#### DLN: 93493195023680

2019

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

Department of the Treasury

Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		- 2010 -			1 2010			
			C Name of organization	nning 01-01-2019 , and ending 12-3	1-2019	D Employer	dontific	cation number
		applicable: change	UNITED FOOD AND COMMERCIAL \					ation number
		nange	INTERNATIONAL UNION LOCAL 118	39		27-329324	18	
☐ Ini	tial re	eturn	Doing business as					
		rn/terminated		3:	21	E Telephone n	ıumber	
		d return ion pending	266 HADDMAN AVENUE	nail is not delivered to street address) Room/s	uite			
Ц Ар	piicat	ion pending		Intry, and ZIP or foreign postal code		(651) 451	-0240	
			SOUTH ST PAUL, MN 55075	intry, and 211 of foreign postar code		<b>G</b> Gross receip	ntc t 1 6	27 005
			<b>F</b> Name and address of princip	al officer:	11/-> *			
			JENNIFER CHRISTENSEN	ar officer.		this a group retur	n for	□ <sub>Yes</sub> ☑ <sub>No</sub>
			266 HARDMAN AVENUE			ubordinates? re all subordinates		
	Y-6Y6	mpt status:	SOUTH ST PAUL, MN 55075		│ `´ in	cluded?		☐ Yes ☐No
			□ 501(c)(3) ► 501(c)(5) ◀	(insert no.) 4947(a)(1) or 527		"No," attach a list	•	•
J W	ebsi	te:▶ WW	/W.UFCW1189.ORG		<b>n(c)</b> G	roup exemption nu	imber 🕨	<b>▶</b> 0278
<b>K</b> Forr	n of c	organization:	: Corporation Trust Ass	ociation ☐ Other ▶	<b>L</b> Year of f	formation: 2010 M		f legal domicile:
						177		
Pa	art I	Sum						
		LABOR UN	scribe the organization's mission ( IION	or most significant activities:				
ce								
nar								
Vel						250/ 63		
9				scontinued its operations or disposed of r			ets.   3	23
≉ರ	l			f the governing body (Part VI, line 1b)			4	
es	l		·	alendar year 2019 (Part V, line 2a)			5	291
Activities & Governance	l			cessary)			6	(
Act	l		•	t VIII, column (C), line 12			7a	
-	l			m Form 990-T, line 39			7b	
	-	Tice and c	ateu business taxable income no			Prior Year	1 1	Current Year
	8	Contribut	tions and grants (Part VIII, line 1h	)		(	+	Junean rear
Ē	l		service revenue (Part VIII, line 2g	4,512,303		4,548,69		
Ravenue	l	-		lines 3, 4, and 7d )		1,251	+	12,65
æ	l		enue (Part VIII, column (A), lines	•		3,772	_	67,94
	l		, , , , , , , , , , , , , , , , , , , ,	ust equal Part VIII, column (A), line 12)		4,517,326		4,629,30
	_			column (A), lines 1–3 )		44,599	+	37,71
	l		paid to or for members (Part IX,	* **		44,555	+	37,71
	l		•	enefits (Part IX, column (A), lines 5-10)		1,767,996		2,078,79
Ses	l	•	onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,		1,/0/,990	<u> </u>	2,076,79
ર્ક્ક	l		raising expenses (Part IX, column (D),	, ,,			Ή	•
Expenses	l		penses (Part IX, column (A), lines			2,447,374	+	2,557,18
	l	·		•				4,673,68
	l	•	enses. Add lines 13-17 (must eq less expenses. Subtract line 18 f			4,259,969	_	-44,38
<u>,                                    </u>	19	Revenue	less expenses. Subtract line 16 i	om line 12	Pogina	257,357	-	End of Year
Net Assets or Fund Balances					Begini	ning of Current Year		End of Year
set	20	Total ass	ets (Part X, line 16)			1,833,782	2	1,760,82
Z B	21	Total liab	ilities (Part X, line 26)			8,887	,	8,27
ξŝ	l		s or fund balances. Subtract line	21 from line 20		1,824,895	5	1,752,55
Pa	rt II	Sian	ature Block					
Unde	r per	alties of p	erjury, I declare that I have exar	nined this return, including accompanying				
know any k			f, it is true, correct, and complete	e. Declaration of preparer (other than offi	icer) is bas	ed on all information	on of wh	nich preparer has
arry K	110441	L.						
		*****				2020-07-07		
Sign		Signati	ure of officer			Date		
Here	•		ER CHRISTENSEN PRESIDENT					
		Type o	r print name and title					
		Р	rint/Type preparer's name	Preparer's signature	Date	Check   PTII	N 634996	
Paid		L				self-employed		
Pre	par	er   F	irm's name   LEGACY PROFESSION	ALS LLP		Firm's EIN ► 32-004	13599	
Use	Or	ıly ြ	irm's address ► 6800 FRANCE AVENU	SO SUITE 550		Phone no. (952) 841	-3950	
			EDINA, MN 55435			<u> </u>		
				1 2/		ı		
ıvıay t	ne II	<> aiscuss	this return with the preparer sho	wn above? (see instructions)			r Ye	es 🗆 No

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement	of Program Service Acc	complishments		
	Check if Sche	dule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the o	organization's mission:			
LABC	OR UNION				
2	<del>-</del>		gram services during the year which w	ere not listed on	
		or 990-EZ?			☐ Yes ☑ No
_		ese new services on Schedule			
3	_		gnificant changes in how it conducts, a	ny program	☐ Yes ☑ No
	services?				∟ Yes ⊻ No
		ese changes on Schedule O.			
4	Section 501(c)(3) ar		nplishments for each of its three larges required to report the amount of gran ervice reported.		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000)	) (Expended ¢	moduling grante or ¢	, (November 4	,
<u> </u>	Other pre	and (December in Calandula C.)			
4d	(Expenses \$	ces (Describe in Schedule O.)		Revenue \$	)
4e	Total program ser		<i>γ</i> (αποστη / (	icvenide #	,

Nο

Nο

Nο

Nο

Nο

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Form	Form 990 (2019) Page <b>3</b>										
Par	tiV Checklist of Required Schedules										
	,		Yes	No							
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No							
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No							
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4									
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 3	5	Yes								
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No							
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No							
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No							
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.										
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes								
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No							
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No							
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes								
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😼	11e	Yes								
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes								
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No							
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No							
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No							

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

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

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

17

18

19

rm :	990 (2019)			Page
Parl	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
)	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
2	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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		No
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u>Ш</u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Yes

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	291		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6b	Yes	
7	3			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a L				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against 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	? <b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	rt VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines
Se	ction	A. Governing Body and Management			
		<u> </u>		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 23			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b  0			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes	.II
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	overning body?	<b>8</b> a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b		No
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	∍.)	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b		
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c		
13	Did th	ne organization have a written whistleblower policy?	13		No
14		ne organization have a written document retention and destruction policy?	14		No
15		ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a		No
b	Other	officers or key employees of the organization	15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a lle entity during the year?	16a		No
b	in joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?			
_			16b		
		C. Disclosure			
17 10		ne states with which a copy of this Form 990 is required to be filed			
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
19	Descr	Own website			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records: NIFER CHRISTENSEN 266 HARDMAN AVENUE SOUTH ST PAUL, MN 55075 (651) 451-6240			
					0 /201

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC)  ■ (F)  Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization org	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	Average hours per than one box, unless person week (list any hours director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organization organizations						(F) Estima amount o compens from to	ited f other sation the					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(,1039- ISC)	MISC)		relate organiza	ed	
See	See Additional Data Table														
	Sub-Total						<b>&gt;</b>					+			
	Total (add lines 1b and 1c)	•					•		4	481,499	(	0		62,186	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$10	00,000				
													Yes	No No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>									mpensated	employee on	3		No	
4	For any individual listed on line 1a, is										the			INO	
	organization and related organizations individual	s greater than \$	150,00	υ? <i>If</i> •	"Yes	," cc	mplet •	e Sc.	nedule J	tor such		4		No	
5	Did any person listed on line 1a receiv									tion or indi	/idual for				
	services rendered to the organization		ete Sch	edule	J fo	r su	ch per	son				5		No	
	ection B. Independent Contract  Complete this table for your five high		d inden	ander	at co	ntra	ctors !	hat i	received	more than	\$100 000 of con	nner	sation		
	from the organization. Report comper	nsation for the c									's tax year.	iibeii			
	Name a	(A) and business addre	ess							Descr	(B) iption of services		<b>(C)</b> Compensation		

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

Form **990** (2019)

Part	VIII	Statement	of F	Revenue						r age L
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	12	Federated campa	igns		<b>1</b> a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership dues	5.	· [	<b>1</b> b					
وري	•	c Fundraising even	ts .	. [	1c					
ifts, ar A	١,	d Related organiza	tions	; [	<b>1</b> d					
£".6	١,	e Government grants	(con	tributions)	1e					
Sign	1	F All other contributio and similar amounts	ns, g s not	ifts, grants, included	1f					
but the	١.	above Noncash contributio	ns in	cluded in						
Contributions, and Other Sim		lines 1a - 1f:\$		L	<b>1</b> g					
<u>ප</u>		<b>h Total.</b> Add lines :	1a-1	f		>				
						Business Code	4,548,699	4,548,699		
a	2a	MEMBER DUES/INIT F	FEES			900099	4,346,099	4,346,099		
nu e	b									
Program Service Revenue	_									
vice.	С									
S.	d									
gran	•	-								
δ	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				4,548,699	<b>T</b>	T	I	
		Investment income imilar amounts) .		luding divide	nds, i	nterest, and other	12,653	3		12,653
		Income from invest	men	t of tax-exer	npt bo	_				
	5	Royalties	_	(i) Rea	· I	(ii) Personal	1			
	_	_	_	(1) 1100	<u>.                                      </u>	(ii) i erseilar	_			
		Gross rents Less: rental	ба				-			
		expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income	or (	(loss)			_			
	_			(i) Securi	ties	(ii) Other	_			
	7a	Gross amount from sales of assets other	7a							
		than inventory					_			
	b	Less: cost or other basis and	7b							
		sales expenses					-			
		Gain or (loss)	7с				4			
		I Net gain or (loss) Gross income from fu			· ·	· · · •				
nue		(not including \$contributions reported	d on							
ev e		See Part IV, line 18			8a	6,053				
Other Revenue		Less: direct expen			8b	8,695	_			2.645
the	C	Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	-2,642	2		-2,642
١	9a	Gross income from See Part IV, line 19	gami	ing activities.						
	b	Less: direct expen			9a 9b		_			
		Net income or (los				ies	_			
	10.	-Crean calca of impre								
	TU	Gross sales of inve returns and allowa	nces	y, less	10a					
	b	Less: cost of good	s sol	ld	<b>10</b> b					
	c	Net income or (los Miscellaneo			invent	ory ► Business Code	T			
	11	aMERGER - UFCW		evenue		90009	56,788	56,788		
	b	REFUNDS AND RE	IMB	S		90009	10,527	7		10,527
	c	FOOD DRIVE CON	TRIE	BUTIO		90009	3,27	5		3,27!
		All aktion								
		All other revenue  Total. Add lines 1		 L1d	. [	>				
		Total revenue. S					70,590			
			11		•	• • • •	4,629,300	4,605,487		0 23,813 Form <b>990</b> (2019

	art IX Statement of Functional Expenses				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizati	ons must complete col	umn (A).
	Check if Schedule O contains a response or note to an		=		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,448			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,265			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	541,481			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,146,830			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	49,952			
9	Other employee benefits	197,670			
	Payroll taxes	142,862			
11	Fees for services (non-employees):				
ä	Management				
ı	Legal	39,600			
	Accounting	16,400			
	Lobbying	17,000			
	Professional fundraising services. See Part IV, line 17	·			_
	Investment management fees	666			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,159			
12	Advertising and promotion	3,083			
	Office expenses	189,307			
	Information technology	39,078			
	Royalties				
	Occupancy	57,555			
	Travel	25,569			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·			
19	Conferences, conventions, and meetings	44,274			
20	Interest				
21	Payments to affiliates	1,878,593			
22	Depreciation, depletion, and amortization	11,019			
23	Insurance	9,177			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a TRANSFER TO BLDG CORP	88,164			
	b STEWARDS EXPENSE	68,639			
	c MEMBERSHIP SERVICES	32,114			
	d ORGANIZING	18,044			
	e All other expenses	16,739			
	Total functional expenses. Add lines 1 through 24e	4,673,688			
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).				

Form 990 (2019)

2

3

4

Assets

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

23

24

(B)

End of year

Beginning of year

752,032

833,947

1

2

3 4

5

6 7

8

9

10c

11

12 13

14

15

16

17 18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

8.887

8.887

1,824,895

1,824,895

1,833,782

26,885

220,918

1,833,782

Page **11** 

651,869

88,091

15,866

798,612

14,750

191,634

8,271

8.271

1.752,551

1,752,551

1,760,822

Form 990 (2019)

1,760,822

Cash-non-interest-hearing

Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	

Check if Schedule O contains a response or note to any line in this Part IX . . .

106,950

91,084

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use . . Prepaid expenses and deferred charges . basis. Complete Part VI of Schedule D

10a 10b

Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

Intangible assets .

11 12 13 14 15 Other assets. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

16 17 Accounts payable and accrued expenses .

18 Grants payable . 19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

26

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Audit Act and OMB Circular A-133? 3a

Nο

Form 990 (2019)

3h

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### Additional Data

Software ID:

Software Version: **EIN:** 27-3293248

Name: UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189

Form 990 (2019)

Form 990, Part III, Line 4a: THE OBJECTIVES OF THIS LOCAL UNION SHALL BE THE ELEVATION OF THE POSITION OF ITS MEMBERS. TO CONDUCT A LOCAL UNION OF PERSONS ENGAGED IN THE PERFORMANCE OF WORK WITHIN THE JURISDICTION; TO ORGANIZE, UNITE, AND ASSIST PERSONS FOR THE PURPOSE OF IMPROVING WAGES, HOURS, BENEFITS, AND WORKING CONDITIONS.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list compensation from the from related and a director/trustee) any hours organization organizations from the

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

l	any nours	and	a dir	ecto		ustee,	)	Organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JENNIFER CHRISTENSEN PRESIDENT	50.00			х				103,525	0	13,470
JAMES GLEB	1.00 50.00									
SECRETARY-TREASURER	1.00			X				88,776	0	12,418
JEANINE OWUSU RECORDING SECRETARY/UNION REP	50.00			х				84,807	0	12,062
ANN BRISSON VICE PRESIDENT	1.00			х				1,205	0	0
ADAM EVENSTAD	1.00			Х				0	0	0

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Х

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1,096

2,019

2,857

2,513

1,654

0

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0

0

1.00 1.00

1.00 1.00

1.00 1.00

1.00 1.00

1.00 1.00

1.00

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ANN BRISSON
VICE PRESIDENT
ADAM EVENSTAD
VICE PRESIDENT - PAST
-

ROSETTA GERDING

VICE PRESIDENT

TODD GUSTAFSON

.......

VICE PRESIDENT

TERRY HOFFMANN

VICE PRESIDENT

ROBERT JORDAN

VICE PRESIDENT

ROBERT KLINGNER

VICE PRESIDENT - PAST

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any houre and a director/trustee) organization organizations from the

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

and Independent Contractors

PATRICIA MORGAN

DEAN NELSON

NATHAN NOEL

VICE PRESIDENT

VICE PRESIDENT

**DENNIS REEVES** 

VICE PRESIDENT

VICE PRESIDENT

VICE PRESIDENT

CHRISTINE SPURLIN

JOHN ROTTER

VICE PRESIDENT - PAST

.......

	any hours	and	a dir	ecto		rustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JACOB LEPAK VICE PRESIDENT	1.00			х				2,630	0	0
KIMBERLY LEVENS VICE PRESIDENT	1.00			х				3,076	0	0
KIM MADIGAN VICE PRESIDENT	1.00			х				2,916	0	0

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Χ

244

3,734

3,734

1,959

9,967

1,375

0

0

0

0

0

			Ιx		3.076	o
VICE PRESIDENT	1.00		'`		3,0,0	
KIM MADIGAN	1.00		\ \		2 04 6	
VICE PRESIDENT	1.00		X		2,916	0
TERRY MCMULLEN	1.00				- 1-1	
VICE PRESIDENT	1.00		X		3,101	0

1.00

1.00 1.00

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. . . . . . . . . . . . . . . . . .

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

 $(N_{-}^{2})/(1099-$ 

2,531

87,326

2,448

7,807

 $(\dot{M} - 2/1099 -$ 

organization and

0

0

0

13,125

0

0

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
ANTHONY SUSNIK	1.00			х				600	0	0
VICE PRESIDENT	1.00									
JOHN TRAUBA	1.00			х				2,680	0	0
VICE PRESIDENT	1.00							, '		
JAMES WESTIN	40.00	•		· ·		·		FC 010	0	
				X	1		1	56,919	0	11,111

	1.00					
JOHN TRAUBA	1.00					
			Х		2,680	
VICE PRESIDENT	1.00				<b>'</b>	
JAMES WESTIN	40.00					
			Х		56,919	l
VICE PRESIDENT - PAST/ORGANIZER	1.00				·	
MELICCA ZAMBRANO	1.00					

......

................

1.00 50.00

> 1.00 1.00

> 1.00 1.00

> 1.00

for related

and Independent Contractors

VICE PRESIDENT

JOSEPH CROW

VICE PRESIDENT

RAYMOND GANDY

VICE PRESIDENT

ABRAHAM WANGNOO

VICE PRESIDENT/UNION REP

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

DLN: 93493195023680

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

▶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.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189 27-3293248 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
activi		Yes	No	4	Amoun	ıt
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			$\vdash$		
j	Total. Add lines 1c through 1i			$\vdash$		
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?					
-	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	/E) 0	r coct	ion		
Æ	501(c)(6).	(3), 0	Sect	IUII		
	55-(5)(5).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	ÌIÍ-A			<b>01</b> (c	)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	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 and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
		1 5				
	art IV Supplemental Information					
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (se	e

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

DLN: 93493195023680

OMB No. 1545-0047

### **Supplemental Financial Statements**

(Form 990)

▶ 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.

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189 27-3293248 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part	3111	Organizations Maintaining Co	llections of Art, H	listori	cal Ti	reası	ares, or	· Other	Similar A	ssets (con	tinued)
3		g the organization's acquisition, accessio s (check all that apply):	n, and other records,	check a	any of	the fo	ollowing t	hat are a	significant	use of its co	llection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		e		Othe	r				
C		Preservation for future generations									
4	Provi Part :	de a description of the organization's co XIII.	llections and explain h	now the	y furth	ner th	e organiz	ation's ex	kempt purpo	ose in	
5		ng the year, did the organization solicit ones to be sold to raise funds rather than to								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, li	ine 9, o	r reporte	ed an amou	unt on For	m 990, Part
1a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	ian or other intermedi	ary for	contril 	bution	s or othe	er assets	not	Yes	□ No
b	Ιf "Υϵ	es," explain the arrangement in Part XII:	I and complete the fo	llowina	table:		[		Δ	mount	
c		nning balance									
d	_						ŀ	1d			
e	Additions during the year										
f		ng balance						1f			
_									1.111. 0		
2a		he organization include an amount on Fo									∐ No
b		es," explain the arrangement in Part XIII	Check here if the ex	planati	on has	been	provided	d in Part )	XIII		
Pa	rt V	<b>Endowment Funds.</b> Complete if the organization answ	wordd "Voc" on For	m 000	Dort	TV/ li	ino 10				
		Complete if the organization anst	(a) Current year		rior yea			ears back	(d) Three ve	ars back (e)	Four years back
<b>1</b> a	Beginn	ning of year balance							,		·
b	Contril	butions									
		vestment earnings, gains, and losses				+					
		s or scholarships				+					
e	Other	expenditures for facilities									
f	Admin	istrative expenses									
q	End of	year balance									
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a	)) held a	s:			
а											
b	Perm	anent endowment >									
C	Temp	porarily restricted endowment >									
		percentages on lines 2a, 2b, and 2c shou									
3a	orgar	here endowment funds not in the posses nization by:	ssion of the organizati	ion that	t are h	eld an	ıd admini	istered fo	r the	2-(:)	Yes No
	• •	nrelated organizations			•					3a(i) 3a(ii	
b	. ,	related organizations es" on 3a(ii), are the related organization								3a(11	<del>'</del>
4	Desci	ribe in Part XIII the intended uses of the	organization's endov	vment f	unds.						<u> </u>
Par	t VI	Land, Buildings, and Equipme									
	_	Complete if the organization answ			•						
	Descr	iption of property (a) Cost or ot (investme		or other	basis (d	other)	(c) Acc	umulated o	lepreciation	(d)	Book value
1a	Land										
b	Buildin	ngs									
c	Leaseh	nold improvements									
		ment			10	06,950			91,084		15,866
		lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colu	mn (B)	), line	10(c).)		<b>&gt;</b>		15,866

Part VII	Complete if the organization answered "Yes" on Form 990,		e 11b		
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value			d of valuation: -year market value
( <b>1)</b> Financia	al derivatives				
	held equity interests				
۹)					
В)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Colum Part VIII		<u> </u>			
art VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11c	. See Form 990,	
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>		
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F	art IV, line	11d	. See Form 990, Pa	rt X, line 15.
1 INVEST	(a) Description  4ENT IN BUILDING CORPORATION				<b>(b)</b> Book value 191,63
2)	THE IN BOTEDING CONTONATION				151,03
3)					
4)					
5)					
6)					
7)					
8)					
9)					
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			•	191,63
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	art IV, line	11e	or 11f.See Form	990, Part X, line 25.
l.	(a) Description of liability				(b) Book value
1) Federal 3)	income taxes				
4)					
5)					
6)					
7)					
8)					
9)					
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	8,27
2. Liability f	or uncertain tax positions. In Part XIII, provide the text of the footnot			ion's financial state	ments that reports the

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)	)	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### Additional Data

Software ID: Software Version:

**EIN:** 27-3293248

Name: UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189

Supplemental Information

Detum Personal Supplemental Sup

Return Reference	Explanation
PART X, LINE 2:	THE LOCAL UNION IS REQUIRED TO EVALUATE ITS TAX POSITIONS AND DISCLOSE THE AMOUNT OF A TAX LIABILITY IF THE LOCAL UNION HAS TAKEN UNCERTAIN TAX POSITIONS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE LOCAL UNION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Data -					DL	N: 934931950	23680	
Note: To capture the full co	ontent of this do	ocument, please sel	ect landscape mode	e (11" x 8.5") whe	en printing.				-	
Schedule I		Cranta and O	thar Assistanc	o to Organia	otiono		<u>C</u>	MB No. 1545-004	7	
(Form 990)			ther Assistand and Individuals		•			2019		
`	(		4019							
	Cor	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public		
Department of the		<b>.</b>	Attach to Form					Inspection		
Treasury Internal Revenue Service		► Go to <u>www</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.					
Name of the organization							Employer identific	ation number		
UNITED FOOD AND COMMERCIAL							27-3293248			
INTERNATIONAL UNION LOCAL 11  Part I General Informa		and Assistance					27 3233210			
Does the organization main the selection criteria used to						ce, and		<b>☑</b> Yes	□ No	
2 Describe in Part IV the orga	nization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.						
		estic Organizations an can be duplicated if addi		nts. Complete if the o	rganization answered "Yes	" on Forr	n 990, Part IV, line	21, for any recip	ent	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose of or assistance	grant	
(1) THE LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE RYE BROOK, NY 10573	13-5644916	501(C)(3)	6,803		N/A	N/A		GENERAL SUPP	ORT	
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				•		1	
3 Enter total number of other	organizations listed	d in the line 1 table					<b>&gt;</b>		0	
For Paperwork Reduction Act Notice				Cat. No. 5005				edule I (Form 990	2019	

Page **2** 

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

(2) (3)

(4) (5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

PART I, LINE 2: ITHE LOCAL UNION EXERCISES DUE DILIGENCE PRIOR TO MAKING A DONATION. DONATIONS ARE MADE FOR THE GENERAL USE OF THE ORGANIZATION THAT

RECEIVES THEM, ALL DONATIONS ARE APPROVED BY THE EXECUTIVE BOARD AND DOCUMENTED IN THE EXECUTIVE BOARD MEETING MINUTES, DOCUMENTATION FOR ALL DONATIONS IS RETAINED AT THE LOCAL UNION OFFICE. NO SUBSEQUENT MONITORING IS CONDUCTED ONCE THE DONATION IS MADE.

		DO 110	T PROCES	3 A3 F	iled Data -					DL	N: 95	4931	30U2	23680
Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	s			OI	4B No.∶	1545	-0047
(Form 990 or 990	)-EZ)   ▶	Complet	e if the orga	anization a	nswered "Yes	" on Form 9	90, Part IV, li	nes 2	5a, 2	5b, 26	s,	20	1	n
			27, 28a,		Sc, or Form 99 ch to Form 990			ЮЬ.				40	1	7
Department of the Tre		▶G	o to <u>www.ii</u>		<u>m990</u> for inst			ormat	tion.			Dpen t		
Internal Revenue Serv								l Em	anlas	or ida	ntifica	Insp tion n		
UNITED FOOD AND	COMMER	CIAL WORK	ERS								IIIIIICa	ition ne	ımbe	<b>31</b>
INTERNATIONAL U					( )(2)	-04( )(4)	1 1: 504/		-329					
			•		(c)(3), section 5 form 990, Part 1		,		_					
			ied person		Relationship be	tween disqua			(c) D	escript	ion of		Corr	ected?
						organization			tra	ansacti	on	Ye	s	No
								-						
<b>2</b> Enter the a 4958			, -	•	nanagers or dis		ons during the	year u	nder	_	¹ \$ ——			
3 Enter the a	mount of	tax, if any	, on line 2, a	bove, reim	bursed by the o	rganization .		÷	: :		\$			
Part III Lo	ans to a	and/or F	rom Inter	ested Dei	reone									
Cor	nplete if	the organi	zation answe	red "Yes" o	n Form 990-EZ,	Part V, line 3	88a, or Form 99	0, Par	t IV,	line 26	; or if	the orga	anizat	tion
rep (a) Name of			n Form 990, I		5, 6, or 22 to or from the	(e) Original	(f) Balance	(g)	In	(I		(:)	\ \\/ ri+	ton.
interested person	with org	ganization	of loan		nization?	principal	due	defa		Approv		(i) Written agreement?		
						amount				boar comm	d or littee?			
				То	From			Yes	No	Yes	No	Yes	ı	No
Total .						<b>\$</b>	•							
					ested Perso									
					es" on Form 9	<u>, , , , , , , , , , , , , , , , , , , </u>	(d) Type o	ef accid	tanc		(a) Du	rpose of		stanco
(a) Name of file	(a) Name of interested person (b) Relationship between interested person an			(c) Amount o	or assistance	(d) Type C	JI 45515	starit	້   ່	(e) ru	i pose oi	assi	Stance	
			organizat	ion						_				
										_				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f :ation's
				Yes	No
(1) ABRAHAM WANGNOO	RELATIVE - JENNIFER CHRISTENSEN	,	ABRAHAM WANGNOO IS THE VICE PRESIDENT AND NORTHERN DIRECTOR AND A MEMBER OF THE GOVERNING BODY. HE IS RELATED TO THE PRESIDENT, JENNIFER CHRISTENSEN.		No

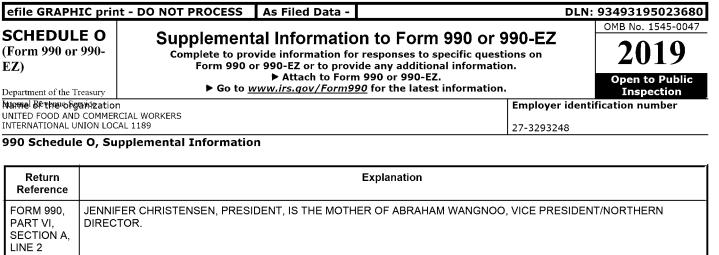
**Explanation** 

Part V **Supplemental Information** 

**Return Reference** 

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

Schedule L (Form 990 or 990-EZ) 2019



Return Explanation
Reference

FORM 990,	THE LOCAL UNION IS COMPRISED OF ACTIVE MEMBERS WHO PAY FULL DUES AND HAVE FULL VOTING RIGHTS.
PART VI,	
SECTION A,	
LINE 6	

Return Explanation
Reference

FORM 990, THE EXECUTIVE BOARD (GOVERNING BODY) IS ELECTED BY THE ACTIVE MEMBERS OF THE LOCAL UNION.
SECTION A,
LINE 7A

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ANY PROPOSAL TO ADOPT OR AMEND THE LOCAL UNION'S BY-LAWS MUST BE APPROVED BY THE MEMBERSH P. MEMBERS MUST ALSO APPROVE COLLECTIVE BARGAINING AGREEMENTS THAT AFFECT THE MEMBERSHIP DUES, INITIATION AND REINSTATEMENT FEES, AND GENERAL OR SPECIAL ASSESSMENTS SHALL BE ESTAB LISHED, INCREASED OR LEVIED BY APPROVAL FROM THE MEMBERSHIP. FURTHERMORE, COMPENSATION AN EXPENSES FOR OFFICERS IS ESTABLISHED BASED ON RECOMMENDATION OF THE LOCAL UNION'S EXECUTI VE BOARD AND MUST BE APPROVED BY THE MEMBERSHIP. ADDITIONALLY, MINUTES AND A MONTHLY FINAN CIAL REPORT ARE REVIEWED AND APPROVED BY THE MEMBERSHIP.

Return Explanation

FORM 990, THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
PART VI,
SECTION A,
LINE 8B

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. (DECREASE) IN INVESTMENT IN BUILDING CORPORATION -29284. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

SCHEDULE R
(Form 990)

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

As Filed Data -

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493195023680

Open to Public Inspection

Schedule R (Form 990) 2019

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 1189							27-3	293248				
Part I Identification of Disregarded Entities. Complete	e if the organizat	ion answ	ered "Yes	" on Forr	n 990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary ad	ctivity	Legal don or foreig	<b>c)</b> nicile (state n country)	(d Total in	) come	<b>(e)</b> End-of-year	assets	<b>(f</b> Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year  (a) Name, address, and EIN of related organization			(c	) cile (state	d "Yes" on I		Public ch	e) arity status	Ι	(f) rect controlling	( Section	<b>g)</b> 1 512(b
(1)UFCW LOCAL 1189 BUILDING CORPORATION	TO HOLD TITLE T	0	or foreign		501(C)(2)		(if section	501(c)(3))	UNITED	entity FOOD AND		ontrolle tity? No
266 HARDMAN AVENUE NORTH SOUTH ST PAUL, MN 55075 27-3299645	PROPERTY OCCUP UFCW LOCAL NO.	PIED BY								CIAL WORKERS		

Cat. No. 50135Y

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	alor Per ging ow	( <b>k)</b> rcentage mership	
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	<b>or Trus</b> n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer	(h) - Percentage ownership		(i) on 512(b) controlled ntity?
			77									Yes	
				-						Calcadada D	<b>/</b> -	- 000)	

Page 3

Yes

art v	<b>Transactions with Related Organizations.</b> Complete if the organization answered	"Yes"	on Form 990, Part IV, line 34, 35b, or 36.	
No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1	3	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	. 11	)	No
c Gift, grant, or capital contribution from related organization(s)	10	0	No
d Loans or loan guarantees to or for related organization(s)	. 10	t	No
e Loans or loan guarantees by related organization(s)	16	9	No
f Dividends from related organization(s)	11	f	No
g Sale of assets to related organization(s)	19	3	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	1	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1;	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	11	〈 Yes	<del>                                     </del>
l Performance of services or membership or fundraising solicitations for related organization(s)	1		No
m Performance of services or membership or fundraising solicitations by related organization(s)	11	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
	L		<u></u>

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)				10	Yes				
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No			
${f r}$ Other transfer of cash or property to related organization(s)				1r \	Yes				
${f s}$ Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered i	relationships and tran	saction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved						

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section total end-of		(g) Share of end-of-year assets	Disproprtionate Code allocations? amount		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	1990	0) 2019

Schedule R (Fo	Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation			
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).			
Retu	ırn Reference	Explanation			