Form **990** 

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.

Nernal Revenue Service Go to wow irs gov/Form900 for instructions and the latest inform	epartment of the Treasury	Do not enter social security numbers on this form as it may be made pu
P do to www.ii.a.govi of iii.a.d.d.t.joja dija sile iateat iii.o.iii	ternal Revenue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the latest information</li> </ul>

Open to Public

-		Go to www.irs.gov/Form990 for instructions and the	_	mormation		Inspection			
		ne 2018 calendar year, or tax year beginning and end							
В	Check applica	C Name of organization	1	D Employer ide	entific	cation number			
	Add	LOCAL 881 UNION WILL							
	Naπ char			36	-2	125555			
Г	Initia		m/suite	E Telephone nu	mber	7			
Ē	Fina	1350 E MOTINY AVENUE		•		294-5064			
	term	in-		G Gross receipts \$		16,357,825.			
	lretu			H(a) Is this a gro	up re	eturn			
L	Appl	F Name and address of principal officer. SIEVEN FOWELD		for subordin	nates	? Yes X No			
_	pend	SAME AS C ABOVE		H(b) Are all subordin					
		xempt status:501(c)(3) _X 501(c) ( 5 )	527			list. (see instructions)			
		ite: ► WWW.LOCAL881UFCW.ORG				n number ▶ 0278			
		of organization: Corporation X Trust Association Other ►	L Year of	formation: 194	7 M	State of legal domicile IL			
(P	art I	Summary		<del></del>					
ဗ	1	Briefly describe the organization's mission or most significant activities LABOR U	ONTOR	<u> </u>		<del></del>			
Governance				L 050/ -5 t					
ě	2	Check this box I if the organization discontinued its operations or disposed of	or more t	nan 25% of its n	1 1				
ģ	3	Number of voting members of the governing body (Part VI, line 1a)			3	37			
<b>مخ</b>	"	Number of independent voting members of the governing body (Part VI, line 1b)			4	73			
ĕ	5	Total number of Individuals employed in calendar year 2018 (Part V, line 2a)	• •	• • • • • • • • • • • • • • • • • • • •	5	73			
Activities &	-	Total number of volunteers (estimate if necessary)	• •	•••	6	0.			
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b	0.			
	<u>D</u>	Net unrelated business taxable income from Form 990 T, line 38		Prior Year	1/8	Current Year			
	8	Contributions and grants (Part VIII, line 1h) RECEIVED			0.	0.			
Revenue		December of the state of the st	1	6,576,82		15,880,472.			
Ş	10	101	- <del>-</del>	312,83		392,456.			
æ	11	Other revenue (Part VIII, column (A) lines 5, 6d (R) bo 100 and 11a)	•	41,40		34,871.			
	12	Total revenue - add lines 8 through 11 (must equal Pert VIII, column (A), line 12)	1	6,931,06		16,307,799.			
	13	Grants and similar amounts paid (Part IX, column (A), (125 3)		159,64		181,928.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		27,00		28,000.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	6,112,06		6,575,213.			
Se	ł	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			-				
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	9,173,62	8.	9,393,452.			
		Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	1	5,472,33		16,178,593.			
<b>)</b>	19	Revenue less expenses. Subtract line 18 from line 12		1,458,73		129,206.			
86			Begin	nning of Current Y		End of Year			
ages .	20	Total assets (Part X, line 16)		2,388,64		22,619,863.			
A B	21	Total liabilities (Part X, line 26)		2,075,31		2,682,930.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	2	0,313,33		19,936,933.			
Pa	rt II	Signature Block							
Unde	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best	of my	knowledge and belief, it is			
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer ha	as any knowledge.					
Woma Kan									
Sign	1	Signature of office		Date	4	1-5-19			
Here	9	STEVEN POWELL, SECRETARY-TREASURER							
		Type or print name and title				71 0711			
		Print/Type preparer's name Preparer's signature	Dat	184/4/10 Check	٠ L_	PTIN			
Paid		TIMOTHY CIBULKA TIMOTHY CIBULKA			mployed				
Prep		Firm's name LEGACY PROFESSIONALS LLP		Firm's EIN	▶	32-0043599			
Use (	Only	Firm's address 4 WESTBROOK CORPORATE CTR #700							
_		WESTCHESTER, IL 60154		Phone no.	<u> 312</u>	2-368-0500			
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No			
83200	1 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2018)			

For	m 990 (2018) LOCAL 881 UNION	36-2125555	Page 2
	art III Statement of Program Service Accomplishments	<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		
	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenu		)
	TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORAL AND SOCI	AL ADVANCEM	ENT
	OF THEIR CONDITION AND STATUS.	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
		<del></del>	-
4b	(Code) (Expenses \$) (Revenue	e \$	)
		<del></del>	
		<del></del>	
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
4c	/O-d-		· ·
70	(Code) (Expenses \$) (Revenue		—— <i>'</i>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses	<del></del>	_

Form **990** (2018)

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Form 990 (2018) LOCAL 881 UNION
Part IV Checklist of Required Schedules

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	<del></del>			$\overline{}$
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	T	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		[	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	]
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<del> </del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
-	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the properties a capacity of the properties of the pr	12b	^	<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{X}{X}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ļ	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	J	J	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,		Х
20-	complete Schedule G, Part III	<u>19</u>		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 12 /f "Yes," complete Schedule I, Parts I and II	21	x	
22002	1 12-31-18			2018)

Forr	n 990 (2018) LOCAL 881 UNION 36-212	<u> 5555</u>	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)		·	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	├
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-	l	l
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	OEO		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<del> </del> -
Ų	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>x</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
9	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ <u>x</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_		v
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		——
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	J	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		<del></del>
<b></b>	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>,  </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 72	_	I	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		l	
93200	(gambling) winnings to prize winners?	form	X   990 (	2010
JUZUUA	, 12-01-10	OILL	JJJ (	2010)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	73							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
b	If "Yes," enter the name of the foreign country				ľ				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	AR)							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	İ	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit		х					
	any contributions that were not tax deductible as charitable contributions?		_6a	<del>-</del>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		a.	х					
~	were not tax deductible?	}	6b	<del>^</del>	-				
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	t to the never?	<del>_</del> _		X				
		, to the payor,	7a 7b	<u></u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ŀ	<del></del>						
C	to file Form 8282?		7c		Х				
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ŀ	<del>~~</del> +						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e						
f									
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7f 7g		_				
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		7h						
	sponsoring organization have excess business holdings at any time during the year?		8						
	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	[	9b						
10	Section 501(c)(7) organizations. Enter				1				
а	Initiation fees and capital contributions included on Part VIII, line 12		]	·	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter			'					
а	Gross income from members or shareholders		Ì		ļ				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	]	j		J				
	amounts due or received from them )			· .					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	}	12a		- 7				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				ŀ				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		$\dashv$					
	Is the organization licensed to issue qualified health plans in more than one state?	ŀ	13a		<del></del> -				
	Note. See the instructions for additional information the organization must report on Schedule O				- 1				
	Enter the amount of reserves the organization is required to maintain by the states in which the			ļ	ŀ				
	organization is licensed to issue qualified health plans  Enter the amount of recence on hand								
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	<u> </u>				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	F	14b	$\dashv$					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	 	+	_					
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>	<del></del>	-	<del></del> -				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	ľ	16	-	<u> </u>				
	If "Yes," complete Form 4720, Schedule O	F		$\neg \dagger$					
			Form	990 (	2018)				

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	3	7						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
h	Enter the number of voting members included in line 1a, above, who are independent	1b		ol						
2										
~										
2	officer, director, trustee, or key employee?									
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?		41 10	3	<b></b>	X				
4	Did the organization make any significant changes to its governing documents since the prior Form s		is filed?	4	<del>                                     </del>	X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets7		5	37					
6	Did the organization have members or stockholders?			6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or							
	more members of the governing body?			7a	X	<u> </u>				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	ŀ	l					
	persons other than the governing body?			7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following	<u> </u>		ļ				
а	The governing body?			8a	X	_ "				
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code )							
	100 200 100 000 100 000 100 100 100 100				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	,,,,,	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	antar	offiliates	100						
u		apter	s, armates,	105						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		- 61 41 6	10b	х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	у вето	re filing the form?	11a						
p	Describe in Schedule O the process, if any, used by the organization to review this Form 990			J		$\frac{1}{X}$				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Α_				
p	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe							
	ın Schedule O how this was done			12c						
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14		Х				
15	Did the process for determining compensation of the following persons include a review and approva	d by in	dependent	1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l						
а	The organization's CEO, Executive Director, or top management official			15a	X					
	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 arranger	nent w	ıth a		(					
	taxable entity during the year?			16a		<u>X</u>				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	o ito n	articipation	100						
D			· ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	IIZALIOI	15	465						
800	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(	3)s only	avaıla	ble				
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coil	nflict o	f interest policy, ai	nd finan	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 boo	oks an	d records ►							
	STEVEN POWELL-SECRETARY/TREAS (847) 294-5064									
	1350 E TOUHY AVENUE, DES PLAINES, IL 60018									

# 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

X

#### 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

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

(A)	(B)			Pos	C)	`		(D)	(E)	(F)
Name and Title	Average hours per	(do	(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offi	cer ar	nd a d	irecto	or/tru:	stee)	from	from related	other
	(list any	ector			ļ	]		the	organizations	compensation
	hours for related	e d	83			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		8	mpen		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	<sub>=</sub>			organizations
	line)	Indiv	Instit	Officer	Key e	Hgha	Former			
(1) CLINT BROWN	40.00									
LEGISLATIVE REPRESENTATIVE				X		L		117,758.	0.	19,822.
(2) LISA CATANZARO	40.00	l	l			l				
EXECUTIVE VICE PRESIDENT	1.00			X		<u> </u>		180,425.	0.	<u>19,751.</u>
(3) CONSTANTINE DOUKAS	40.00								_	
BUSINESS REPRESENTATIVE		<u> </u>		Х		<u>L</u>	<u>L</u> .	87,519.	0.	19,642.
(4) CATHERINE HOWE	40.00	1	İ		ĺ	ĺ	ĺ			
BUSINESS REPRESENTATIVE	1 2 2 2 2			X		Ь.		94,606.	0.	<u>19,630.</u>
(5) JOHN REICHLING	40.00							0.4.422		10 545
ORGANIZER / BUSINESS REPRESENTATIVE	40.00	_		X	<u> </u>			84,433.	0.	19,545.
(6) ROBERT KLEICH JR.	40.00	ļ		37				00 407	0.	10 744
BUSINESS REPRESENTATIVE	40.00	_		X	<u> </u>	├-	-	92,497.	0.	19,744.
(7) ANDREW O'KEEFE GRIEVANCE COORDINATOR	40.00	ł		х				107,215.	٥.	19,774.
(8) BRADLEY POWELL	40.00			Λ	├	⊢	-	107,213.		19,774.
COLLECTIVE BARGAINING REPR	40.00	ł		Х				109,338.	0.	19,799.
(9) RONALD POWELL	40.00			22	$\vdash$	┢	-	105,550.		10,1000
PRESIDENT - PAST	1.00	1		Х		l		321,312.	0.	20,260.
(10) STEVEN POWELL	40.00	_		-		┢	┢	332,732		
SECRETARY-TREASURER	1.00	l		х				273,734.	0.	24,427.
(11) MAMIE PRATT	40.00	<u> </u>				┢	<u> </u>			
BUISNESS REPRESENTATIVE		1		x		ĺ		84,998.	0.	19,634.
(12) PAUL SCHAEFER	40.00					_				
DIRECTOR OF FIELDS OPERATI				Х				124,191.	0.	19,783.
(13) PATRICK STATTER	40.00									
RECORDER/BUSINESS REPRESEN				X				109,819.	0.	19,816.
(14) TERESA RAMIREZ	40.00									
BUSINESS REPRESENTATIVE				Х				64,924.	0.	19,496.
(15) KEVIN WEST	40.00									<u></u>
BUISNESS REPRESENTATIVE	_			Х				84,452.	0.	<u> 19,617.</u>
(16) MOISES ZAVALA	40.00									
DIRECTOR OF ORGANIZING				Х		L		107,471.	0.	19,751.
(17) DENISE MELE-GIRONDA	1.00					Ī				
VICE PRESIDENT				X				1,946.	0.	86.

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Form **990** (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ıghe	st (	Compensated Employee	es (continued)			
(A) (B) (C) (D) (E)												(F)
Name and title	Average	٠.,		Pos	itior	1		Reportable	Reportable		Es	timated
	hours per hours per week (do not check more than one box, unless person is both an officer and a director/trustee) from from related								n	an	nount of	
	week officer and a director/trustee) from from related (list any ganizations										other	
	1 ' -	hours for           organization   (W-2/1099-MISC										pensation
		or di	8			sated		organization	(W-2/1099-MIS	(C)		om the
	organizations	ustee	trustee		.   8	ubeus		(VV-2/1099-IVIISC)			_	anızatıon d related
	below	dualt	tona		훁	S st co	٦					inizations
	line)	ludivi	Institutional t	Officer	Key employee	Highe	P.					
(18) JANET LEE DOLAN	40.00					<u> </u>						
BUISNESS REPRESENTATIVE				X	i			83,221.		0.	1	9,622.
(19) GARLAND BLAKELY	1.00											
VICE PRESIDENT		L		Х	_	L	L	1,946.		0.		212.
(20) MICHAEL CROW	1.00						ĺ					
VICE PRESIDENT		L_		Х				1,946.	<u> </u>	0.		187.
(21) GLORIA GONZALES	1.00											
VICE PRESIDENT				Х				1,850.	<b></b>	0.		155.
(22) THERESA GRATZ	1.00											
VICE PRESIDENT				X			L	1,946.	<u> </u>	0.		712.
(23) KENT MADISON	1.00											
VICE PRESIDENT				Х				1,946.		0.		94.
(24) KATHRYN EGGERT	1.00							1 1 1 1				400
VICE PRESIDENT	1 00			X			ļ	1,946.		0.		138.
(25) KRYSTINA KLEICH	1.00			٦,				1 046		ا ۸		0.0
VICE PRESIDENT	1 00		_	Х			<u> </u>	1,946.		0.		82.
(26) CATHY TISKE	1.00			7.7			ĺ	1 071		ا م		0.6
VICE PRESIDENT	_			X		Ш	Ļ	1,971. 2,145,356.		0.	21.	<u>86.</u> 1,865.
1b Sub-total								161,922.	<del></del>	<del>0:</del> 1		1,005.
c Total from continuation sheets to Part VI	I, Section A							2,307,278.		0.		2,940.
d Total (add lines 1b and 1c)							<u> </u>	<del></del>	000 - ( + -  -  -	انت	302	2,340.
2 Total number of individuals (including but no	ot limited to th	ose	liste	a ar	oove	e) wr	no r	eceived more than \$100,	000 of reportable	3		10
compensation from the organization	<del></del>		_					<del></del>			Т	Yes No
3 Did the organization list any former officer,	director or tru	ctor	. ko	u an	anla		or	highest compensated en	nlovee on	Γ	$\rightarrow$	
line 1a? If "Yes," complete Schedule J for su		3166	s, NC	y Cii	ipio	yee,	OI I	riigitest compensated en	iployee on		3	X ,
4 For any individual listed on line 1a, is the su		e cc	mne	ensa	tion	anc	d otl	her compensation from t	ne organization	ŀ	<del>-</del>	<del></del> -
and related organizations greater than \$150	•							· · · · · · · · · · · · · · · · · · ·	io organization		4	$\bar{\mathbf{x}}$
5 Did any person listed on line 1a receive or a									lual for services	ľ		
rendered to the organization? If "Yes," comp	•							<b>.</b>			5	X
Section B. Independent Contractors			-									
Complete this table for your five highest cor	mpensated inc	- lepe	nde	nt c	ontr	acto	rs t	that received more than \$	100,000 of com	ensa	ation fi	om
the organization Report compensation for t	he calendar ye	ear e	endır	ng w	/ith o	or w	ıthır	n the organization's tax y	ear			
(A)								(B)			(C	)
Name and business address Description of services Compensation									sation			
THE KARMEL LAW FIRM, P.C., 221 NORTH												
LASALLE STREET SUITE 1550, CHICAGO, IL LEGAL SERVICES 278,929										<u>3,929.</u>		
							4	<del></del> -				
							-+					<del></del>
							- [		ĺ			
							$\dashv$					

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **390** (2018)

\$100,000 of compensation from the organization

36-2125555	Page <b>9</b>

		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts ıts	1 a	Federated campaigns	1a					
rau		Membership dues	1b					
Ğ.		Fundraising events	1c		1			
a it		Related organizations	1d					
S,E		Government grants (contribut	<del></del>			'		
ĒΦ		All other contributions, gifts, gran	· -					1
hele	•	similar amounts not included abo	1 1					
Ξō	0	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f						
		Total 7 Acq III CS Ta Ti	•	Business Code			<del></del>	·
ا ہ	2 2	MEMBERSHIP DUES AND AS	SESSMENTS	900099	15,880,472.	15,880,472.		-  <del></del>
Program Service Revenue	2 a	<del></del>		1		,,,		<del>                                     </del>
Ser	c							<del> </del>
E S	d	<del></del>						<del> </del>
ğæ	e			-				_
P.	f		anue.					+
		Total. Add lines 2a-2f	ilue	<b></b>	15,880,472.		2	<del>                                     </del>
-	3	Investment income (including	dividends intere		,	-		<del>                                     </del>
	J	other similar amounts)	dividends, intere	.st, and	392,482.			392,482.
	4	Income from investment of tax	v-evemnt hand r	roceeds	,		_	
	5	Royalties	v-exempt bond b	, occcus				<del></del>
		rioyanics	(i) Real	(II) Personal				<u> </u>
- [	6 a	Gross rents	23,734.	(ii) i cisoriai				
		Less rental expenses	, ,	-				
		Rental income or (loss)	23,734.			ł		
		Net rental income or (loss)		<u> </u>	23,734.			23,734.
		Gross amount from sales of	(i) Securities	(ıı) Other				
	, u	assets other than inventory	50,000.	(1) 011101				
	h	Less cost or other basis	· · · ·	<u> </u>		,		
	_	and sales expenses	50,026.					
	c	Gain or (loss)	<26.	<b>-</b>				
		Net gain or (loss)	L		<26.	<u> </u>		<26.
		Gross income from fundraising	n events (not					1
Revenue	-	including \$	_					
§		contributions reported on line						
Ę.		Part IV, line 18	а					
Other	h	Less direct expenses	b					1
0		Net income or (loss) from fund				ľ	· · · · · · · · · · · · · · · · · · ·	
- 1		Gross income from gaming ac	_					1
	-	Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam		<b>•</b>				
		Gross sales of inventory, less	_					
-		and allowances	а		1	}		}
	b	Less cost of goods sold	b					ļ
		Net income or (loss) from sales	·- !	<b>•</b>			· · · · · · · · · · · · · · · · · · ·	
r		Miscellaneous Revenue		Business Code				
ŀ	11 a	MISCELLANEOUS	·	900099	11,137.			11,137.
	u							<u> </u>
	c					<del>-</del>		
		All other revenue					<u> </u>	<u> </u>
		Total. Add lines 11a-11d	•	•	11,137.		· · · · · ·	7/
	12	Total revenue. See instructions			16,307,799.	15,880,472.	0.	427,327.

# Form 990 (2018) LOCAL 881 UNI Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	<u> </u>		complete column (A)	
_	Check if Schedule O contains a respo			(6)	
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21	171,155.			
2	Grants and other assistance to domestic	40 550			
	individuals See Part IV, line 22	10,773.			
3	Grants and other assistance to foreign			Ì	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	30 000			
4	Benefits paid to or for members	28,000.	<del></del> -		
5	Compensation of current officers, directors,	2,482,311.			
_	trustees, and key employees	2,402,311.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,778,479.	<del></del>		
8	Pension plan accruals and contributions (include	2,110,1130			
٥	section 401(k) and 403(b) employer contributions)	141.174.			
9	Other employee benefits	141,174. 795,883.			· · · · ·
10	Payroll taxes	377,366.			
11	Fees for services (non-employees)				
а					
b		284,529.			
С		58,058.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,634.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	85,326.			
13	Office expenses	376,075.			
14	Information technology	46,688.			· · · · · · · · · · · · · · · · · · ·
15	Royalties	F00 443			
16	Occupancy	508,443. 356,720.			<del></del>
17	Travel	350,720.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	138,810.			<del></del>
19	Conferences, conventions, and meetings	1,800.			<del></del> -
20 21	Interest . Payments to affiliates	6,325,681.			<del></del>
22	Depreciation, depletion, and amortization	158,710.			<del></del>
23	Insurance	56,470.			
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	390,824.			
b	MEMBERSHIP COMMUNICATIO	328,046.			
С	LABOR EDUCATION	181,766.			
d	COLLECTIVE BARGANING	70,424.			
е	All other expenses	9,448.			
25	Total functional expenses Add lines 1 through 24e	16,178,593.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

rd	πх	Charlet Carret de Constant de	Land the Dark V			<del></del>
		Check if Schedule O contains a response or note to an	y line in this Part X	123	1	(2)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,084,208.	1	1,000,477
	2	Savings and temporary cash investments		8,885,757.	2	9,633,736
	3	Pledges and grants receivable, net		3,000,10,1	3	1 2,000,000
	4	Accounts receivable, net		106,960.	4	39,404
	5	Loans and other receivables from current and former of	ficers directors	2007200	-	:
	]	trustees, key employees, and highest compensated em	•		]	Ĵi
		Part II of Schedule L	pioyees complete	1,200.	5	1,200
	6	Loans and other receivables from other disqualified per	sons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c	•			
	1	employers and sponsoring organizations of section 501				
2		employees' beneficiary organizations (see instr) Comple		2,400.	6	2,200
Assets	7	Notes and loans receivable, net			7	
ž į	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		133,666.	9	127,828
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a	1,914,170.			
	b	Less accumulated depreciation 10b	1,378,910.	597,127.	10c	535,260
	11	Investments - publicly traded securities		7,570,043.	11	7,221,504
	12	Investments - other securities See Part IV, line 11		3,588,783.	12	3,618,017
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		418,504.	15	440,237
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	22,388,648.	16	22,619,863
	17	Accounts payable and accrued expenses		591,256.	17	551,273
J	18	Grants payable			18	
	19	Deferred revenue		471,157.	19	840,534
Ì	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	f Schedule D		21	
e l	22	Loans and other payables to current and former officers	, directors, trustees,			-
Liabilities		key employees, highest compensated employees, and o	isqualified persons			
<u> </u>		Complete Part II of Schedule L			22	
۱	23	Secured mortgages and notes payable to unrelated third	d parties		23	
l	24	Unsecured notes and loans payable to unrelated third p	arties	. <u></u> _	24	<u>-</u>
	25	Other liabilities (including federal income tax, payables to	o related third			
		parties, and other liabilities not included on lines 17-24)	Complete Part X of			
		Schedule D		1,012,897.	25_	1,291,123
4	26	Total liabilities. Add lines 17 through 25		2,075,310.	26	2,682,930.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🔼 and			
Net Assets of Fully Dalatices		complete lines 27 through 29, and lines 33 and 34.				40 006 000
	27	Unrestricted net assets		20,313,338.	27	19,936,933.
5	28	Temporarily restricted net assets			28	<del></del>
1	29	Permanently restricted net assets	. — }		29	
]		Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶└─┘			
5		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	<u> </u>		30	
	31	Paid-in or capital surplus, or land, building, or equipment	The state of the s		31	_
	32	Retained earnings, endowment, accumulated income, o	r other funds	20 212 220	32	10 026 022
.	33	Total net assets or fund balances	Ļ	20,313,338.	33	19,936,933.
- 1	34	Total liabilities and net assets/fund balances		22,388,648.	34	22,619,863.

	1990 (2018) LOCAL 881 UNION	<u>_36</u> .	<u>-2125</u>	5555	Pa	<u>ge 12</u>
P.a	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			<b>.</b> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		307		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	,178		
3	Revenue less expenses Subtract line 2 from line 1	3				06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2(	,313		
5	Net unrealized gains (losses) on investments	_5		<505	<u>, 6</u>	<u> 11.</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,					
	column (B))	10	19	,936	<u>, 9</u>	<u>33.</u>
<u> Pa</u>	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			'		. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		<u> </u>		
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	on a			1	- 1
	separate basis, consolidated basis, or both			-		
	Separate basis Consolidated basis Both consolidated and separate basis			ll_		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	4			
	consolidated basis, or both			f [	ſ	- 1
	Separate basis X Consolidated basis Both consolidated and separate basis			_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	)	<u>-</u>  -		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Au	dıt			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	ht			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form 9	90 (	2018)

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

# **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
2018

Open to Public Inspection

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			Empl	oyer identification number
LOCAL 8	81 UNION			36-2125555
Part I-A Complete if the org	ganization is exempt unde	r section 501(c) o	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expending</li> <li>Volunteer hours for political campa</li> </ol>	tures	l campaign activities in		
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)(3		
<ol> <li>Enter the amount of any excise tax</li> </ol>	incurred by the organization unde	r section 4955	<b>&gt;</b> \$	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV  Part I-C   Complete if the org	ranization is exempt unde	r section 501(c)	except section 501/	c)(3).
1 Enter the amount directly expended				
2 Enter the amount of the filing organ				
exempt function activities	nzation's funds contributed to our	si organizations for sec		
3 Total exempt function expenditures	s Add lines 1 and 2 Enter here an	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 made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paid omptly and directly delivered to a	from the filing organiza separate political orga	ition's funds. Also enter th nization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	DES PLAINES, IL		_	
FUND	60018	36-3276537	0.	390,824.
· · · · · · · · · · · · · · · · · · ·				

832041 11-08-18

LHA

Schedule C (Form 990 or 990-EZ) 2018

SEE PART IV FOR CONTINUATION

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

Schedule C (Form 990 or 990-EZ) 2018	LOCAL	881 t	JNION		36-	2125555 Page 2
Part II-A   Complete if the org	janizatio	n is exe	mpt under section	on 501(c)(3) and fi	ed Form 5768 (e	election under
section 501(h)).						
A Check L if the filing organiza	tion belong	gs to an afi	filiated group (and list	ın Part IV each affiliated	l group member's na	me, address, EIN,
expenses, and shar	re of exces	s lobbying	expenditures)			
B Check ► ☐ If the filing organiza	tion check	ed box A a	ind "limited control" pi	rovisions apply	· —	<del></del>
	ts on Lobb ditures" m		enditures unts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence publ	lic opinion	(grass roots lobbying)			†
<b>b</b> Total lobbying expenditures to influ	•		· <del>-</del>			
c Total lobbying expenditures (add li	nes 1a and	d 1b)	•			
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line:	s 1c and 1	d)			
f Lobbying nontaxable amount Ente	er the amou	unt from th	e following table in bo	th columns		
If the amount on line 1e, column (a) o			bying nontaxable an		1	
Not over \$500,000			the amount on line 16		'	
Over \$500,000 but not over \$1,000	0.000	\$100.00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the ex		1	
Over \$1,500,000 but not over \$17,000 but not over \$		\$225,00	00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			1
					-	.
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a If zero	o or less, e	nter -0-				
Subtract line 1f from line 1c If zero	or less, er	nter -O-		[		
j If there is an amount other than zer	ro on eithei	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this y	year?					Yes No
(Some organizations th	at made a	section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all	of the five columns	pelow.
	Lobb	ying Expe	ndıtures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))	- 				· 	
c Total lobbying expenditures						
d Grassroots nontaxable amount	<u>-</u> -					<u></u>
e Grassroots ceiling amount (150% of line 2d, column (e))	·					
4. Consequents labely and a second to the						

Schedule C (Form 990 or 990-EZ) 2018

# 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	(2	a)	(	b)
of the lobbying activity	Yes	No	Am	ount
1 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	l			
a Volunteers?		_	ļ	
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?				
f Grants to other organizations for lobbying purposes?			<b></b>	
, , ,		<del></del>		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
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?	504()	(F)	L	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	ction 501(c)	(5), or se	ection	
	<del></del> :		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		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	n the prior year	2 3		Х
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	litical			
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	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	id political	1		
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	oun list) Part II-	A lines 1	and 2 (see	
nstructions), 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	ID TO PR	OVIDE		
SUPPORT TO STATE AND LOCAL CANDIDATES FOR POLITICAL	OFFICE	WHOSE	IDEAI	'S
ARE SIMILAR TO THOSE OF THE LOCAL AND ORGANIZED LABO	OR IN GE	NERAL	•	_
PART T-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	JFORMATT	ON:		

832043 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 LOCAL 881 UNION  Part IV Supplemental Information (continued)	36-2125555 Page 4
Part IV Supplemental Information (continued)	
UFCW LOCAL 881 PAC FUND	
1350 E TOUHY AVENUE DES PLAINES, IL 60018	
2000 12 100111 11 12 12 12 12 12 12 12 12 12 12 12	
	<u> </u>
•	
	-
	· <del></del>
	,

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public 1 Inspection

Name of the organization

Employer identification number

-	LOCAL 881 UNION		30-2123333
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
J	are the organization's property, subject to the organization's		Yes No
	Did the organization inform all grantees, donors, and donor a		
6			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confi	Yes No
Do	impermissible private benefit?	representation annual and IVersill on Form 000. Port II	***************************************
Pa		· · · · · · · · · · · · · · · · · · ·	v, life /
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		-
	Protection of natural habitat	Preservation of a certified l	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
_	year ▶	, , , , ,	-
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		tion easements during the year
·	Land volunteer mode devoted to mornioring, inspecting,	nanamig or relations, and amenang conserve	, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	Hing of violations, and enforcing conservation e	easements during the year
'	•	ming of violations, and critorolling conservation of	sassinonia danng me year
_		en nation the requirements of agetion 170/h\/d\	(D)/\(\)
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(f)(4)(	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	rganization's accounting for
_	conservation easements	6 A. J. Historiaal Turasuuras ay Othor	Cimilar Assets
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	10.0	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial dain	
_	the following amounts required to be reported under SFAS 1		, 10 - 10-1
_	Revenue included on Form 990, Part VIII, line 1	. o p . c o o o o p rotating to those items	<b>▶</b> \$
			, ·
<u></u>	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

Schedule D (Form 990)	2018 LOCAL	381 UNION	_					36-21	L25555	Page 2
Part III Organiza	ations Maintaining	Collections of A	Art, His	storical Tr	reasures,	or Othe	er Simil	ar Asse	e <b>ts</b> (contin	ued)
3 Using the organiza	ation's acquisition, acces	sion, and other recor	ds, che	ck any of the	following th	at are a s	ignificant	use of its	collection	items
(check all that app	oly)									
a Public exhib	oition	1	d 🖳	Loan or exc	hange progr	rams				
b Scholarly re	search		e 🗀	Other						
c Preservation	for future generations									
4 Provide a descript	ion of the organization's	collections and expla	un how t	they further t	the organizat	ion's exe	mpt purp	ose in Pa	rt XIII	
5 During the year, d	d the organization solicit	or receive donations	of art, h	nistorical trea	sures, or oth	ner sımılar	assets		_	
	funds rather than to be n	naintained as part of	the orga	anization's c	ollection?				_ Yes	No_
Part IV Escrow	and Custodial Arrai	<b>ngements.</b> Comp	lete if th	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
reported ar	amount on Form 990, P	art X, line 21	_							
1a Is the organization	an agent, trustee, custo	dian or other interme	diary for	r contributior	ns or other a	ssets not	ıncluded	_	_	
on Form 990, Part	χ?							L	Yes	L No
b If "Yes," explain the	e arrangement in Part XII	I and complete the fo	ollowing	table						
									Amount	
c Beginning balance	•						1c			
d Additions during the during	ne year						1d			
<ul> <li>e Distributions durin</li> </ul>	g the year						1e			
f Ending balance							1f			
•	on include an amount on l						ıty?	<u> </u>	⊔ Yes	∐ No
	e arrangement in Part XII									
Part V Endowm	ent Funds. Complete								T	
		(a) Current year	(b) l	Prior year	(c) Two yea	rs back (	(d) Three y	ears back	(e) Four	years back
1a Beginning of year	balance				ļ.———					
<b>b</b> Contributions			<b>_</b>			<u>-</u>			ļ	
	rnings, gains, and losses		<u> </u>						<del> </del>	
d Grants or scholars	•									
e Other expenditure	s for facilities	j	]						j	
and programs			<b></b>	-						
f Administrative exp			<u>.                                    </u>						<u> </u>	
g End of year balance		L			<u> </u>	l_			L	
	ted percentage of the cu	rrent year end baland		Ig, column (a	a)) held as					
•	or quasi-endowment		_%							
<b>b</b> Permanent endow		%								
c Temporarily restric	-	%								
, -	n lines 2a, 2b, and 2c sho	•		_						
	ent funds not in the poss	ession of the organiz	ation th	at are nelo a	no aoministe	erea for tr	ie organiz	zation	L.	/a a   Nia
by	n makana								-	res No
(i) unrelated orga									3a(i)	
(ii) related organiz	ations i), are the related organiz	ations listed as requi	rad an G	Sahadula D2					3a(II) 3b	-+-
•	ll), are the related organiz								<u> </u>	
	ildings, and Equipn		JWILIELL	iuiius						
	the organization answere		∩ Part I'	V line 11a S	See Form 990	) Part X	line 10			
<del></del>	on of property	(a) Cost or o		T .	or other		cumulate	od	(d) Book	value
Description	on or property	basis (investr		1 ' '	(other)		reciation	~	(4) 5000	value
1a Land	· · · · · · · · · · · · · · · · · · ·	2230 (111000	,		8,278.	236			88	,278.
b Buildings					$\frac{3,273.}{3,673.}$	6	62,58	83.		,090.
c Leasehold improve	ments				3,236.		21,1			,079.
d Equipment					1,973.	6	33,88			,088.
e Other			-		7,010.		61,28			,725.
	gh 1e (Column (d) must e	equal Form 990, Part	X, colui	·				ightharpoonup		,260.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 LOCAL 881 U	NION	36-2125555 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) POOLED FUNDS	3,555,387.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE TRUST	52,350.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE STOCK	10,280.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,618,017.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value	€
(1)		
(2)		
(3)		
(5)		
(6)		
(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" on 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	129,059.
(3)	ACCRUED REAL ESTATE TAXES	20,861.
(4)	ANNUITY CONTRACTS (DEFERRED	
(5)	COMPENSATION)	440,237.
(6)	ACCRUED RETIREMENT AND VACATION	
(7)	BENEFITS PAYABLE	469,448.
(8)	DEFERRED RENT	231,518.
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	1,291,123.

<sup>2.</sup> 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

Schedule D (Form 990) 2018

08810X11

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

Name of the organization 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 cash grant (e) Amount of (a) Description of (h) Purpose of grant luation (book FMV, appraisal, other) noncash assistance (if applicable) non cash or assistance or government assistance CHICAGO JOBS WITH JUSTICE 330 SOUTH ASHLAND AVENUE JOBS WITH JUSTICE CHICAGO, IL 60601 80-0111994 501(C)(3) 27,000 EDUCATION FUND 0.N/A N/A WE ARE MISSOURI 227 JEFFERSON STREET TO DEFEAT RIGHT TO WORK JEFFERSON CITY, MO 65101 30-0987880 FOR LESS IN MISSOURI 527 34,000 0.N/A N/A ILLINOIS WORKING TOGETHER TO DEFEND ALL PAMILIES FROM ANTI-WORKER ATTACKS 534 S SECOND STREET SPRINGFIELD, IL 62701 36-2388785 527 8,970. AND THREATS COOK COUNTY WORKING FAMILIES TO SUPPORT MINIMUM WAGE 4350 N. BROADWAY SUITE 1106 AND EARNED SICK LEAVE CHICAGO , IL 60613 83-2246157 527 10,000. 0.N/A N/A ORDINANCES CITIZEN ACTION / ILLINOIS TO SUPPORT PUBLIC 27 E, MONROE STREET STE 1100 INTEREST AND SOCIAL 36-4163480 501(C)(4) CHICAGO, IL 60603 8,100 CHANGE 0.N/A N/A 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

22

832101 11-02-18

Schedule I (Form 990) (2018) LOCAL 881 UNIO	N				36-2125555 P		
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	Is 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		
PLOWERS AND BIBLES	0	o,	10,773.	COST	FLOWERS AND BIBLES FOR DECEASED MEMBERS FAMILIES.		
Part IV Supplemental Information. Provide the information re	aurodus Bod Lliv	as 2 Part III. solumn	(h) and any other a	ddtanal information			
PART I, LINE 2:	guired in Part I, III	te 2, Part III, Column	(b), and any other a	ddiiona/iniomation			
THE EXECUTIVE BOARD OF THE LOCAL	CAREFULLY	REVIEWS A	LL REQUEST	'S FOR			
DONATIONS PRIOR TO THEIR APPROVAL	AND DISB	URSEMENT.	APPROVAL	IS GRANTED			
ONLY TO REPUTABLE ORGANIZATIONS W	HO HAVE S	ATISFIED T	HE BOARD'S	DUE			
DILIGENCE. THE BOARD PERFORMS NO			••				
DONATIONS AND GRANTS ISSUED. ALL	RECORDS	REGARDING	DISBURSEME	NT OF FUNDS			
ARE MAINTAINED AT THE LOCAL'S OFF							
832102 11-02-18		23	<u> </u>		Schedule I (Form 990) (20		

832102 11-02-18

Page 2

#### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 881 UNION

Part I Questions Regarding Compensation

Employer identification number 36-2125555

			Yes	No	
1a	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	İ		ĺ	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u> </u>		<b></b>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u> </u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<u> </u>		
		;			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization			<del></del>	
	Receive a severance payment or change-of-control payment?	4a 4b	X	Х	
С	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				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1 .	
	contingent on the revenues of				
а	The organization?	5a			
b	Any related organization?	5b			
	If "Yes" on line 5a or 5b, describe in Part III			. 1	
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			
b	Any related organization?	6b			
	If "Yes" on line 6a or 6b, describe in Part III			Ī	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			أا	
	not described on lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53 4958-6(c)?	9			

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 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		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	compensation	beneitts	(B)(I)-(U)	reported as deferred on prior Form 990
(1) LISA CATANZARO	(1)	171,908.	8,517.	0.	3,460.	16,291.	200,176.	0.
EXECUTIVE VICE PRESIDENT	(11)	_0.	0.	0.	0.	0.		0.
(2) RONALD POWELL	(i)	217,991.	9,841.	93,480.	3,192.	17,068.	341,572.	0.
PRESIDENT - PAST	(0)	0.	0.	0	0.	0.		0.
(3) STEVEN POWELL	(1)	222,511.	9,608.	41,615.	3,460.	20,967.		0.
SECRETARY-TREASURER	(0)	0.	0.	0	0	0.		0.
(4) PATRICIA VARDALOS	(0)	131,828.	2 <u>,</u> 525.	0.	3,460.	16,195.	154,008.	0.
COMPTROLLER	(11)	0.	0.	0.	0.	0.	0.	0.
	(3)							
	(11)							
	(1)							
	(11)							
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Schedule J (Form 990) 2018 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	o complete this part for any additional information
PART I, LINE 4B:	
RON POWELL AND STEVE POWELL PARTICIPATED IN THE CEP PLAN, A NONQUALIFI	ED
RETIREMENT PLAN. ADDITIONS TO THE PLAN FOR RON POWELL AND STEVE POWEL	ц
WERE \$2,341 AND \$2,789 RESPECTIVELY.	
<del></del>	Schedule J (Form 990) 2018

26

832113 10-26-18

#### **SCHEDULE L**

Department of the Treasury

### **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

Open To Public

internal Nevenue Service		to www.iis.gov/Ft	Jillios	101 01	mstructions and the	s latest information.			spece			
Name of the organization	LOCAL 8	81 UNION					Employ 36-2			on nu	ımber	
Part   Excess Ber	nefit Transa	ctions (section 5	01(c)(3	3), sec	tion 501(c)(4), and 50	01(c)(29) organization	s only)					
Complete if the	e organization a	nswered "Yes" on	Form :	990. P	art IV, line 25a or 25	b, or Form <u>9</u> 90-EZ, Pa	art V. line	40b				
1		b) Relationship bet				<u> </u>			(d)	(d) Corrected?		
(a) Name of disqualified	d person (	person and o			(	<ul><li>c) Description of trans</li></ul>	saction			es T	No	
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0.500.00												
2 Enter the amount of tax	x incurred by th	e organization man	agers	or als	quained persons du	ring the year under						
section 4958							-	<u> </u>				
3 Enter the amount of tax	x, if any, on line	2, above, reimburs	ed by	the or	rganization		•	<b></b> _				
Part II Loans to ar	ad/or Erom	Interested Per	2000		<del></del>							
LJ												
	-				, Part V, line 38a or l	Form 990, Part IV, line	e 26, or if 1	he orga	nızatıc	on		
		990, Part X, line 5, 6			r	,		(h) App	roved			
(a) Name of (b) Relation					(e) Original principal amount	(f) Balance due	(g) In default?	by boa	ard or	d or		
interested person	with organizat	or loan	organı	zation?	principal amount		delault	comm	ıttee?	ayıcc	11161111	
	<u> </u>		То	From			Yes No		No	Yes	No	
		RSADVANCES		X	1,200.	1,200.	X	X		-	X	
22 ADVANCES @	SEMPLOY	EEADVANCES		X	2,200.	2,200.	X	X			X	
								$\perp \!\!\! \perp \!\!\! \perp$			<u> </u>	
								$T^{T}$				
									$\neg$			
Total	-				<b>▶</b> \$	3,400.			$\neg \uparrow$			
Part III   Grants or A	ssistance E	Benefiting Inter	este	d Pe								
Complete if the	organization a	nswered "Yes" on f	orm 9	990. Pa	art IV. line 27							
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	of	(e)	Purpo	ose of		
(4), 114		interested pers			assistance	assistand			ssista			
	ł	the organiza	tion				ł					
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SEE PART V FOR CONTINUATIONS

832131 10-25-18

Schedule L (Form 990 or 990-EZ) 2018 LOCAL 881 UNION

Part IV Business Transactions Involving Interested Persons.

Complete if the	e organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or <u>28c</u>			
(a) Name of Inter	ested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?
BRADLEY POWELI	<del></del>	OFFICER	100 220	BRADLEY POW	Yes	No X
CLINT D BROWN	<u> </u>	EMPLOYEE		CLINT D BRO		X
DAVID J SCHMII	<u>``</u>	EMPLOYEE		DAVID J SCH		X
DAVID U SCHMII	J1	EMPHOTES	01,720.	DAVID 0 SCII		
	ntal Information.	onses to questions on Schedule L (see	instructions)			
SCHEDULE L, PA	ART II, LOANS	TO AND FROM INTERES	STED PERSON	<u>s</u> :		
(A) NAME OF PE	ERSON: 12 ADV	ANCES @ \$100 EACH TO	0 12 OFFICE	RS		
(C) PURPOSE OF	F LOAN: ADVAN	CES FOR EXPENSES TO	BE INCURRE	D.		
(A) NAME OF PE	ERSON: 22 ADV	ANCES @ \$100 EACH TO	24 EMPLOY	EES.		
(B) RELATIONSE	IIP WITH ORGA	NIZATION: EMPLOYEES		<del> </del>		
(C) PURPOSE OF	LOAN: ADVAN	CES FOR EXPENSES TO	BE INCURRE	D.		
SCH L, PART IV	, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PE	RSON: BRADLE	Y POWELL				
(D) DESCRIPTION	N OF TRANSAC	TION: BRADLEY POWELI	L IS VICE P	RESIDENT OF	THE	
LOCAL UNION.	THE LOCAL PA	YS BRADLEY POWELL A	SALARY AND	CONTRIBUTES	S_TO	
EMPLOYEE BENEF	'IT PLANS ON	HIS BEHALF. BRADLEY	Y POWELL IS	A FAMILY M	EMBEI	₹
OF UNION SECRE	TARY TREASUR	ER STEVEN POWELL.				
(A) NAME OF DE	ID COM CLEANING	D. DDOLBY				
(A) NAME OF PE						
		TION: CLINT D BROWN				
LOCAL UNION.	THE LOCAL PA	YS CLINT D BROWN A S	SALARY AND	CONTRIBUTES	TO	
EMPLOYEE BENEF	IT PLANS ON	HIS BEHALF. CLINT I	BROWN IS	A FAMILY MEN	IBER	
OF UNION OFFIC	ER CLINT V B	ROWN.	Sc	hedule L (Form 990 o	990-F7	7) 2018

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-E2.

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

2018
Open to Public Inspection

Name of the organization Employer identification number LOCAL 881 UNION 36-2125555 FORM 990, PART VI, SECTION A, LINE 2: THE SECRETARY-TREASURER OF THE LOCAL, STEVE POWELL, HAS A BROTHER EMPLOYED AS OFFICER OF THE LOCAL, 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.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Scriedule O (Form 990 or 990-E2) (2016)	Page 2
Name of the organization  LOCAL 881 UNION	Employer identification number 36-2125555
THE LOCAL MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEME	NTS AVAILABLE UPON
REQUEST AT THE LOCAL'S MAIN OFFICE DURING REGULAR BUSINES	S HOURS WITH
ADVANCE NOTICE.	
FORM 990, PART VII, SECTION A	
AT 12/31/18 THE OFFICE OF PRESIDENT WAS VACANT. AT THE L	OCAL'S NEXT
QUARTERLY MEETING ON JANUARY 8, 2019, STEVEN POWELL WAS E	LECTED TO THE
OFFICE OF PRESIDENT AND PAUL SHAEFER WAS ELECTED TO THE O	FFICE OF
SECRETARY-TREASURER.	
	<del></del>
	<b></b>

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

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

Department of the Trassury Internal Revenue Service

Name of the organization

2018
Open to Public Inspection

OMB No 1545-0047

Inspection
Employer identification number

LOCAL 881 UNION 36-2125555 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Legal domicile (state or Total income Primary activity End-of year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No UFCW LOCAL 881 POLITICAL ACTION FUND -ACCEPT CONTRIBUTIONS AND 36-3276557, 1350 E TOURY AVENUE, DES MAKE EXPENDITURES TO LOCAL PLAINES, IL 60018 POLITICAL CANDIDATES ILLINOIS Х LOCAL 881 UFCW POLITICAL ACTION FUND -ACCEPT VOLUNTARY 47-5320459, 1350 E TOUHY AVENUE, DES CONTRIBUTIONS & PLAINES, IL 60018 EXPENDITURES TO PEDERAL ILLINOIS 527 Х N/A

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

Part III I Identification of Related Or											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of year assets	Disprop	h) portionata ations?	(i)  Code V UBI amount in box 20 of Schedule K 1 (Form 1065)	partne	(k) Percentage ownership
	<u> </u>	country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes	0
	-										
					_	-				<del> </del>	

Part IV] Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	ent	tion (5)(13) rolled tity?
<u> </u>		country)						Yes	No
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36			
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?			i
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a_		Х
b Gift, grant, or capital contribution to related organization(s)	1b	Х	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan quarantees to or for related organization(s)	1d		Х
e Loans or loan quarantees by related organization(s)	1e		Х
	i		ш
f Dividends from related organization(s)	1f		Х
g Sale of assets to related organization(s)	1g	L	Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	11		Х
Lease of facilities, equipment, or other assets to related organization(s)	11_		Х
			لــا
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o Shanng of paid employees with related organization(s)	10	Х	
		l	لمسما
p Reimbursement paid to related organization(s) for expenses	1p .		X
q Reimbursement paid by related organization(s) for expenses	1q.		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		Х
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds		

2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	nis line, including covered	relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved
(1) UFCW LOCAL 881 POLITICAL ACTION FUND	В	390,824.	TRANSFERS TO PAC
(2)	<u> </u>		
(3)			
(4)			
(5)		<u>-</u>	
(6)	34		0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
832163 10-02-18	34		Schedule R (Form 990) 2018

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e	)_	(f)	(g)	(	h)	(1)	(O	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a partners	311 3 Sec	Share of	Share of	Disp	ropor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c) args	)(P)	totaí	end of year	alloca	naio ittons?	amount in box 20 of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes	No	ıncome	assets	Yes	No	(Form 1065)	Yes I	10
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Schedule R (Form 990) 2018

<u>Schedule R (Form 990) 2018</u> LOCAL 881 UNION	36-2125555 Page 9
Part VIII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	1S:
NAME OF RELATED ORGANIZATION:	
T A GOLD - A A	
LOCAL 881 UFCW POLITICAL ACTION FUND	
DETAINS AGENTUANS. AGGENT MALINDARY COMMETRICATOR C EVERNO	twined mo separate
PRIMARY ACTIVITY: ACCEPT VOLUNTARY CONTRIBUTIONS & EXPENDE	TURES TO FEDERAL
CANDIDADEC	
CANDIDATES	<del></del>
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