



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: AFSCME LOCAL 505

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 605 W MADISON STREET

City or town, state or province, country, and ZIP or foreign postal code
 CHICAGO, IL 60661

D Employer identification number: 36-6109016

E Telephone number: (312) 902-3570

F Group Exemption Number: 1381

G Accounting Method: Cash Accrual Other (specify) _____

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 79,015**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																				
Revenue	1	Contributions, gifts, grants, and similar amounts received																																															
	2	Program service revenue including government fees and contracts																																															
	3	Membership dues and assessments																																															
	4	Investment income																																															
	5a	Gross amount from sale of assets other than inventory																																															
	b	Less cost or other basis and sales expenses																																															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																															
	6	Gaming and fundraising events																																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																															
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																															
c	Less direct expenses from gaming and fundraising events																																																
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																																
7a	Gross sales of inventory, less returns and allowances																																																
b	Less cost of goods sold																																																
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																																
8	Other revenue (describe in Schedule O)																																																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																																
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																															
	11	Benefits paid to or for members																																															
	12	Salaries, other compensation, and employee benefits																																															
	13	Professional fees and other payments to independent contractors																																															
	14	Occupancy, rent, utilities, and maintenance																																															
	15	Printing, publications, postage, and shipping																																															
	16	Other expenses (describe in Schedule O)																																															
17	Total expenses. Add lines 10 through 16																																																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																															
	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)																																															
	20	Other changes in net assets or fund balances (explain in Schedule O)																																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																															

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	18,583	22	14,127
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,616	24	1,297
25 Total assets	20,199	25	15,424
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,199	27	15,424

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

LABOR UNION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 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

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

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 instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KAREN CANADA Executive Board	4 00	1,100		
LAVERNE WALKER President	14 00	11,530		
LULA JOHNSON-WHITE Treasurer	12 00	10,660		
ERMA CUTLER Vice President	4 00	1,260		
ROBERT STEWARD Vice President	4 00	1,100		
CYNTHIA EVANS Secretary	5 00	1,740		
JUDITH MANN Executive Board	4 00	1,260		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with Yes/No columns and input fields for amounts and names.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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.

Sign Here ***** Signature of officer 2015-07-27 Date CHERONE GLADNEY-MORRIS President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name John F Coffey Preparer's signature Date Check if self-employed PTIN P00026059 Firm's name Coffey & Associates PC Firm's EIN Firm's address 2111 Plum St Suite 321 Aurora, IL 60506 Phone no (630) 897-6660

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

SCHEDULE O
(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014

**Open to Public
Inspection**

Name of the organization
AFSCME LOCAL 505

Employer identification number

36-6109016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1875
Other Expenses 1005	Travel \$3881
Other Expenses 1007	Conferences, Conventions, and Meetings \$3316
Other Expenses 1009	Depreciation \$319
Other Expenses 1012	Insurance \$234
Other Expenses 1	TELEPHONE \$3724
Other Expenses 2	ARBITRATION \$3132
Other Expenses 3	NEGOTIATIONS \$2507
Other Expenses 4	BANK CHARGES \$611
Other Expenses 5	MEMBERSHIP WELFARE \$500
Other Expenses 6	REPAIR & MAINTENANCE \$480
Other Expenses 7	MEETINGS \$350
Other Assets 1002	Furniture and Fixtures - Beginning \$45 Furniture and Fixtures - Ending \$45
Other Assets 1003	Machinery and Equipment - Beginning \$591 Machinery and Equipment - Ending \$272
Other Assets 1	SECURITY DEPOSITS - Beginning \$980 SECURITY DEPOSITS - Ending \$980