Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Department of the Treasury

		a 2010 colorder year or toy year hadinning		
<u>A 1</u>	or tn	e 2019 calendar year, or tax year beginning and endin	<del></del>	
Bo	Check if applicab	C Name of organization	D Employer identifi	cation number
	Addre	LOCAL 881 UNION		
	Name	Doing business as	36-21255	<u>55</u>
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room.	suite E Telephone numbe	r
	Final	1350 E POTIEV AVENTIE	•	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,884,556.
	Amer	DES FERINES, III 00010	H(a) Is this a group re	
	Appil- tion pendi		for subordinates	<b>— — — —</b> .
		SAME AS C ABOVE	H(b) Are all subordinates li	
		empt status 501(c)(3) X 501(c) ( 5 ) ◀ (insert no.) 4947(a)(1) or	527 ) 5 If "No," attach a	_
		te: WWW.LOCAL881UFCW.ORG	Year of formation: 1947	n number ► 0278
	art I	organization: Corporation X Trust Association Other ► \ L Summary	Year or iorniation, 1947	W State of legal domicile. 11
تنا	1	Briefly describe the organization's mission or most significant activities: LABOR UI	NION	
9	١.	Enough decomposition of garman and an interest or an interest of the decomposition of the dec		
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net ass	sets.
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
& &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	. 5	58
Vitie	6	Total number of volunteers (estimate if necessary)	6	0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
21			Prior Year	Current Year
2021 ue	8	Contributions and grants (Part VIII, line 1h)	0.	0.
2 7 20 Revenue	9	Program service revenue (Part VIII, line 2g)	15,880,472.	15,449,026.
2 r	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	392,456.	420,740. 14,790.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,871. 16,307,799.	15,884,556.
SEP		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,928.	172,333.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,000.	31,000.
田	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,575,213.	6,498,820.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
;Al		Total fundraising expenses (Part IX, column (D), line 25)		
SCANNED Expenses		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,393,452.	9,306,189.
••			16,178,593.	16,008,342.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  RECEIVED	129,206.	-123,786.
o Ses		S	Beginning of Current Year	End of Year
Assets or 1 Balances	20	Total lassets (Part X, line 16)  Total liabilities (Part X, line 26)	22,619,863.	25,326,862.
ASS ABSS	21	Total liabilities (Part X, line 26)	2,682,930.	3,139,286.
		Net assets or fund balances. Subtract line 21 from line 20	19,936,933.	22,187,576.
	<u>rt II</u>	Signature Block OGDEN, UT	<u> </u>	
		lties of perjury, I declare that I have examined this roturn, including accompanying schodules and st		knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
		Signature of officer	Date	
Sigr			4-2	7-20
Here	е	STEVEN POWELL, PRESIDENT Type or print name and title		
			Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature TIMOTHY CIBULKA TIMOTHY CIBULKA	04/22/20 If self-employ	
Prep		Firm's name LEGACY PROFESSIONALS LLP		32-0043599
Use		Firm's address 4 WESTBROOK CORPORATE CTR #700	7 mm o cm	<u> </u>
	J y	WESTCHESTER, IL 60154	Phone no. 31	2-368-0500
Mav	the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	01-01-2			Form <b>990</b> (2019)

Form	n 990 (2019) LOCAL 881 UNION	36-2125555	Page 2
	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	_	
1	Briefly describe the organization's mission.		
•	LABOR UNION		
	DAIDON ON LON	·	
		· · · · · · · · · · · · · · · · · · ·	
		A	
2	Did the organization undertake any significant program services during the year which were not listed on the		(
	pnor Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	2, 1110 total oxpolicos, a	
		. •	
4a	(Code) (Expenses \$		NTT /
		IL ADVANCEME	14.1
	OF THEIR CONDITION AND STATUS.		
4b	(Code) (Expenses \$) (Revenue	e\$	)
4c	(Code) (Expenses \$) (Revenue	ie \$	)
4d	Other program services (Describe on Schedule O.)		
→u		1	
4-	(Expenses \$ including grants of \$ ) (Revenue \$		

Form **990** (2019)

Form 990 (2019) LOCAL 881 UN Part IV Checklist of Required Schedules

	•		res	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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	X	
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	<b>_</b>	
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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
_	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	_		х
_	Schedule D, Part III	8_		
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?			X
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا مد ا		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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 exposuration report on amount for land, buildings, and agrupment in Part V. line 103, 16 N/c - II according to the did D	i i		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
_	Part VI	I Ia		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	111	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	J. 33		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	]	I	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
6	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		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		İ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ļ	
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_ [	<b>.</b>	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Part 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	ŀ	ĺ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	┞
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ļ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		<del> </del>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	_	v	1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	<del></del>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ĺ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	ontity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV  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			<u> </u>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<b>52</b>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
31	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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	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 1a98		i	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2019)

Pal	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 2a	58			
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	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	L	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	or, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	$\square$	X
b	•				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).			
5a		ļ	5a	$\longrightarrow$	X
b		,	5b	$\vdash$	X
С	•		5c	$\longrightarrow$	
6a		on solicit			
	any contributions that were not tax deductible as charitable contributions?	}	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		.	]	
_	were not tax deductible?	•	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	4 40 400 00000	<del></del>		<u> </u>
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided if "Yes," did the organization notify the donor of the value of the goods or services provided?	J to the payor?	7a	$\dashv$	
b		ŀ	7b	$\dashv$	
С	to file Form 8282?		7c	ŀ	х
d	1 - 1	ŀ	<del>~~</del>	$\dashv$	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<del></del> i	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Ī	7f	$\neg$	
g	If the organization roceived a contribution of qualified intellectual property, did the organization file Form 8899 as r	roguired?	7g	$\neg$	
h			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	[.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	Į.	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	$\longrightarrow$	
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter.				
	Gross income from members or shareholders				1
D	Gross income from other sources (Do not net amounts due or paid to other sources against				Í
120	amounts due or received from them.)  11b   11b		12a	—- ·	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	F	128	-+	—
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	
	Is the organization licensed to issue qualified health plans in more than one state?	-	13a		·
-	Note: See the instructions for additional information the organization must report on Schedule O.				$\neg$
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ľ		
	organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				Ì
14a	Did the organization receive any payments for Indoor tanning services during the tax year?		i4a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b	$\Box I$	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	Γ	Ţ		
	excess parachute payment(s) during the year?	L	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.	,	].	.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	Ļ	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.				
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Form 990 (2019) LOCAL 881 UNION 36-2125555 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

۰۰	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions.	NO A	spons	96					
				X					
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI			Δ					
<u>Sec</u>	ction A. Governing Body and Management		I	Γ					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 37	ł							
	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 on Schedule O.								
b	•	l							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2	_X_	_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x					
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х.					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l					
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		_X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •							
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial						
13	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	PAUL SCHAEFER-SECRETARY/TREAS (847) 294-5064								
	1350 E TOUHY AVENUE, DES PLAINES, IL 60018	-							
		Form	990	(2019)					
33ZUU	6 01-20-20	. 5	1	(=0.0)					

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

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLINT BROWN LEGISLATIVE REPRESENTATIVE	40.00			x				117,589.	0.	21,157.
(2) LISA CATANZARO	40.00	$\vdash$		-	<u> </u>		H	127,000		
EXECUTIVE VICE PRESIDENT	1.00	1		x			l	146,913.	0.	21,080.
(3) CONSTANTINE DOUKAS	40.00	-	<del></del>	-	<u> </u>	t		220/2201		
BUSINESS REPRESENTATIVE		1	•	$ \mathbf{x} $				89,526.	0.	20,986.
(4) CATHERINE HOWE	40.00									
BUSINESS REPRESENTATIVE		1		x				97,687.	0.	20,958.
(5) JOHN REICHLING	40.00									•
ORGANIZER / BUS REPRESENTATIVE				х	İ			86,870.	0.	20,885.
(6) ROBERT KLEICH JR.	40.00									
BUISNESS REPRESENTATIVE		1		X				94,973.	0.	21,097.
(7) ANDREW O'KEEFE	40.00							1		
DIRECTOR OF FIELDS OPERATI				X				138,405.	0.	21,107.
(8) BRADLEY POWELL	40.00									
COLLECTIVE BARGAINING REPR - PAST				X				163,123.	0.	21,134.
(9) STEVEN POWELL	40.00									
SECRETARY-TREASURER - PAST	1.00			X		L		0.	0.	0.
(10) MAMIE PRATT	40.00									
BUISNESS REPRESENTATIVE				X				86,995.	0.	20,979.
(11) PAUL SCHAEFER	40.00							<u> </u>		
DIRECTOR OF FIELDS OPS - PAST				X				0.	0.	0.
(12) PATRICK STATTER	40.00								_	
RECORDER/BUSINESS REPRESEN		Ш		X				112,574.	0.	<u>21,150.</u>
(13) TERESA RAMIREZ	40.00								_	
BUSINESS REPRESENTATIVE	<u> </u>			X				66,595.	0.	20,833.
(14) KEVIN WEST	40.00									
BUISNESS REPRESENTATIVE	1			X				87,544.	0.	20,981.
(15) MOISES ZAVALA	40.00							11000	_	01 001
DIRECTOR OF ORGANIZING	1 00	Щ		X		$\vdash$		110,290.	0.	21,081.
(16) DENISE MELE-GIRONDA	1.00								_	0.4
VICE PRESIDENT	10.00	Ш		Х				1,544.	0.	94.
(17) JANET LEE DOLAN	40.00			,				0	,	20 006
BUISNESS REPRESENTATIVE				X				85,512.	0.	20,986. Form <b>990</b> (2019)

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Form 990 (2019)

	1990 (2019) HOCAL 66.									30 2123	333 Tage 9
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	oloy	ees,	and	<u>Hi</u>	ghes	st C	ompensated Employee	s (continued)	
	· (A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week	Ьoх	not c , unle cer ar	ss pe	more rson i	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18)	GARLAND BLAKELY	1.00									
VICE	PRESIDENT				X				1,544.	0.	229.
	MICHAEL CROW PRESIDENT	1.00			x				1,496.	0.	208.
(20)	GLORIA GONZALES	1.00							,		
VICE	PRESIDENT				x	ļ			1,400.	0.	164.
(21)	THERESA GRATZ	1.00									
VICE	PRESIDENT				х				1,544.	0.	764.
	KENT MADISON PRESIDENT	1.00			х				1,496.	0.	98.
(23)	KATHRYN EGGERT	1.00									
VICE	PRESIDENT				X				1,544.	0.	147.
	KRYSTINA KLEICH PRESIDENT	1.00			Х				1,544.	0.	85.
_	CATHY TISKE	1.00			^			-	1,544.	<u> </u>	03.
	PRESIDENT	1.00			х				1,544.	0.	94.
(26)	JAMES MOUNCE	1.00						l			
VICE	PRESIDENT				х				1,544.	0.	220.
1b	Subtotal							<b></b>	1,499,796.	0.	296,517.
С	Total from continuation sheets to Part VII	, Section A						<b></b>	946,456.	0.	132,011.
	Total (add lines 1b and 1c)							<b></b>	2,446,252.	0.	428,528.
2	Total number of individuals (including but no	t limited to the	use	liste	d ab	ove	) wh	o re	ceived more than \$100,0	000 of reportable	

	compensation from the organization			<u> </u>
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

AL SERVICES	317,656.
	e) who received more than

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

Form 990 LOCAL 88	IT UNION								36-212	3333
Part VII Section A. Officers, Directors, To	rustees, Key Er	npic	yee	s, a	nd F	ligh	est (	Compensated Employe	ees (continued)	
· (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	(check all that					compensation	compensation	amount of
	per							from	from related	other
	week	_			ŀ	oyee		the	organizations	compensation
	(list any	율		l		Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for	5 5	ag ag			sated	İ	(W-2/1099-MISC)		organization and related
	related organizations	ruste	l trus		<b>8</b>	퉏				organizations
	below	Individual trustee or director	institutional trustee		ۇ	st co	<u> </u>			Organizations
	line)	Indiv	Instit	Officer	Key employee	흁	Former			
(27) MARY LONGO	1.00								-	
VICE PRESIDENT		<u> </u>		X				1,544.	0.	104.
(28) DEBRA PRICE	1.00									
VICE PRESIDENT		l .		Х				1,400.	0.	138.
(29) KATHRYN RESENDIZ	1.00							-		
VICE PRESIDENT		1		X				1,544.	0.	108.
(30) THOMAS TYSKA	1.00									
VICE PRESIDENT		<u> </u>		X				1,544.	0.	194.
(31) VALERIE WICINSKI	1.00								_	
VICE PRESIDENT	<u> </u>	<u> </u>	<u> </u>	X				1,544.	0.	140.
(32) DIANE ZABALY-SCHREINER	1.00	ļ		l ,				4 405	•	100
VICE PRESIDENT	1 00	_		Х		-		1,496.	0.	188.
(33) MARY TAPIA BARTHEL	1.00			,,				- 010 l	0	•
VICE PRESIDENT	1 00		<u> </u>	X				5,019.	0.	0.
(34) MARY BOSWELL	1.00			x				1,496.	0.	95.
VICE PRESIDENT (35) SUSAN KLEIN	1.00	$\vdash$	$\vdash$	^				1,490.		35.
VICE PRESIDENT	1.00	ł		х				1,544.	0.	114.
(36) SUSANN SCHAAR	1.00	$\vdash$	$\vdash$	<u> </u>				1,344.	0.	114.
VICE PRESIDENT	1.00	ł		х				1,544.	0.	111.
(37) KIM STEWART	1.00	$\vdash$		A				1,544.		<u> </u>
VICE PRESIDENT	1.00			x				1,544.	0.	124.
(38) GEORGE ROBERTS	40.00	$\vdash$	_		$\dashv$					
DIRECTOR OF FIELDS OPERATI	10.00			x				88,722.	0.	20,884.
(39) PAUL SCHAEFER	40.00							307.220		
SECRETARY-TREASURER - NEW				x				228,327.	0.	21,114.
(40) STEVEN POWELL	40.00									
PRESIDENT - NEW				х				248,425.	0.	25,760.
(41) PATRICIA VARDALOS	40.00									
COMPTROLLER						X		138,350.	0.	20,979.
(42) ZACHARY KOUTSKY	40.00								· ·	
LEGISLATIVE AND POLITICAL DIRECTOR						X		111,908.	0.	20,979.
(43) TAMARA HOWARD	40.00								_	
DIRECTOR OF INFORMATION SYSTEMS		L		$\square$		Х		110,505.	0.	20,979.
			$\vdash\vdash$	-	$\vdash$	$\dashv$				
		$\vdash$		$\vdash$		$\dashv$				
		<b></b>								
Total to Part VII, Section A, line 1c								946,456.		132,011.

تتا	``		Check if Schedule O contains a re	enonea	or note to any line	e in this Part VIII			
	<del>`</del>		OHECK II SCHEUDIE O CORRAINS A TE	sportse	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0	1	a	Federated campaigns	1a	-				
Contributions, Gifts, Grants and Other Similar Amounts	Ĭ		· -	1b					
<u> </u>			Fundraising events	1c					
ifts			· · · · · · · · · · · · · · · · · · ·	1d					
S,E			. Г	1e					
Ö			All other contributions, gifts, grants, and					1	
per E			similar amounts not included above	lf				ļ	
		g	Noncash contributions included in lines 1a-1f	1g \$					
<u>S</u> $\bar{\epsilon}$		h	Total. Add lines 1a-1f		<b></b>				
					Business Code				
ě	2	а	MEMBERSHIP DUES AND ASSESSMEN	ITS	900099	15,449,026.	15,449,026.		
Program Service Revenue		b							
SE		С							
Tam Teve		d					······································		
δπ		е							
₫.	,	f	All other program service revenue						
		g	Total. Add lines 2a-2f		<u> </u>	15,449,026.			
	3		Investment income (including dividend	ls, intere	est, and	420 740			420,740.
			other similar amounts)			420,740.			420,740.
	4		Income from investment of tax-exempt	t bona p	roceeas				
	5		Royalties	Real	(II) Personal				
		_		9,984.	(ii) i cisoriai				
	6		Less rental expenses 6b	0.	†				
			· · · · · · · · · · · · · · · · · · ·	9,984.	<u> </u>				
	ľ		Net rental income or (loss)		<b>•</b>	9,984.			9,984.
				curities	(iı) Other				
	•	_	assets other than inventory 7a		1				
	· .	b	Less. cost or other basis						
e			and sales expenses 7b		l				
Revenue		С	Gain or (loss) 7c						
Be		d	Net gain or (loss)		<b>•</b>				
ē	8 8	а	Gross income from fundraising events (not	t	1				
o E			including \$ o	of					
			contributions reported on line 1c). See	.					
			Part IV, line 18	8a					
			Less. direct expenses	8b	<u> </u>	w			
			Net income or (loss) from fundraising e		. •				
	9 ;	а	Gross income from gaming activities.						!
			Part IV, line 19	<u>9a</u>					
	ı		Less: direct expenses	<u>9b</u>	L				
			Net income or (loss) from gaming activ	rities	P				
	10 a	а	Gross sales of inventory, less returns	40-				İ	
		_	and allowances .	10a					
			Less cost of goods sold	10b					
$\dashv$		<u>.                                    </u>	Net income or (loss) from sales of inve	itory	Business Code				
Si	11 :	9	MISCELLANEOUS		900099	4,806.			4,806.
Miscellaneous Revenue		a b				, 3 •			
ela Ker	,	0	-						
SS a	ì		All other revenue						
Σ	Ì		Total. Add lines 11a-11d		<b>D</b>	4,806.			
	12		Total revenue See instructions			15,884,556.	15,449,026.	0.	435,530.

08810.X1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 157,649. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 14,684. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 31,000. Benefits paid to or for members Compensation of current officers, directors, 2,553,995. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,593,618. Other salaries and wages Pension plan accruals and contributions (include 210,422. section 401(k) and 403(b) employer contributions) 796,122. Other employee benefits 344,663. Payroll taxes 10 Fees for services (nonemployees). a Management 328,783. b Legal 46,000. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 16,406. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 13,501. column (A) amount, list line 11g expenses on Sch O.) 95,164. Advertising and promotion 12 312,226. Office expenses 13 47,593. 14 Information technology 15 Royalties 451,896. Occupancy 16 369,357. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 101,409. Conferences, conventions, and meetings 19 20 Interest 6,385,422. 21 Payments to affiliates 167,163. 22 Depreciation, depletion, and amortization 69,586. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 380,056. TRANSFERS TO PAC FUND 321,429.MEMBERSHIP COMMUNICATIO 111,743. LABOR EDUCATION COLLECTIVE BARGANING 77,347. 11,108. e All other expenses 16,008,342. Total functional expenses. Add lines 1 through 24e 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)

Га	IL X	balance Sneet			
	•	Check if Schedule O contains a response or note to any line in this Part X	T	1	<u> </u>
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,000,477.	1	2,019,736.
	2	Savings and temporary cash investments	9,633,736.	2	8,683,724.
Assets	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	39,404.	4	31,093.
	5	Loans and other receivables from 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	1,200.	5	1,200.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	2,200.	6	2,200.
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	127,828.	9	150,714.
	10a	Land, buildings, and equipment cost or other			[
		basis. Complete Part VI of Schedule D 1,883,224.			
	b	Less accumulated depreciation [10b] 1,305,963.	535,260.	10c	577,261.
	11	Investments - publicly traded securities	7,221,504.	11	9,446,823.
	12	Investments - other securities. See Part IV, line 11	3,618,017.	12	3, <u>953,462</u> .
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	440,237.	15	460,649.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,619,863.	16	25,326,862.
	17	Accounts payable and accrued expenses	551,273.	17	692,895.
	18	Grants payable	0.40 504	18	0.70 406
	19	Deferred revenue .	840,534.	19	972,436.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1,291,123.		1,473,955.
		of Schedule D	2,682,930.		3,139,286.
	26	Total liabilities. Add lines 17 through 25	2,002,930.	26	3,133,2001
S		Organizations that follow FASB ASC 958, check here X			ŀ
nce	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	19,936,933.	27	22,187,576.
ala	27 28	Net assets with donor restrictions  Net assets with donor restrictions	15,550,555.	28	22/20//3/01
B P	20	Organizations that do not follow FASB ASC 958, check here		-20	
5					]
o	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	19,936,933.	32	22,187,576.
z	33	Total liabilities and net assets/fund balances	22,619,863.	33	25,326,862.
		. The manufacture in the decoration of the said 1900	== , = : = , = = = -	7.7	

Form **990** (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

11

Form **990** (2019)

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

**Open to Public** Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

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) organiz</li> </ul>	zations Complete Part III.			
Name of organization			Empl	oyer identification number
LOCAL	881 UNION			36-2125555
Part I-A Complete if the o	rganization is exempt unde	er section 501(c) o	r is a section 527 org	ganization.
<ol> <li>Provide a description of the orga</li> <li>Political campaign activity expension</li> <li>Volunteer hours for political camp</li> </ol>	ditures .	al campaign activities in		
Part I-B   Complete if the o	rganization is exempt unde	er section 501(c)(3)		
1 Enter the amount of any excise to	ex incurred by the organization unde	er section 4955	<b>▶</b> \$	
<ol><li>Enter the amount of any excise to</li></ol>	ex inclirred by organization manage	rs under section 4955	<b>▶</b> \$.	
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.		504/		./6\
<u> </u>	rganization is exempt unde		•	
1 Enter the amount directly expend	led by the filing organization for sec	tion 527 exempt functio	n activities . 🕨 🗲 \$	
2 Enter the amount of the filing org	anization's funds contributed to oth	er organizations for sec	tion 527	
exempt function activities			▶\$	
3 Total exempt function expenditur	es. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
line 17b			▶\$	
4 Did the filing organization file For	m 1120-POL for this year?			Yes No
contributions received that were	employer identification number (EIN zation listed, enter the amount paid promptly and directly delivered to a If additional space is needed, provi	from the filing organizate separate political organ	tion's funds. Also enter the ization, such as a separate	amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) 2.114	filing organization's funds. If none, enter -0.	contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
UFCW LOCAL 881 PAC	DES PLAINES, IL			
FUND	60018	36-3276537	0.	380,056.
				-
	1			· ·

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

SEE PART IV FOR CONTINUATION

932041 11-26-19

LHA

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2019 LOCAL 881 UNION 36-21255 [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	(4	a)	(1	b)
of the lobbying activity.	Yes	No	Amo	ount
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:	<u> </u>			
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ			
<b>b</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?  Part III-A Complete if the organization is exempt under section 501(c)(4), second 1912 tax, did it file Form 4720 for this year?	ction 501(c)(	5), or sec	tion	
501(c)(6).			Yes	No
				NO
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	Х
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures fro</li> </ul>		2		X
answered "Yes."				
1 Dues, assessments and similar amounts from members	- 1141 1	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	outical			
expenses for which the section 527(f) tax was paid).				
a Current year .		2a		
b Carryover from last year		2b_		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
expenditure next year?	na political	4		
		5		
art IV Supplemental Information				
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated g	roup list), Part II-	A, lines 1 ar	nd 2 (see	
structions); and Part II-B, line 1. Also, complete this part for any additional information.				
ART I-A, LINE 1:				
HE LOCAL HAS ESTABLISHED THE UFCW LOCAL 881 PAC FUR	ND TO PRO	VIDE		
UPPORT TO STATE AND LOCAL CANDIDATES FOR POLITICAL	OFFICE W	NHOSE :	IDEALS	
RE SIMILAR TO THOSE OF THE LOCAL AND ORGANIZED LABO	OR IN GEN	ERAL.		
ART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN	JFORMATTO	)N:		

932043 11-26-19

Part IV Supplemental Information (continued)	36-2125555 Page 4
- Supplemental information (continued)	
UFCW LOCAL 881 PAC FUND	
1350 E TOUHY AVENUE DES PLAINES, IL 60018	
1330 E 100R1 AVENUE DES PHAINES, 11 00010	-
	<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 Inspection

Name of the organization

LOCAL 881 UNION

**Employer identification number** 36-2125555

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	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
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes   No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
_	<b>\$</b>		VAVDV)
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(n	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Oth	ner Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		or ominar Assets.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan		•
<b>.</b>	If the organization elected, as permitted under FASB ASC 95.		
b	art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X	nourse or other cimiler assets for finessial	Gain provide
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB A		gairi, provide
_	Revenue included on Form 990, Part VIII, line 1	GO 900 relating to these items	<b>~</b> ¢
a			<b>*</b>
D	Assets included in Form 990, Part X	WE . W	

Schedule D (Form 990) 2019

09290421 769095 08810.X1

Schedule D (Form 990) 2019

A  POOLED FUNDS   3,890,682.   END-OF-YEAR MARKET VALUE	Part VII Investments - Other Securities.			
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) POOLED FUNDS (B) REAL ESTATE TRUST (C) REAL ESTATE STOCK (D) END-OF-YEAR MARKET VALUE (C) REAL ESTATE STOCK (D) END-OF-YEAR MARKET VALUE (C) REAL ESTATE STOCK (D) END-OF-YEAR MARKET VALUE (D) END-OF-YEAR MARKET VALUE (E) END-OF-YEA	. Complete if the organization answered "Yes" of			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(3) Other   (a) POOLED FUNDS   3,890,682.   END-OF-YEAR MARKET VALUE	(1) Financial derivatives			
A POOLED FUNDS   3,890,682.   END-OF-YEAR MARKET VALUE	(2) Closely held equity interests			
(g) REAL ESTATE STOCK	(3) Other			
(C) REAL ESTATE STOCK				
Col.   Col. (b) must equal form 990, Part X, col. (B) line 12.)   3 , 953 , 462 .				
(E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(C) REAL ESTATE STOCK	10,280.	END-OF-YEAR MARKET	VALUE
(F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)			
(6) (ht) (re) (re) (re) (re) (re) (re) (re) (re	(E)			
Complete   the organization answered   Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(F)			<del></del>
Total. (20. (b) must equal Form 990, Part X, col. (g) line 12.) ▶ 3, 953, 462.    Part VIIII   Investments - Program Related.	(G)			
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.   (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-year market value	(H)			<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, Inne 11c. See Form 990, Part X, Inne 13.  (a) Description of Investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (d) (d) (d) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		3,953,462.		W.C.
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1)	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) >  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  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) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED REAL ESTATE TAXES (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9) DEFERRED RENT (9) DEFERRED RENT (10) DEFERRED RENT (11) Complete of the organization and the part of th				
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(3) (4) (5) (6) (7) (8) (9) Total_(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XZ 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) (4) (5) (6) (7) (9) (9)  Total. (Column (b) must equal Form 990, Part X col. (B) lina 15.)  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 (1) Federal Payroll (2) ACCRUED REAL ESTATE TAXES (21, 265.  (4) ANNULTY CONTRACTS (DEFERRED (5) ACCRUED REAL ESTATE TAXES (21, 265.  (5) ACCRUED REAL ESTATE TAXES (21, 265.  (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (60, 639.  (6) DEFERRED RENT (236, 175.  (6) DEFERRED (236, 175.  (7) BENEFITS PAYABLE (236, 175.  (8) DEFERRED (236, 175.  (9) La Za Za Za Za Za Za Za Za Za Za Za Za Za				
(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) (4) (5) (6) (7) (8) (9)  Total. (Column fb) must equal Form 990, Part X, col. (B) line 15.)  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 (3) ACCRUED PAYROLL (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) (6) ACCRUED REAL ESTATE TAXES (6) COMPENSATION) (6) ACCRUED RETTREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (8) DEFERRED RENT (9)	(3)			
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(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) (4) (5) (6) (7) (8) (9)  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  (b) Book value  (c) Book value  (d) Book value  (e) ACCRUED PAYROLL 155, 227. (a) ACCRUED REAL ESTATE TAXES 21, 265. (b) ANNUTTY CONTRACTS (DEFERRED  (c) COMPENSATION) 460, 649. (d) ACCRUED RETIREMENT AND VACATION  (e) ACCRUED RETIREMENT AND VACATION  (f) BENEFITS PAYABLE 600, 639. (e) DEFERRED RENT 23, 055.  (a) AND TAX OF SERVICE 15, 236, 175. (b) BOOK value 14, 230, 255. (c) A A A A STAND AND AND VACATION  (d) DEFERRED RENT 23, 055. (e) DEFERRED RENT 23, 055. (e) DEFERRED RENT 23, 055. (f) A A A A STAND AND VACATION				
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   ▶				
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Part IX				<del></del>
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)  (4)  (5)  (6)  (7)  (8)  (9)  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  (3) ACCRUED PAYROLL  (4) ANNUITY CONTRACTS (DEFERRED  (5) COMPENSATION)  (6) ACCRUED REAL ESTATE TAXES  (7) BENEFITS PAYABLE  (8) DEFERRED RENT  (9)  1. 473, 055		. "' "		<u>.                                    </u>
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  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 155, 227. (3) ACCRUED REAL ESTATE TAXES 21, 265. (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) 460, 649. (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE 600, 639. (8) DEFERRED RENT 236, 175.			1d. See Form 990, Part X, line 15.	(h) Book value
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  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 155, 227. (3) ACCRUED REAL ESTATE TAXES 21, 265. (4) ANNUITY CONTRACTS (DEFERRED 5) (5) COMPENSATION) 460, 649. (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE 600, 639. (8) DEFERRED RENT 236, 1775.				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  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 155, 227. (3) ACCRUED PAYROLL 21, 265. (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) 460, 649.  (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE 600, 639. (8) DEFERRED RENT 236, 175.				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  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 155, 227. (3) ACCRUED PAYROLL 21, 265. (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) 460, 649.  (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE 600, 639. (8) DEFERRED RENT 236, 175.				
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(9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  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 155, 227.  (3) ACCRUED REAL ESTATE TAXES 21, 265.  (4) ANNUITY CONTRACTS (DEFERRED  (5) COMPENSATION) 460, 649.  (6) ACCRUED RETIREMENT AND VACATION  (7) BENEFITS PAYABLE 600, 639.  (8) DEFERRED RENT 236, 175.			· · · · · ·	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part X, line 25.   Complete if the organization of lability		15\		
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 155, 227.  (3) ACCRUED REAL ESTATE TAXES 21, 265.  (4) ANNUITY CONTRACTS (DEFERRED 460, 649.  (5) COMPENSATION) 460, 649.  (6) ACCRUED RETIREMENT AND VACATION  (7) BENEFITS PAYABLE 600, 639.  (8) DEFERRED RENT 236, 175.	Part X   Other Liabilities.	19.]		
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED PAYROLL 155, 227. (3) ACCRUED REAL ESTATE TAXES 21, 265. (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) 460, 649. (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE 600, 639. (8) DEFERRED RENT 236, 175.		n Form 990 Part IV line 1	te or 11f See Form 990 Part X line 25	
(1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED REAL ESTATE TAXES (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9)		arronn coo, r arriv, mic r	10 0, 171. 000 1 0111 000, 1 0. 71, 1110 20	
(2) ACCRUED PAYROLL       155,227.         (3) ACCRUED REAL ESTATE TAXES       21,265.         (4) ANNUITY CONTRACTS (DEFERRED       460,649.         (5) COMPENSATION)       460,649.         (6) ACCRUED RETIREMENT AND VACATION       600,639.         (7) BENEFITS PAYABLE       600,639.         (8) DEFERRED RENT       236,175.         (9)				
(3) ACCRUED REAL ESTATE TAXES (4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9) (9) (1) ACCRUED REAL ESTATE TAXES (21,265. (4) ANNUITY CONTRACTS (DEFERRED (60,649. (60,639. (7) BENEFITS PAYABLE (8) DEFERRED RENT (9)				155.227.
(4) ANNUITY CONTRACTS (DEFERRED (5) COMPENSATION) (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9) (9) (1) 473 0F5	· · · · · · · · · · · · · · · · · · ·			
(5) COMPENSATION) (6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9) (9) (10,649. (600,649. (600,639. (70,649.		D	· · · · · · · · · · · · · · · · · · ·	
(6) ACCRUED RETIREMENT AND VACATION (7) BENEFITS PAYABLE (8) DEFERRED RENT (9) (9) (1) 473 055		<del>-</del>		460.649.
(7) BENEFITS PAYABLE 600,639. (8) DEFERRED RENT 236,175. (9)		ATION		
(8) DEFERRED RENT 236,175. (9)				600.639.
(9)	· · ·			
1 472 055				
		25.)	<b>•</b>	1,473,955.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 LOCAL 881 UNION		36-2125555 Page
Part XI Reconciliation of Revenue per Audited Financial S	·	eturn.
. Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains (losses) on investments		-
<b>b</b> Donated services and use of facilities	2b	<b>⊣</b>
c Recoveries of prior year grants	2c	<b>→</b>
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1
<b>b</b> Other (Describe in Part XIII.)	4b	7
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	101	5
Part XII   Reconciliation of Expenses per Audited Financial S	Statements With Expenses per	
Complete if the organization answered "Yes" on Form 990, Part IV		· iotaiiii
	, 1110 120	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	<b>!</b>
a Donated services and use of facilities	2a	-
b Prior year adjustments	2b	<b>⊣</b>
c Other losses .	2c	4
d Other (Describe in Part XIII.)	2d	<b>↓</b>
e Add lines 2a through 2d .		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	1 !
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 18 )	5
Part XIII Supplemental Information.	1 10.3	1
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4: Part IV lines 1h and 2h: Part V line	4: Part X line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		4, 1 dit X, iii 0 2, 1 dit Xi,
illes 20 and 40, and Part XII, lines 20 and 40. Also complete this part to provide	any additional information.	
DADW V LINE 2.		
PART X, LINE 2:		
ACCOUNTAGE OF THE PARTY ACCOUNTS	THE MILE INTERES CHAMPA	OF AMERICA
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNITED STATES	OF AMERICA
		m >
REQUIRE THE LOCAL TO EVALUATE ITS TAX PO	SITION AND RECOGNIZE	TAX
LIABILITIES IF IT HAS TAKEN AN UNCERTAIN	POSITION THAT MORE I	LIKELY THAN
NOT WOULD NOT BE SUSTAINED UPON EXAMINAT	ION BY TAX AUTHORITIE	ES. THE LOCAL
IS SUBJECT TO ROUTINE AUDITS BY TAXING J	URISDICTIONS; HOWEVER	R, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS	IN PROGRESS.	
		······································
		<del> </del>
222054 10 02 10		Schedule D (Form 990) 2019

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

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

2019	Open to Public

OMB No 1545-0047

Inspection

Employer identification number

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

2 | 36-2125555 ABOR HISTORICAL SOCIETY (h) Purpose of grant or assistance CIVIC ORGANIZATION ABOR ORGANIZATION JOBS WITH JUSTICE X Yes SDUCATION FUND Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CONATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance N/A N/A (f) Method of valuation (book, FMV, appraisal, other) A/A X/A N/A 0.N/A -。 6 ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 14,500. 10,100. 10,000 9,500. 8,000. (c) IRC section (if applicable) 20-1072983 501(C)(3) 83-4198560 501(C)(4) 36-2388785 501(C)(5) 36-2695787 501(C)(3) 80-0111994 | 501(C)(3) General Information on Grants and Assistance (b) EIN LOCAL 881 UNION criteria used to award the grants or assistance? 1436 WEST RANDOLPH STREET, SUITE 20 325 NORTH LASALLE DRIVE, SUITE 300 1 (a) Name and address of organization ILLINOIS LABOR HISTORY SOCIETY 430 SOUTH MICHIGAN AVENUE CHICAGO JOBS WITH JUSTICE 330 SOUTH ASHLAND AVENUE or government BETTER TOGETHER CHICAGO SPRINGFIELD, IL 62701 SOUTH SECOND STREET CHICAGO , IL 60607 CHICAGO, IL 60605 CHICAGO, IL 60654 CHICAGO, IL 60601 ILLINOIS AFL-CIO ARISE CHICAGO Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

26-2160104 501(C)(5)

SEIU HEALTHCARE OF ILLINOIS

STREET

2229 SOUTH HALSTED

CHICAGO, IL 60608

N

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

Schedule I (Form 990) (2019)

ABOR ORGANIZATION

N/A

0.N/A

5,340.

22

36-2125555

Page 2

Schedule I (Form 990) (2019) LOCAL 881 UNION

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FLOWERS AND BIBLES		c	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E	FLOWERS AND BIBLES FOR
		;			DECEASED REEDERS FARILIES.
Part IV Supplemental Information. Provide the information required in P	uired in Part I, lin	e 2; Part III, column	art I, line 2; Part III, column (b); and any other additional information.	iditional information.	
PART I, LINE 2:					
THE EXECUTIVE BOARD OF THE LOCAL CAREFULLY REVIEWS	AREFULLY		ALL REQUESTS	FOR	
DONATIONS PRIOR TO THEIR APPROVAL AND DISBURSEMENT.	AND DISBU	RSEMENT.	APPROVAL IS GRANTED	S GRANTED	
ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE		SATISFIED THE BOARD'S	E BOARD'S	DUE	
DILIGENCE. THE BOARD PERFORMS NO S	SUBSEQUEN	T MONITORI	SUBSEQUENT MONITORING OF THE USE OF	USE OF	
DONATIONS AND GRANTS ISSUED. ALL F	RECORDS R	EGARDING D	ALL RECORDS REGARDING DISBURSEMENT OF FUNDS	T OF FUNDS	
ARE MAINTAINED AT THE LOCAL'S OFFICE.	С Н				

Schedule I (Form 990) (2019)

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

### **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.

2019

Open to Public Inspection

Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

P	art I Questions Regarding Compensation			
_			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		ł	
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		İ	li
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		
	, <b>,</b> , , , , , , , , , , , , , , , , ,			i
3	Indicate which, if any, of the following the 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	Ī		
	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			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	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			
	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			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	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.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
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) 2019

LOCAL 881 UNION Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	in column (B) reported as deferred on prior Form 990
(1) LISA CATANZARO	(3)	139,128.	7,785.	0	3,564.	17,516.	167.993.	0
EXECUTIVE VICE PRESIDENT	€	0	0	0	0	1	4	0
(2) ANDREW O'KEEFE	ε	131,503.	6,902.	0	3,564.	17,543.	159,512.	0
DIRECTOR OF FIELDS OPERATI	l(iii)	0	0	• 0	0	0	4	0
(3) BRADLEY POWELL	(i)	110,247.	24,986.	27,890.	3,564.	17,570.	184,257.	0
COLLECTIVE BARGAINING REPR - PAST	(ii)	0	0.	• 0	0	0		0
(4) PAUL SCHAEFER	(i)	218,550.	9,777.	• 0	3,564.	17,550.	249,441.	0
SECRETARY-TREASURER - NEW	(ii)	0	0	• 0	0	0	0	0
(5) STEVEN POWELL	(i)	237,612.	10,813.	• 0	6,353.	19,407.	274,185.	0
PRESIDENT - NEW	(ii)	0.	0 •	• 0	0	0	0	0
(6) PATRICIA VARDALOS	(3)	135,148.	3,202.	0	3,564.	17,415.	159,329.	0
COMPTROLLER	Œ	0.	0.	• 0	0	0	0	0
	(i)							
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Schedule J (Form 990) 2019

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### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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.

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

OMB No 1545-0047

<u> 2019 </u>

Open To Public Inspection

Name of the organization

LOCAL 881 UNION

Employer identification number 36-2125555

Part I Excess Benefit												
Complete if the orga	(b) Re	ered "Yes" on F elationship betv			ıfied				ID.	(d)	Corre	cted?
(a) Name of disqualified personal	on 1	person and or	ganiza	tion	(0	c) Description of tran	sactio	on 		Y	es	No
										+	$\dashv$	
0.0000000000000000000000000000000000000												
												•
2 Enter the amount of tax incu	irred by the org	ganization mana	agers c	or disa	ualified persons duri	ng the year under	<del></del> .					
section 4958	, ,		•		•			▶ \$				
3 Enter the amount of tax, if ar	ny, on line 2, at	bove, reimburse	ed by t	he org	ganızation			▶ \$				
Part II Loans to and/or	r From Inte	rested Pers	ons.		<del></del>							
Complete if the orga	ınızatıon answe	ered "Yes" on F	orm 99	90-EZ,	Part V, line 38a or F	orm 990, Part IV, lin	e 26, c	or if th	e orga	nızatıc	ın	
reported an amount	on Form 990, F	Part X, line 5, 6	, or 22									
	) Relationship th organization	(c) Purpose of loan	(d) Loa from organiz	the	(e) Original principal amount	(f) Balance due	(g) defa		bý bo	proved ard or nittee?	(i) W agreer	ritten nent?
				From			Yes		Yes	No	Yes	No
12 ADVANCES @ \$OF	FICERSA	DVANCES		Х	1,200.	1,200.		X	X			X
22 ADVANCES @ \$EM	IPLOYEE A	DVANCES		Х	2,200.	2,200.		Х	Х			<u> </u>
									<u> </u>			
									<u> </u>	L		
			<del></del>						<del> </del>	<b>-</b>		
									-	$\vdash$		

Total
| Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
			· ·	

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

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Dart IV D	ucinoce T	rancactic	ne Invol	vina Int	procted Par

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's lues?
				Yes	No
BRADLEY POWELL	OFFICER		BRADLEY POW		X
CLINT D BROWN	EMPLOYEE		CLINT D BRO		X
DAVID J SCHMIDT	EMPLOYEE	86,458.	DAVID J SCH		Х
- · · · · · · · · · · · · · · · · · · ·				<u> </u>	
Part V Supplemental Information					
Provide additional information for	or responses to questions on Schedule L (see in	nstructions).			
SCHEDULE L, PART II, LO	DANS TO AND FROM INTERES	TED PERSONS	:		
(A) NAME OF PERSON: 12	ADVANCES @ \$100 EACH TO	12 OFFICER	S		
VIII OF TENDOM. 12	TETRICID & VIVO EACH IO	ZZ OILICEN			
(C) PURPOSE OF LOAN: AI	OVANCES FOR EXPENSES TO	BE INCURRED		<u> </u>	
(A) NAME OF PERSON: 22	ADVANCES @ \$100 EACH TO	24 EMPLOYE	ES.		
(B) RELATIONSHIP WITH (	ORGANIZATION: EMPLOYEES				
(C) PURPOSE OF LOAN: AI	OVANCES FOR EXPENSES TO	RE TMCHDDED			
(C) FURFOSE OF HOAN. AL	VANCES FOR EXTENSES TO	DE INCORRED			
SCH L, PART IV, BUSINES	SS TRANSACTIONS INVOLVING	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: BRA	ADLEY POWELL				
(D) DESCRIPTION OF TRAN	SACTION: BRADLEY POWELL	WAS VICE P	RESIDENT OF	THE	
LOCAL UNITON MUR LOCAL	DATE DEADLEY DOMEST A	CALADY AND		то	
LOCAL UNION. THE LOCAL	PAID BRADLEY POWELL A	SALAKI AND	CONTRIBUTED	10	
EMPLOYEE BENEFIT PLANS	ON HIS BEHALF. BRADLEY	POWELL IS	A FAMILY MEN	MBER	
OF UNION PRESIDENT STEV	TEN POWELL				
OF ONION ENERSIDEMI SIEV	ER FOREID.		• ***		-
(A) NAME OF PERSON: CLI	NT D BROWN				
(D) DESCRIPTION OF TRAN	ISACTION: CLINT D BROWN	IS AN EMPLO	YEE OF THE		
LOCAL UNION. THE LOCAL	PAYS CLINT D BROWN A SA	ALARY AND C	ONTRIBUTES T	O	_
			· · · · · · · · · · · · · · · · · · ·		
EMPLOYEE BENEFIT PLANS	ON HIS BEHALF. CLINT D	BROWN IS A	FAMILY MEME	BER_	
OF UNION OFFICER CLINT	V BROWN.				

932132 10-21-19

### **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.

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

Name of the organization

**Employer identification number** 

LOCAL 881 UNION	36-2125555
FORM 990, PART VI, SECTION A, LINE 2:	
THE PRESIDENT OF THE LOCAL, STEVE POWELL, HAD A BROTHER EM	PLOYED 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 REQUIRE	MENTS 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 APP	ROVAL 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 FILE	ING.
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 BY	LAWS.

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) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization LOCAL 881 UNION	Employer identification number 36-2125555
THE LOCAL MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMEN	TS AVAILABLE UPON
REQUEST AT THE LOCAL'S MAIN OFFICE DURING REGULAR BUSINESS	HOURS WITH
ADVANCE NOTICE.	
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# SCHEDULE R (Form 990)

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

► Attach to Form 990.

2019	Open to Public

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

LOCAL 881 UNION

Name of the organization

Department of the Treasury Internal Revenue Service

Inspection

OMB No 1545-0047

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled Employer identification number 36-2125555Š × × Direct controlling Yes entity 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. Direct controlling entity End-of-year assets N/A **e** status (if section Public charity 501(c)(3)) Total income Exempt Code Ð section চ 527 527 Legal domicile (state or Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ILLINOIS ILLINOIS TAKE EXPENDITURES TO LOCAL ACCEPT CONTRIBUTIONS AND EXPENDITURES TO FEDERAL Primary activity POLITICAL CANDIDATES Primary activity ACCEPT VOLUNTARY 9 CONTRIBUTIONS & Name, address, and EIN (if applicable) LOCAL 881 UFCW POLITICAL ACTION FUND UFCW LOCAL 881 POLITICAL ACTION FUND 36-3276557, 1350 E TOUHY AVENUE, DES 47-5320459, 1350 E TOUHY AVENUE, DES Name, address, and EIN of related organization of disregarded entity 60018 PLAINES IL 60018 급 PLAINES, Part Part II

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

932161 09-10'-19 LHA

Identification of Related Organizations Taxable as a Partnership. Compete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2019 LOCAL 881 UNION

Part III

Page 2

36-2125555

General or Percentage managing ownership 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 Æ. Yes No Code V-UBI amount in box m 20 of Schedule F K-1 (Form 1065)  $\epsilon$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
( Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity **@** Name, address, and EIN of related organization

		(13) (13)	<u> </u> 02								
	Ξ	Section 512(b)(13) confolled	Xes X		T		T				
	ε	∙ •	1,								
		Share of end-of-year	assets				:				
	ω	Share of total income									
	(e)	ype of entity corp, S corp	or trust)						-		
	(p)	Direct controlling entity									
	(၁)	Legal domicile (state or	country)			,					
ing the tax year.	(q)	Primary activity									
Organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization									

932162 09-10-19

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019 LOCAL 881 UNION

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? a Receipt of (ii) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	s with one or more rela	ated organizations listed i	n Parts II:IV?	×
		,		×
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				¥
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				ı. X
k Lease of facilities, equipment, or other assets from related organization(s)				X
Performance of services or membership or fundraising solicitations for related organization(s)	ıızation(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)		•	⊢
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				To X
p Reimbursement paid to related organization(s) for expenses				Tp X
q Reimbursement paid by related organization(s) for expenses				1q X
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				×
Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	s line, including covered r	ation on who must complete this 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	volved
(1) UFCW LOCAL 881 POLITICAL ACTION FUND	В	380,056.	TRANSFERS TO PAC	
(3)				
(4)				
IEN				
932163 09-10-19	34		Schedule	Schedule R (Form 990) 2019

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

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.

-	Dispropor- Library Lib	ON SE				
9	Code V-UBI Ge amount in box 20 ms of Schedule K-1 Ps (Form 1055)					
3	spropor- tionate ocations?					
3	of ear					
E	원 t j					
(9)	Are all partners sec 501(c)(3) orgs 7	3				
Calment partite simps.	income related, tax und 2-514)					
(c)	nicile oreign y)					
(a)	Primary activity					
(a) (b) (c) (d) (d)	Name, address, and EIN of entity					

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 LOCAL 881 UNION	36-2125555 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
NAME OF RELATED ORGANIZATION:	
LOCAL 881 UFCW POLITICAL ACTION FUND	
PRIMARY ACTIVITY: ACCEPT VOLUNTARY CONTRIBUTIONS & EXPENDITU	RES TO FEDERAL
CANDIDATES	
•	