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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>LOCAL 505, AFSCME 605 W MADISON STREET #321 CHICAGO, IL 60661</p>	<p>D Employer identification number 36-6109016</p> <p>E Telephone number 312-902-3570</p> <p>F Group Exemption Number ▶ 1381</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (5) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 124,939.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments		124,221.
	4 Investment income		18.
BUSINESS	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
BUSINESS	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less. direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less. cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe _____)	8	700.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	124,939.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	6,385.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	61,728.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	17,536.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ SEE STATEMENT 3)	16	35,517.
	17 Total expenses. Add lines 10 through 16	17	121,166.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,773.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	30,563.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,336.

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	27,717.	22	32,505.	
23	Land and buildings		23		
24	Other assets (describe ▶ SEE STATEMENT 4)	2,846.	24	1,831.	
25	Total assets	30,563.	25	34,336.	
26	Total liabilities (describe ▶ _____)	0.	26	0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,563.	27	34,336.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED AUG 30 2010

P 16

Part III	Statement of Program Service Accomplishments (See the instructions.)	Expenses <small>(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? LABOR UNION		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<u>SEE STATEMENT 5</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LAVERNE WALKER 1911 N SEDGWICK CHICAGO, IL 60614	PRESIDENT 15.00	21,070.	0.	2,372.
CATHERINE STEWART 1165 N MILWAUKEE CHICAGO, IL 60622	VICE PRESIDENT 3.00	2,820.	0.	0.
LULA JOHNSON-WHITE 912 S LEAVITT CHICAGO, IL 60612	TREASURER 9.00	10,040.	0.	2,506.
ERMA CUTLER 958 W 129TH PLACE CHICAGO, IL 60643	VICE PRESIDENT 3.00	2,760.	0.	0.
CONSTANCE HOBSON 5525 W QUINEY CHICAGO, IL 60644	EXECUTIVE BOARD 1.00	1,200.	0.	0.
ROBERT STEWARD 1607 E 50TH PLACE CHICAGO, IL 60615	EXECUTIVE BOARD 2.00	2,280.	0.	0.
CYNTHIA EVANS 5505 W FLOURNOY CHICAGO, IL 60644	EXECUTIVE BOARD 2.00	1,800.	0.	511.
JUDITH MANN 5135 S MASON CHICAGO, IL 60638	EXECUTIVE BOARD 3.00	2,600.	0.	52.
MARIA MARTINEZ 5737 W SUNNYSIDE CHICAGO, IL 60630	EXECUTIVE BOARD 2.00	1,800.	0.	460.
YVONNE STEELE 6239 ST LAWRENCE CHICAGO, IL 60637	SECRETARY 4.00	4,280.	0.	42.
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Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of ▶ LULA JOHNSON-WHITE Telephone no ▶ 312-902-3570
 Located at ▶ 605 W MADISON STREET CHICAGO IL ZIP + 4 ▶ 60661

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A N/A **43**

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Laverne Walker* Date: 8/2/10

Type or print name and title: LAVERNE WALKER PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 7/25/2010 Check if self-employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: COFFEY & ASSOCIATES, P.C.
2111 PLUM ST, SUITE 321
AURORA, IL 60506

EIN: N/A Phone no: (630) 897-6660

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization LOCAL 505, AFSCME	Employer identification number 36-6109016
	Number, street, and room or suite number. If a P O box, see instructions 605 W MADISON STREET #321	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60661	

Check type of return to be filed (file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ LULA JOHNSON-WHITE -----

Telephone No ▶ 312-902-3570 ----- FAX No. ▶ 312-902-4897 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20 09 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LOCAL 505, AFSCME

36-6109016

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

REFUND

TOTAL	\$	700.
	\$	<u>700.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONATION
 DONEE'S NAME: AFSCME SOLIDARITY FUND
 DONEE'S ADDRESS: 615 S SECOND STREET
 SPRINGFIELD, IL 62705
 RELATIONSHIP OF DONEE: DISTRICT COUNCIL

CASH AMOUNT GIVEN: \$ 1,100.

PAYMENTS TO AFFILIATES

NAME: AFSCME COUNCIL 31
 ADDRESS: 29 N WACKER, SUITE 800
 CHICAGO, IL 60606
 PURPOSE OF PAYMENT: AFFILIATION FEES

AMOUNT: \$ 5,285.

PAYMENTS TO AFFILIATES \$ 5,285.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ARBITRATION	\$	4,621.
BANK CHARGES		408.
CONFERENCES, CONVENTIONS, AND MEETINGS		8,804.
DEPRECIATION		1,015.
INSURANCE		519.
LEGAL & PROFESSIONAL		12,642.
OFFICE EXPENSES		132.
REPAIRS & MAINTENANCE		2,582.
SOCIAL EVENTS		250.
TELEPHONE		4,544.
TOTAL	\$	<u>35,517.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 45.	\$ 45.
MACHINERY AND EQUIPMENT	1,821.	806.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
SECURITY DEPOSITS	\$ 980.	\$ 980.
TOTAL	<u>\$ 2,846.</u>	<u>\$ 1,831.</u>

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PURPOSE OF THE ORGANIZATION IS THE PROMOTION OF THE WELFARE OF WORKERS ELIGIBLE FOR MEMBERSHIP IN THE UNION, THE NEGOTIATION OF COLLECTIVE BARGAINING AGREEMENTS, AND THE SETTLEMENT OF MEMBER GRIEVANCES.