country.  5 If "Yes," center the name of the foreign country.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did be organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c).  6 Did the organization that may receive deductible contributions under section 170(c).  8 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization notify the donor of the value of the quots of sect		, , , , , , , , , , , , , , , , , , , ,			
3a	b		2b	X	
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d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or receiver dirom them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of re	C		70		x
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	_ь	it res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	/2013

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							LX.
Sec	tion A. Governing Body and Management							
							Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			38	l		
	If there are material differences in voting rights among members of the governing body, or if the governing				į			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	l			ŀ			
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	p with	h ar	y other				
	officer, director, trustee, or key employee?					2	Х	
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ect :	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	vas	filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	•		1	5		Х
6	Did the organization have members or stockholders?				Į	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	nt or	ne or				
	more members of the governing body?				į	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	holo	ders, or				
	persons other than the governing body?					7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by 1	the f	ollowing:				ŀ
а	The governing body?					8a	X	
b	Each committee with authority to act on behalf of the governing body?					8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	d at	the	i			
	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 R	eveni	ue (	Code)				
					_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?					10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	ers,	affiliates,	i			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				l	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bet	fore	filing the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	onflic	ts?		12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "1	/es, "	des	cnbe				
	ın Schedule O how this was done				l	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 approve	al by	ınd	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	>						
а	The organization's CEO, Executive Director, or top management official					15a	Х	
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 arrange	ment	wit	ha				1
	taxable entity during the year?					16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	ра	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızat	ion'	s				
	exempt status with respect to such arrangements?					16b		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Se	ctio	n 501(c)(3)s	only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			•				
	Own website Another's website X Upon request Other (explain	ın S	che	dule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of	nterest poli	cy, and	fınan	cıal	
-	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 be	ooks	and	records >				
	STEVEN POWELL-SECRETARY/TREAS (847) 294-5064			•				
	1350 E TOUHY AVENUE, DES PLAINES, IL 60018	-	_					
70000	E 11 90 17			·		Form	990	(2017

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#### Form 990 (2017) 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

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(A)	(B)			((	2)	прс		(D)	(E)	(F)
Name and Title	Average	. F		Position				Reportable	Reportable	Estimated
name and ride	hours per		box, unles					compensation	compensation	amount of
	week	offic	er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	ctor					1	the	organizations	compensation
	hours for	Individual trustee or director	_			pat	1	organization	(W-2/1099-MISC)	from the
	related	ste c	institutional trustee		۵	Highest compensated employee	]	(W-2/1099-MISC)		organization
	organizations	al tru	onal t	l	ploye	E g				and related
	below line)	Javide	strute	Officer	Key employee	ghest	Former			organizations
(1) CLINT BROWN	40.00	Ĕ	Ĕ	5	- A	₹ 5	윤			
LEGISLATIVE REPRESENTATIVE	1000			х	l		1	117,297.	0.	18,610.
(2) LISA CATANZARO	40.00		-		$\vdash$	╁	├			20,0200
EXECUTIVE VICE PRESIDENT	1.00	i		x	l	1	l	175,786.	0.	18,547.
(3) CONSTANTINE DOUKAS	40.00						Т			
BUSINESS REPRESENTATIVE				x				84,826.	0.	18,426.
(4) CATHERINE HOWE	40.00		<u> </u>		$\Box$	П				
BUSINESS REPRESENTATIVE		1	ŀ	Х		ŀ		96,606.	0.	18,435.
(5) JOHN REICHLING	40.00									
ORGANIZER/BUSINESS REP - NEW		1		Х				78,969.	0.	18,311.
(6) ROBERT KLEICH JR.	40.00									
BUSINESS REPRESENTATIVE				Х	L			93,221.	0.	18,511.
(7) ANDREW O'KEEFE	40.00									
GRIEVANCE COORDINATOR		L		Х	L			103,269.	0.	18,557.
(8) BRADLEY POWELL	40.00									_
COLLECTIVE BARGAINING REPRESENTATIVE	l		L	X	<u> </u>			105,758.	0.	18,588.
(9) RONALD POWELL	40.00			l						
PRESIDENT	1.00			Х	ᆫ	<u> </u>	_	277,810.	0.	20,524.
(10) STEVEN POWELL	40.00	1								
SECRETARY-TREASURER	1.00	_	<u> </u>	X	Ĺ	<u> </u>	_	213,941.	0.	23,220.
(11) MAMIE PRATT	40.00	ļ		١		l		00 574	•	40 400
BUISNESS REPRESENTATIVE	40.00	_	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	80,574.	0.	18,400.
(12) PAUL SCHAEFER	40.00	1						100 310		10 576
DIRECTOR OF FIELDS OPERATIONS	40.00	Ь.	L	Х	<u> </u>	ļ		120,312.	0.	18,576.
(13) PATRICK STATTER	40.00	ł		١.,	ł	ł		106 067	0	10 604
RECORDER/BUSINESS REPRESENTATIVE	40.00	_	<u> </u>	X	_	<u> </u>	<u> </u>	106,267.	0.	18,604.
(14) TERESA RAMIREZ	40.00							60 000	•	10 005
BUSINESS REPRESENTATIVE	40.00	<u> </u>	_	X	<u> </u>	ļ	┡	62,293.	0.	18,285.
(15) KEVIN WEST	40.00	-		١,,	l		1	70 262	_	10 242
BUISNESS REPRESENTATIVE	40.00	<b> </b>	<u> </u>	X	⊢	╀	<u> </u>	78,362.	0.	18,342.
(16) MOISES ZAVALA	40.00	1		Į.,	ĺ			104 057	0.	10 540
DIRECTOR OF ORGANIZING	1 00	├-	<b>!</b>	X	├-	_	$\vdash$	104,057.	0.	18,542.
(17) DENISE MELE-GIRONDA	1.00	ł		x	ŀ	1		796.	0.	0.
VICE PRESIDENT - NEW 732007 11-28-17	L			ιΔ	<u> </u>	Ь_	Ц.	/30.	<u> </u>	Form <b>990</b> (2017)

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Form **990** (2017)

Part VII Section A. Officers, Directors, Tru	stees. Key Em	nlov	/P.P.S	an	d Hi	iahe	st C	Compensated Employe	es (continued)			
(A)	(B)	<del> </del>	,003	((	<del>2</del> 2)	giic		(D)	(E)		(F)	
Name and title	Average	l		Pos	rtion			Reportable	Reportable	l F	tımat	ed
name and the	hours per					than is bot		compensation	compensation	l .	nount	
	week					or/trus		from	from related		other	
	(list any	흕		İ		ĺ		the	organizations	com	pens	ation
	hours for	Į		l		pg.	l	organization	(W-2/1099-MISC)	fi	rom th	ne
	related	stee (	ruste			Suad		(W-2/1099-MISC)		, -	anıza	
	organizations below	ad tru	onal t		loyee	E S	ļ			ı	d rela	
	line)	ndividual trustee or director	Institutional trustee	Officer Officer	y emp	Highest compensated employee	J. Wei			orga	anızat	ions
(18) JANET LEE DOLAN	40.00	┝ <u></u>	=	5	2	Ξ <u>2</u>	T.			$\vdash$		
BUISNESS REPRESENTATIVE		1		х		l	l	69,038.	0.	1	8.3	57.
(19) GARLAND BLAKELY	1.00	H		-	$\vdash$		$\vdash$	1		┝▔	-,-	
VICE PRESIDENT		1	1	x		l		4,293.	0.		1	.96.
(20) MARLENE AUMULLER	1.00	$\vdash$	$\vdash$		$\vdash$	$\vdash$	$\vdash$		-	1		
VICE PRESIDENT - PAST		1		х				2,938.	0.		2	68.
(21) MICHAEL CROW	1.00	┢	$\vdash$	<del></del>		┢	$\vdash$			╁╌─		
VICE PRESIDENT		1	ŀ	x				1,496.	0.		1	61.
(22) GLORIA GONZALES	1.00	$\vdash$	$\vdash$	<del> </del>	┢	<del> </del>	<del>                                     </del>			$\vdash$		
VICE PRESIDENT		1		х		l		4,050.	0.		1	47.
(23) THERESA GRATZ	1.00	T	<del>                                     </del>	Ħ	$\vdash$	<del>                                     </del>	┢	<del>                                     </del>				
VICE PRESIDENT		1		х				3,713.	0.	1	6	63.
(24) KENT MADISON	1.00		t	1	t	┢	┢	<del></del>		$\vdash$		
VICE PRESIDENT		1	1	х				3,447.	0.			90.
(25) KATHRYN EGGERT	1.00	<u> </u>	$\vdash$	$\vdash$	_	T		† <u>-</u>				
VICE PRESIDENT	<u> </u>	1		х	İ			3,978.	0.	1	1	.29
(26) KRYSTINA KLEICH	1.00	$\vdash$	十一	$\vdash$		T	Т			┢┈╴		
VICE PRESIDENT		1	1	X		İ	ĺ	3,937.	0.			78.
1b Sub-total	<del></del>		•	<u> </u>	_		<b>—</b>	1,997,034.	0.	32	2,5	67.
c Total from continuation sheets to Part \	/II. Section A						<b>•</b>	169,053.	0.			28.
d Total (add lines 1b and 1c)	,						<b>&gt;</b>	2,166,087.	0.			95.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportable			
compensation from the organization						•			·			10
<del> </del>					_						Yes	No
3 Did the organization list any former office	r, director, or tri	uste	e, ke	y er	mple	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for	such individual									_3		X
4 For any individual listed on line 1a, is the s	sum of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization			1
and related organizations greater than \$19	50,000? If "Yes	, <b>"</b> cc	mpl	ete S	Sch	edul	e J	for such individual		4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	y uni	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," con	mplete Schedu	le J	for s	uch	per	son				5		X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest c</li> </ol>	ompensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compens	sation	from	
the organization Report compensation fo	r the calendar y	<u>ear</u>	end	ng v	vith	or w	rthu	n the organization's tax	year			
(A)								(B)			C) .	
Name and busines							_	Description of s	services	Compe	nsatio	on
THE KARMEL LAW FIRM, P.O.							J					~
LASALLE STREET SUITE 155	U, CHIC	AG	<u>u,</u>	Τ]	<u> </u>		_	LEGAL SERVIC	ES	_ ∠ 8	υ,6	556.
							ļ		[			
							$\dashv$	<del>-</del>				
							Į		1			

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

2 Total number of independent contractors (including but not limited to those listed above) who received more than

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Part VIII Section A. Officers, Directors, Tru (A)		nplo	yee			iigh	est	Compensated Employ	rees (continued)	
(A)	I (R)				••				(E)	(5)
		(B) (C)						(D)	(F)	
Name and title	Average	] , .		Posi			6.3	Reportable	Reportable	Estimated
	hours	(ct	neck	allt	nat	app	īy)	compensation	compensation	amount of
•	per							from the	from related	other
	week (list any	Į.		1		ploye	İ	organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				фeш		(W-2/1099-MISC)	(***2 1099************	organization
	related	se or	stee			nsate		(** 2. 100000)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		-		organizations
	below	ndual	tution	E.	emplic	esto	Je.			
	line)	Indiv	Insti	Officer	Key	Hg.	<b>Former</b>			
(27) CATHY TISKE	1.00									
VICE PRESIDENT - NEW	<u> </u>			X				448.	0.	0.
(28) JAMES MOUNCE	1.00									<del>-</del>
VICE PRESIDENT				X				1,496.	0.	190.
(29) MARY LONGO	1.00									
VICE PRESIDENT				X				1,574.	0.	88.
(30) DEBRA PRICE	1.00									
VICE PRESIDENT				X				4,174.	0.	120.
(31) KATHRYN RESENDIZ	1.00									
VICE PRESIDENT				X				3,653.	0.	97.
(32) THOMAS TYSKA	1.00									_
VICE PRESIDENT				X				3,762.	0.	167.
(33) VALERIE WICINSKI	1.00							]	_	
VICE PRESIDENT				X				3,540.	0.	123.
(34) DIANE ZABALY-SCHREINER	1.00								_	
VICE PRESIDENT	l	Ш		X			<u> </u>	1,400.	0.	162.
(35) ROY PETERSON	1.00								_	
VICE PRESIDENT - PAST				Х				300.	0.	157.
(36) MARY TAPIA BARTHEL	1.00							[	_	_
VICE PRESIDENT				X				7,546.	0.	0.
(37) MARY BOSWELL	1.00		ì						_	
VICE PRESIDENT				X				1,496.	0.	82.
(38) SUSAN KLEIN	1.00	1							_	
VICE PRESIDENT				X				3,998.	0.	95.
(39) SUSANN SCHAAR	1.00					١.,	ŀ	1 405		
VICE PRESIDENT		_		X				1,496.	0.	93.
(40) KIM STEWART	1.00							2 000		100
VICE PRESIDENT	40 00			X			<u> </u>	3,922.	0.	100.
(41) PATRICIA VARDALOS	40.00					3.7		120 240	0	10 454
COMPTROLLER		L.		_		X	<u> </u>	130,248.	0.	18,454.
							ŀ	)		
		$\vdash$	$\vdash$	Ш	$\vdash$	_	<u> </u>	ļ		
		$\vdash \vdash$	Щ	$\vdash$	-	_	<del> </del>			
	<del> </del> -	$\vdash \vdash$		$\vdash$			$\vdash$			
	<u> </u>									
		⊢	$\vdash$	$\vdash$	$\vdash$	<u> </u>	Ь.			<del></del>
	<b>—</b>						1	Į		
	J	<u> </u>	L	ا			Щ.	<del>                                     </del>		
Total to Part VII, Section A, line 1c								169,053.		19,928.
Total to Part VII, Section A, line 10								1 200,0000		10,020.

Form 990 (2017) LOCAL 8
Part VIII Statement of Revenue

		Check if Schedule O cont.	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
اجت		Membership dues	1b					ŀ
ا بخ	c	Fundraising events	1c					j
# i		Related organizations	1d					
ا الله		Government grants (contribute	<del></del>					į
ää	f	A11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·					}
돌림	•	similar amounts not included above		İ				
풀히	g		L	- <del></del>				ļ
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	1a-11 4					ł
	<del></del>	Total: 7 tota Inico Tu In		Business Code				†
	2 a	MEMBERSHIP DUES AND AS	SESSMENTS	900099	16,576,822.	16,576,822.		
Ş	b	<del></del>						<del>†                                      </del>
Sel	c			<del>  </del>				<del> </del>
EŠ	ď							<del> </del>
Program Service Revenue	. e							<b>†</b>
F	f			<u> </u>		<del></del>		<del> </del>
		Total. Add lines 2a-2f		<b>•</b>	16,576,822.			<del>-</del>
$\neg$	3	Investment income (including	dividends inter		, ,			<u> </u>
		other similar amounts)	arrigorido, inter-	<b>▶</b>	310,661.			310,661.
	4	Income from investment of tax	r-exempt bond r	· •				<b>-</b>
	5	Royalties	· cxcmpr bond p					†
			(i) Real	(ii) Personal				<del>                                     </del>
- 1	6 a	Gross rents	27,842.	(17) 5/55/121		[		
		Less rental expenses	0.	<u> </u>				
	c	<b>5</b>	27,842.					1
		Net rental income or (loss)	<u> </u>	<u> </u>	27,842.			27,842.
	i	Gross amount from sales of	(i) Securities	(ii) Other	<u>-</u>		•	<del>                                     </del>
		assets other than inventory	80,000.	(4) 5 11.51				
	b	Less cost or other basis						
	_	and sales expenses	77,826.					
1	С	Gain or (loss)	2,174.					ĺ
		Net gain or (loss)		<b>•</b>	2,174.	İ		2,174.
en.		Gross income from fundraising including \$	•					
evenue			of	1				
8		contributions reported on line	•	1		ļ		J
Other R		Part IV, line 18 Less direct expenses	a	<del>                                     </del>				1
8		Net income or (loss) from fund	traicina avanta					
		Gross income from gaming ac	-	<u> </u>	<del></del>	<del> </del>	<del></del>	<del>                                     </del>
	9 4	Part IV, line 19	a a					
	h	Less direct expenses	b					
Ì		Net income or (loss) from gam						İ
		Gross sales of inventory, less	_		-			<del>                                     </del>
	.0 4	and allowances	a	]		ļ		}
	h	Less cost of goods sold	b	<u> </u>				
		Net income or (loss) from sale						1
	J	Miscellaneous Revenu		Business Code				<del>                                     </del>
	11 a	MISCELLANEOUS		900099	13,567.	1		13,567.
	b							†
	C				_		_	<del>                                     </del>
	d			<u> </u>		-	· · · · · · · · · · · · · · · · · · ·	
		Total. Add lines 11a-11d			13,567.	<del></del>		<del>                                     </del>
	12	Total revenue. See instructions.			16,931,066.	16,576,822.	0	. 354,244.
					<u></u>			<del></del>

# Form 990 (2017) LOCAL 881 UNIT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respor	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 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	149,892.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	9,749.	<u> </u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	27,000.			
5	Compensation of current officers, directors,	0 050 444			
	trustees, and key employees	2,353,144.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 504 052			·
7	Other salanes and wages	2,504,853.			
8	Pension plan accruals and contributions (include	160 066			
_	section 401(k) and 403(b) employer contributions)	169,966. 733,898.		-	
9	Other employee benefits	350,204.		<u></u>	
10	Payroll taxes	330,204.			
11	Fees for services (non-employees)				
a	Management	299,690.	<del></del>		
	Legal Accounting	57,564.			
d	Lobbying	37,0021			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,505.	<u> </u>		
g	Other (If line 11g amount exceeds 10% of line 25,	·			
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	53,339.			
13	Office expenses	363,559.			
14	Information technology	58,648.			
15	Royalties				
16	Occupancy	420,450.			
17	Travel	331,358.			· ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.4.4.6.			
19	Conferences, conventions, and meetings	84,127.			
20	Interest	1,792.			
21	Payments to affiliates	6,400,256.			<u> </u>
22	Depreciation, depletion, and amortization	117,573. 46,053.			
23	Insurance	40,053.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSFERS TO PAC FUND	402,343.			
a h	MEMBERSHIP COMMUNICATIO	307,151.			
	COLLECTIVE BARGANING	106,083.			
d	LABOR EDUCATION	101,337.		_	
_	All other expenses	6,800.	<u>-</u> .		
25	Total functional expenses Add lines 1 through 24e	15,472,334.			
26	Joint costs Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				
					000

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	886,449.	1	1,084,208.
	2	Savings and temporary cash investments	8,084,753.	2	8,885,757.
	3	Pledges and grants receivable, net	<del>_</del>	3	
	4	Accounts receivable, net	20,810.	4	106,960.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L	1,100.	5	1,200.
	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			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L	2,400.	6	2,400.
Assets	7	Notes and loans receivable, net		7	
∢	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges —	111,691.	_9	133,666.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 2, 477, 289.	- 400-000		- A
	b	Less accumulated depreciation 10b 1,880,162.	422,228.	10c	597,127. 7,570,043.
	11	Investments - publicly traded securities .	6,267,080.	11	7,570,043.
	12	Investments - other securities See Part IV, line 11	3,425,132.	12	3,588,783.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	207 202	14	410 504
	15	Other assets See Part IV, line 11	397,323.	_15	418,504.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	19,618,966. 661,579.	16	22,388,648.
	17	Accounts payable and accrued expenses	001,379.	17	591,256.
	18	Grants payable	547,599.	18	471,157.
	19	Deferred revenue	341,333.	19	4/1,13/.
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability Complete Part IV of Schedule D  Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons			
ğ	1	Complete Part II of Schedule L	-	22	
Ë	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	· ·		<del> </del>
	]	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	878,815.	25	1,012,897.
	26	Total liabilities. Add lines 17 through 25	2,087,993.	_26	2,075,310.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S	l	complete lines 27 through 29, and lines 33 and 34.		'	
ž	27	Unrestricted net assets	<u>17,530,9</u> 73.	27	20,313,338.
3ale	28	Temporarily restricted net assets		28	
β	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances .	17,530,973.	33	20,313,338.
	34	Total liabilities and net assets/fund balances	19,618,966.	34	22,388,648.
					Form <b>990</b> (2017

	990 (2017) LOCAL 881 UNION	_36-	2125	<u>555</u>	Pa	ge 12
Pai	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		,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,47		
3	Revenue less expenses Subtract line 2 from line 1	3		,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,53		
5	Net unrealized gains (losses) on investments	5	1	,32	3,6	<u>33.</u>
6	Donated services and use of facilities .	_6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1				
	column (B))	_10	20	,31	<u>3,3</u>	<u>38.</u>
Par	rt 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—					l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			)		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	] [		,
	consolidated basis, or both			1		1 :
	Separate basis Consolidated basis Both consolidated and separate basis			] ]		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				ļ
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	)			'
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dıt		-	
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2017)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions Complete Part III			
Name of organization			Emp	loyer identification number
	81 UNION			36-2125555
Part I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 o	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campain</li> </ol>	ures	campaign activities in	Part IV ▶ ;	<b>.</b>
Part I-B Complete if the org	anization is exempt unde	r section 501(c)(3	).	
1 Enter the amount of any excise tax			<b>&gt;</b>	
2 Enter the amount of any excise tax			▶:	<u> </u>
3 If the organization incurred a section	, ,			Yes No
4a Was a correction made?		•		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	janization is exempt unde	r section 501(c), (	except section 501	(c)(3).
1 Enter the amount directly expended	by the filing organization for sect	ion 527 exempt function	on activities	B
2 Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for sec	tion 527	
exempt function activities			▶;	<b>5</b>
3 Total exempt function expenditures	Add lines 1 and 2 Enter here and	d 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	nployer identification number (EIN)	of all section 527 pold	tical organizations to whi	ch the filing organization
made payments For each organiza	ition listed, enter the amount paid	from the filing organiza	tion's funds Also enter t	he amount of political
contributions received that were pr	• •		· · · · · · · · · · · · · · · · · · ·	ate segregated fund or a
political action committee (PAC) If	additional space is needed, provid	le information in Part I\	/	
(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-
	DES PLAINES, IL			
FUND	60018	36-3276537	0	. 402,343.
For Paperwork Reduction Act Notice,	see the Instructions for Form 99	0 or 990-EZ.	Schedule (	C (Form 990 or 990-EZ) 2017

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

LHA

SEE PART IV FOR CONTINUATION

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017 I					2125555 Page
Part II-A Complete if the orga	anization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).			5		
	_	* · ·	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share					
Check ► L If the filing organizat	ion checked box A a	ind "limited control" pi	ovisions apply		T # 1
	s on Lobbying Expe itures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			<u> </u>
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)	. [		
c Total lobbying expenditures (add lin	nes 1a and 1b)		[		
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	(add lines 1c and 1	d)	Ţ		
f Lobbying nontaxable amount Enter	r the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is: The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1	,		
Over \$500,000 but not over \$1,000	,000 \$100,0	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000\$175,0	00 plus 10% of the ex	cess over \$1,000,000		-
Over \$1,500,000 but not over \$17,0	000,000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (ent	er 25% of line 1f)		<u></u>		
h Subtract line 1g from line 1a If zero	or less, enter -0-		Ĺ		
i Subtract line 1f from line 1c If zero	or less, enter -0-				<u> </u>
j If there is an amount other than zero	o on either line 1h oi	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this y	rear?				Yes L N
		eraging Period Unde			
(Some organizations th		• •		f the five columns	below.
		rate instructions for I			
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount			<u> </u>		
e Grassroots ceiling amount		1	1		
(150% of line 2d, column (e))		<u> </u>	<del> </del>		<del></del>
6 Granavasta labbuma ayanadituras					

# 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)	)	(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?					
e Publications, or published or broadcast statements?	ļ				
f Grants to other organizations for lobbying purposes?	1				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<b></b>				
<ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>					
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	1 1				
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)(6).	tion 501(c)(	(5), or se	ection		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year	၇ ဒြ		X	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(	(5), or se	ection		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No," OF	R (b) Par	t III-A, lir	ne 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	tical				
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 e	excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political				
expenditure next year? .		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 gro	up list), Part II	-A, lines 1	and 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 FUN	D TO PR	OVIDE			
SUPPORT TO STATE AND LOCAL CANDIDATES FOR POLITICAL	OFFICE	WHOSE	IDEA	Ls	
ARE SIMILAR TO THOSE OF THE LOCAL AND ORGANIZED LABO	R IN GE	NERAL	•		

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 LOCAL 881 UNION	36-2125555 Page 4
Part*IV Supplemental Information (continued)	
ITECU I CONT 991 DAC EIND	
UFCW LOCAL 881 PAC FUND	
1350 E TOUHY AVENUE DES PLAINES, IL 60018	
	<del></del>
	- <del></del>
<u></u>	
	<del></del>
<del></del>	<del> </del>
	·····
	<del></del>

### **SCHEDULE D**

(Form 990)

Department of the Treasury

## 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. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** LOCAL 881 UNION 36-2125555 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure  $oldsymbol{ol}}}}}}}}}}}}}}$ Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a 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 Instructions for Form 990.

732051 10-09-17

Schedule D (Form 990) 2017

		81 UNION	·						<u> 25555</u>	
Pai	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, o	r Othe	er Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	are a si	gnıficant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	c	ם בבן ני	an or exc	hange progra	ms				
b	Scholarly research	•	e L_lot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how the	y further ti	he organizatio	n's exer	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, histe	oncal trea	sures, or othe	r sımılar	assets	p	_	
	to be sold to raise funds rather than to be ma					_			Yes	<u> </u>
Pai			ete if the o	rganizatio	n answered "	Yes" on	Form 990	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	<del></del>								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for co	ontribution	s or other ass	sets not	ıncluded		7	
	on Form 990, Part X?							L_	Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole			<del></del>			
									Amount	
С	Beginning balance				•		1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			<del></del>
	Did the organization include an amount on F						ıty?		」Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII				<del></del>					
Pai	t V   Endowment Funds. Complete							<del></del>		<del></del> -
		(a) Current year	(b) Pric	or year	(c) Two years	back (	( <b>d)</b> Three y	ears back	(e) Four y	ears back
	Beginning of year balance						<del></del>		ļ	
b	Contributions		<b> </b>							
С	Net investment earnings, gains, and losses	<del>-</del>	<u> </u>							
	Grants or scholarships									
е	Other expenditures for facilities		l			1				
	and programs									
f	Administrative expenses					-+				
9	End of year balance		<u> </u>		<u> </u>				L	
2	Provide the estimated percentage of the cur	rent year end baland		column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posses.	ession of the organiz	ation that	are neld a	na administer	ed for tr	ne organi	zation	F-	
	by									es No
	(i) unrelated organizations								3a(i)	<del></del> -
	(ii) related organizations		0	andula Dû					3a(ii)	<del></del>
_	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•							3b	
Pai	t VI Land, Buildings, and Equipm		owrnent tui	nus					<del>".</del>	
Liai	Complete if the organization answere		∩ Pa+ IV I	lina 11a S	cae Form 000	Part Y	line 10			
	<del> </del>	(a) Cost or o					cumulate	-d	(d) Pools	value
	Description of property	basis (investi		(b) Cost	or other (other)	-	reciation		(d) Book	value
	Land	2233 (1116311			8,278.				88	,278.
			<del>+</del>		3,079.		34,5	74		,505.
	Buildings		<del></del>		$\frac{3,073.}{7,354.}$		$\frac{34,3}{309,3}$			,048.
	Leasehold improvements	<del> </del>			8,578.		$\frac{36,3}{36,2}$			,296.
	Equipment Other	<del></del>		-,2,	-,-,-		30,2	<del>~~</del> ;	7 3 4	, 2500
$\overline{}$	. Add lines 1a through 1e (Column (d) must e	oual Form 990 Part	X. column	(B), line 1	0c)				597	,127.

Schedule D (Form 990) 2017 HOCAL 661 OF	TON	·	30	-ZIZJJJJ Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				<del></del>
(3) Other	2 504 003		W	
(A) POOLED FUNDS	3,524,203.			
(B) REAL ESTATE TRUST	54,300.			
(C) REAL ESTATE STOCK	10,280.	END-OF-YEAR	MARKET	VALUE
(D)	<del></del>		<u>_</u>	<del> </del>
(E)				
(F)		ļ		
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,588,783.	<u> </u>		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				. <u></u>
(a) Description of investment	(b) Book value	(c) Method of valuation	n Cost or end	-of-year market value
				<del></del>
(2)				
(3)				
(4)				
(5)				
(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" or	n Form 990, Part IV, line	11d See Form 990, Part X	, line 15	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>▶</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f See Form 990,	Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED PAYROLL		133,593.		
(3) ACCRUED REAL ESTATE TAXES		19,673.		
(4) ANNUITY CONTRACTS (DEFERRE	ED			
(5) COMPENSATION)		418,504.		
(6) ACCRUED RETIREMENT AND VAC	CATION			
(7) BENEFITS PAYABLE		365,127.		
(8) DEFERRED RENT		76,000.		
	<del></del>			

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) 2017

1,012,897.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

SCHEDULE I (Form 990)

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

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

Attach to Form 990

2017

Open to Public

Internal Revenue Service

Go to www irs gov/Form990 for the latest information

Name of the organization Employer identification number LOCAL 881 UNION 36-2125555 Part I General Information on Grants and Assistance 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 X Yes ☐ No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government (if applicable) cash grant non-cash oncash assistance or assistance FMV, appraisal, other) assistance CHICAGO JOBS WITH JUSTICE 330 SOUTH ASHLAND AVENUE JOBS WITH JUSTICE CHICAGO, IL 60601 80-0111994 501(C)(3) 8,000 0.N/A EDUCATION FUND EQUALITY ILLINOIS 17 NORTH STATE STREET, SUITE 1020 26-0798861 6,000 CIVIC ORGANIZATION CHICAGO, IL 60602 501(C)(3) N/A UFCW MINORITY COALITION 4301 GARDEN CITY DRIVE LANDOVER, MD 20785 52-2117494 501(C)(5) 7,000 0.N/A IVIC ORGANIZATION N/A THE JESSE WHITE FOUNDATION P.O. BOX 64838 CHICAGO, IL 60664-0383 20-3110242 501(C)(3) 6,000 0 N/A CIVIC ORGANIZATION UPCW LOCAL 455 MEMBERSHIP ASSISTANCE FUND - 121 NORTHPOINT DRIVE - HOUSTON, TX 77060 74-1290941 501(C)(5) 50,000 HURRICANE RELIEF FUND 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017) LOCAL 881 UNION	<b>N</b>				36-2125555 Page 2
Part III Crants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	s Complete if the	organization answ	ered "Yes" on Form !	990, Part IV, line 22	
(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	9,749	0.	V/A	FLOWERS AND BIBLES FOR DECEASED NEWBERS FAMILIES.
Part IV Supplemental Information. Provide the information re-	quired in Part I, lir	ne 2, Part III, colu <u>m</u> r	(b), and any other a	idditional information	
PART I, LINE 2:		<del></del>			
THE EXECUTIVE BOARD OF THE LOCAL (	CAREFULLY	REVIEWS A	ALL REQUEST	s for	
DONATIONS PRIOR TO THEIR APPROVAL	AND DISB	URSEMENT.	APPROVAL	IS GRANTED	
ONLY TO REPUTABLE ORGANIZATIONS W	HO HAVE S	ATISFIED T	THE BOARD'S	DUE	
DILIGENCE. THE BOARD PERFORMS NO	SUBSEQUE	NT MONITOR	RING OF THE	USE OF	
DONATIONS AND GRANTS ISSUED. ALL	RECORDS	REGARDING	DISBURSEME	INT OF FUNDS	
ARE MAINTAINED AT THE LOCAL'S OFF	ICE.				
				·	
732102 11-01-17		23			Schedule I (Form 990) (2017)

### SCHEDULE J (Form 990)

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	First-class or charter travel Housing allowance or residence for personal use			[
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		i	]
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
_	If any of the haven and had to any observed and the annual scalar fallows a weather making any weather		1	
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ا ا		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	_	<b>├</b> ─
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	_	ŀ	l
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		┼─
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ŀ	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		ŀ	
	establish compensation of the CEO/Executive Director, but explain in Part III	1		l
	Compensation committee Written employment contract		ĺ	1
	☐ Independent compensation consultant ☐ Compensation survey or study		l	1
	Form 990 of other organizations  Approval by the board or compensation committee		Ì	
		ł	l	l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ļ	1	1
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	[ ·	x
b		4b	Х	$\vdash$
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			$\vdash$
			ļ	ļ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		{	ĺ
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	1		1
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		Ļ_
	If "Yes" on line 5a or 5b, describe in Part III	l	l	l
6	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			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b	<u> </u>	
	If "Yes" on line 6a or 6b, describe in Part III			]
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		1	]
	not described on lines 5 and 6? If "Yes," describe in Part III	7_	_	L
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<u> </u>	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ĺ	ĺ

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

Schedule J (Form 990) 2017

36-2125555

Page 2

Schedule J (Form 990) 2017 LOCAL 881 UNION 36-2125555

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	W 2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i) (D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(in) Other reportable compensation	compensation	Deligitis	(3)(() (0)	reported as deferred on prior Form 990	
(1) LISA CATANZARO	10	166,900.	8,886.	0.	3,356.	15,191.	194,333.	0.	
EXECUTIVE VICE PRESIDENT	(11)	0.	0.	0.	0.	0.	0.	0.	
(2) RONALD POWELL	(1)	224,607.	9,985.	43,218.	3,356.	17,168.	298,334.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) STEVEN POWELL	(1)	203,973.	9,968.	0.	3,356.	19,864.	237,161.	0.	
SECRETARY-TREASURER	(II)	0.	0.	0.	0.	0.	0.	0.	
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Schedule J (Form 990) 2017 LOCAL 881 UNION	36-2125555	Page 3
Part III Supplemental Information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also com	plete this part for any additional informa	
PART I, LINE 4B:		
RON POWELL AND STEVE POWELL PARTICIPATED IN THE CEP PLAN, A NONQUALIFIED		
RETIREMENT PLAN. ADDITIONS TO THE PLAN FOR RON POWELL AND STEVE POWELL	<del></del>	
WERE \$2,341 AND \$2,789 RESPECTIVELY.		
	Schedule J (F	orm 990) 2017

#### **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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lame of the organizatio	n									ident		on nu	mber
			UNION_							255	55		
Part I Excess I	3enefit Tra	nsacti	ons (section 50	)1(c)(3)	, sect	ion 501(c)(4), and 50	1(c)(29) organizatioi	ns only	/)				
Complete r	f the organizat	ion ansv	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40	)b			
1		(b) F	elationship betv	veen d	isqual	ıfied (	\ Danamatian of tran			_	(d)	Corre	cted?
(a) Name of disqual	med person		person and or	ganıza	tion		Description of trar	isacuc	)N		Y	es	No
2 Enter the amount of	f tax incurred	by the o	rganization man	agers o	or disc	qualified persons du	ing the year under						
section 4958									▶ \$				
3 Enter the amount of	f tax, if any, or	n line 2, a	above, reimburs	ed by t	the or	ganization			▶ \$				
			•	•									
Part II Loans to	and/or Fro	om Int	erested Per	sons.							_		
Complete r	f the organizat	on ansv	vered "Yes" on f	Form 9	90-EZ	, Part V, line 38a or f	orm 990, Part IV, Iir	ne 26,	or if th	ne orga	anızatı	on	
	_		, Part X, line 5, 6							_			
(a) Name of	(b) Rela	tionship	(c) Purpose	(d) Loa		(e) Original	(f) Balance due	(g)	ln	(h) Ap by bo	proved	(i) W	/ritten
interested person	with orga	anızatıon	of loan	from organiza		principal amount			ault?	comm	nttee?	agree	ment?
	ł			То	From			Yes	No	Yes	No	Yes	No
2 ADVANCES	@ \$OFFI	CERS	ADVANCES		X	1,200.	1,200.		Х	Х			X
24 ADVANCES	@ SEMPL	OYEE	ADVANCES		X	2,400.	2,400.		Х	Х			X
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otal						▶ \$	3,600.						
Part III   Grants o	r Assistan	ce Ber	nefiting Inter	estec	Per	rsons.							
			vered "Yes" on i										
(a) Name of intere			b) Relationship			(c) Amount of	(d) Type	of	Т	(e	) Purp	ose of	
(a) Name of intere	olea person	-   '	interested pers			assistance	assistan			-	assista		
			the organiza	ation					- 1				
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SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2017 LOCAL 881 UNION
Part IV Business Transactions Involving Interested Persons.

STEVEN POWELL OFFICER 213,941.STEVEN POWEL TEST NO STEVEN POWELL OFFICER 105,758. BRADLEY POW X CLINT D BROWN EMPLOYEE 49,633.CLINT D BROW X DAVID J SCHMIDT EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE 61,936.DAVID J SCH X EMPLOYEE EMPLOYEES.    Part V  Supplemental Information	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
STRVEN POWELL OFFICER 1105,758.BRADLEY POWE X ERADLEY POWELL OFFICER 1105,758.BRADLEY POW X CLINT D BROWN EMPLOYEE 49,633.CLINT D ERO X DAVID J SCHMIDT EMPLOYEE 61,936.DAVID J SCH X  Provide additional information Provide additional information Provide additional information Provide additional information for responses to questions on Schedule L (see instructions)  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: 12 ADVANCES © \$100 EACH TO 12 OFFICERS (C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.  (A) NAME OF PERSON: 24 ADVANCES © \$100 EACH TO 24 EMPLOYEES.  (B) RELATIONSHIP WITH ORGANIZATION: EMPLOYEES (C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: STEVEN POWELL (D) DESCRIPTION OF TRANSACTION: STEVEN POWELL IS SECRETARY TREASURER OF THE LOCAL UNION. THE LOCAL PAYS STEVEN POWELL A SALARY AND CONTRIBUTES TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF. STEVEN POWELL IS A FAMILY MEMBER OF UNION PRESIDENT RONALD POWELL.  (A) NAME OF PERSON: BRADLEY POWELL (D) DESCRIPTION OF TRANSACTION: BRADLEY POWELL IS VICE PRESIDENT OF THE LOCAL UNION. THE LOCAL PAYS BRADLEY POWELL A SALARY AND CONTRIBUTES TO							
BRADLEY POWELL  OFFICER  105,758.BRADLEY POW  CLINT D BROWN  EMPLOYEE  49,633.CLINT D BRO  EMPLOYEE  61,936.DAVID J SCH  EMPLOYEE  61,936.DAVID J SCH  EMPLOYEE  61,936.DAVID J SCH  EMPLOYEE  Fart V Supplemental Information  Provide additional information for responses to questions on Schedule L (see instructions)  SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:  (A) NAME OF PERSON: 12 ADVANCES 6 \$100 EACH TO 12 OFFICERS  (C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.  (A) NAME OF PERSON: 24 ADVANCES 6 \$100 EACH TO 24 EMPLOYEES.  (B) RELATIONSHIP WITH ORGANIZATION: EMPLOYEES  (C) PURPOSE OF LOAN: ADVANCES FOR EXPENSES TO BE INCURRED.  SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  (A) NAME OF PERSON: STEVEN POWELL  (D) DESCRIPTION OF TRANSACTION: STEVEN POWELL IS SECRETARY TREASURER OF THE LOCAL UNION. THE LOCAL PAYS STEVEN POWELL A SALARY AND CONTRIBUTES  TO EMPLOYEE BENEFIT PLANS ON HIS BEHALF. STEVEN POWELL IS A FAMILY MEMBER OF UNION PRESIDENT RONALD POWELL.  (A) NAME OF PERSON: BRADLEY POWELL  (D) DESCRIPTION OF TRANSACTION: BRADLEY POWELL IS VICE PRESIDENT OF THE LOCAL UNION. THE LOCAL PAYS BRADLEY POWELL A SALARY AND CONTRIBUTES TO	STEVEN POWELL	OFFICER	213,941.	STEVEN POWE			
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(D) DESCRIPTION OF TRANSACTION: BRADLEY POWELL IS VICE PRESIDENT OF THE LOCAL UNION. THE LOCAL PAYS BRADLEY POWELL A SALARY AND CONTRIBUTES TO	MEMBER OF UNION PRESIDEN	T RONALD POWELL.				· <u>—</u>	
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LOCAL UNION. THE LOCAL PAYS BRADLEY POWELL A SALARY AND CONTRIBUTES TO	(A) NAME OF PERSON: BRAD	LEY POWELL					
	(D) DESCRIPTION OF TRANS	ACTION: BRADLEY POWEL	L IS VICE F	RESIDENT OF	THE		
					.,		
OF UNION PRESIDENT RONALD POWELL.							

Schedule L (Form 990 or 990-EZ) 2/O17

#### **SCHEDULE O** (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. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization LOCAL 881 UNION 36-2125555 FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT OF THE LOCAL, RON POWELL, HAS TWO SONS EMPLOYED 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 REQUIREMENTS FOR MEMBERSHIP AND IS STILL EMPLOYED UNDER THE JURISDICTION OF THE LOCAL UNION. AN ACTIVE MEMBER PAYS FULL DUES AND HAS FULL VOTING RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE LOCAL ELECT THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 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 FILING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT, LOCAL UNION OFFICERS, AND OTHER KEY EMPLOYEES IS ORIGINATED AND APPROVED BY THE GOVERNING BODY IN ACCORDANCE WITH THE GUIDELINES SET BY THE LOCAL'S CONSTITUTION AND BYLAWS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization  LOCAL 881 UNION	Employer identification number 36-2125555
FORM 990, PART VI, SECTION C, LINE 19:	
THE LOCAL MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMEN	NTS AVAILABLE UPON
REQUEST AT THE LOCAL'S MAIN OFFICE DURING REGULAR BUSINESS	HOURS WITH
ADVANCE NOTICE.	
<del></del>	

SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

➤ Attach to Form 990

► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 2017

Open to Public Inspection

Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

Part I Identification of Disregarded Entities Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 3	3					
(a)	(b)	(c)		(e)	(e) (f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	'			s Direct controlling entity		
				-				
							_	
				<u> </u>				
na Identification of Related Tax-Exempt Orga	nizations. Complete if the organization	answered "Yes" on Form 99	D Part IV line 34	necause it had one	or more related tax-ex	emot		
Part II organizations during the tax year	mizabons complete ii the organization t							
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e)  Exempt Code Public charity section status (if section		(f) Direct controlling entity	cont	g) 512(b)(13) rolled hty?	
•	l l			501(c)(3))	11(c)(3))		No	
UPCW LOCAL 881 POLITICAL ACTION FUND -	ACCEPT CONTRIBUTIONS AND					T		
36-3276557, 1350 E TOUHY AVENUE, DES	MAKE EXPENDITURES TO LOCAL				ł	ł	l	
PLAINES, IL 60018	POLITICAL CANDIDATES	ILLINOIS	527		N/A		X	
LOCAL 881 UPCW POLITICAL ACTION FUND -	ACCEPT VOLUNTARY							
47-5320459, 1350 E TOUHY AVENUE, DES	CONTRIBUTIONS &						ł	
PLAINES, IL 60018	EXPENDITURES TO PEDERAL	ILLINOIS	527	<u> </u>	N/A	┼	Х	
						↓		
<del></del>	<del>- </del>	}				ļ		

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

Schedule R (Form 990) 2017

Doet 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			

(a)	(b)	(c)	(d)	(e)	(f)	(9)	(0	n)	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of year assets		ortionate Bons ?	Code V UBI amount in box 20 of Schedute K-1 (Form 1065)	Gener mana partn	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of year assets	(h) Percentage ownership	contr	tion (X13) olled ty?
		country)		,				Yes	No
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Schedule R (Form 990) 2017

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Page	4

Part	V Transactions With Related Organizations. Complete if the organization and	swered "Yes" on Form	n 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	ons with one or more r	elated organizations listed	ın Parts II IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entities	rty			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	X	<u></u>		
C	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1d	<u> </u>	X		
•	Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				1h		X		
,	Exchange of assets with related organization(s)				11		Х		
1	Lease of facilities, equipment, or other assets to related organization(s)				1)		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		x		
ï	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations for related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	o Sharing of paid employees with related organization(s)								
_	Daymburganest and to related exposuration(s) for exposure						$\bar{\mathbf{x}}$		
-	Reimbursement paid to related organization(s) for expenses			•	1p	$\vdash$	X		
q	Reimbursement paid by related organization(s) for expenses				1q_	$\vdash$	<u> </u>		
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)			_	18		X		
2	If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	relationships and transaction thresholds					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction type (a s)	Amount involved	Method of determining amount	involved				
<u>(1)</u> [	FCW LOCAL 881 POLITICAL ACTION FUND	В	402,343.	TRANSFERS TO PAC					
(2)									
(3)									
(4)									
(5)									
(6)									
		3.4		C-b- 4-1	- D/F	000			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(c) orgs ?	(f) Share of total	(g) Share of end-of year assets	(h) Disproper bonate allocations:	(i) Code V-UBI amount in box 20 2 of Schedule K-1 (Form 1065)	(j) General managur partner Yes N	(k) Percentage
				+						
				-			-		H	-
				H	-		-		-	<del> </del>
				-			-	<del> </del>		-

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 LOCAL 881 UNION	36-2125555 Page 5
Part VII Supplemental Information.	<del></del>
Provide additional information for responses to questions on Schedule R. See instructions	
DIDE II IDDIETIIGIETON OF DELIMED MIN ENTREM ODGINIGIETONG	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	<u> </u>
NAME OF RELATED ORGANIZATION:	
LOCAL 881 UFCW POLITICAL ACTION FUND	<del></del>
PRIMARY ACTIVITY: ACCEPT VOLUNTARY CONTRIBUTIONS & EXPENDIT	ITRES TO FEDERAL.
PRIMARI ACTIVITI. ACCEPT VODONIARI CONTRIBOTIONO & ENTENDIT	JAND TO PEDERAL
CANDIDATES	
	<del></del>
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