



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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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 ST TOWER 3

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

D Employer identification number
 36-6109016

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 ▶ \$ 73,624

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																													73,620			
	4 Investment income																													4			
	5a Gross amount from sale of assets other than inventory																																
	b Less cost or other basis and sales expenses																														202		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														-202		
	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)																															0	
	c Less direct expenses from gaming and fundraising events																															0	
	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																															0	
	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																																73,422
Expenses	10 Grants and similar amounts paid (list in Schedule O)																															5,100	
	11 Benefits paid to or for members																																
	12 Salaries, other compensation, and employee benefits																																28,603
	13 Professional fees and other payments to independent contractors																																6,465
	14 Occupancy, rent, utilities, and maintenance																																16,426
	15 Printing, publications, postage, and shipping																																
	16 Other expenses (describe in Schedule O)																																11,492
17 Total expenses. Add lines 10 through 16																																68,086	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																5,336
	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)																																15,424
	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 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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of CHERONE GLADNEY-MORRIS Telephone no (312) 902-3570 Located at 605 W MADISON STREET CHICAGO, IL ZIP + 4 60661
42b 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
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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 Yes 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 Yes No

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

48 Yes No

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

49a Yes No

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

49b Yes No

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 (*****), Date (2016-08-12), Type or print name and title (CHERONE GLADNEY-MORRIS President)

Paid Preparer Use Only: Preparer's name (John F Coffey), Preparer's signature, Date, Check 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

Additional Data

Software ID: 15000324

Software Version: 2015v2.0

EIN: 36-6109016

Name: AFSCME LOCAL 505

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 Vice President	4 00	900		
LAVERNE WALKER President	8 00	2,460		
ANITA BROADIE Director	3 00	1,220		
CHERONE GLADNEY-MORRIS President	10 00	7,450		
LULA JOHNSON-WHITE Treasurer	6 00	2,360		
ERMA CUTLER Vice President	1 00	100		
KYLE KIRKEGAARD Director	1 00	260		
DAPHNE SMITH Secretary	6 00	5,620		
SHAMIKA SMITH Director	2 00	1,220		
TASHA TRASK Director	2 00	1,060		
ROBERT STEWARD Director	2 00	1,000		
KAREN WASHINGTON JONES Director	2 00	1,120		
CYNTHIA EVANS Secretary	3 00	1,500		
JUDITH MANN Vice President	1 00	300		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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.

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 \$1346
Other Expenses 1005	Travel \$1429
Other Expenses 1007	Conferences, Conventions, and Meetings \$4139
Other Expenses 1009	Depreciation \$115
Other Expenses 1	TELEPHONE \$2892
Other Expenses 2	MEMBERSHIP WELFARE \$600
Other Expenses 3	MEETINGS \$536
Other Expenses 4	BANK CHARGES \$275
Other Expenses 5	REPAIR & MAINTENANCE \$160
Other Assets 1002	Furniture and Fixtures - Beginning \$45 Furniture and Fixtures - Ending \$0
Other Assets 1003	Machinery and Equipment - Beginning \$272 Machinery and Equipment - Ending \$0
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$1108
Other Assets 1	SECURITY DEPOSITS - Beginning \$980 SECURITY DEPOSITS - Ending \$980