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# Form **990-EZ**

## **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)

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning January 1 , 2016, and ending Decemb						cember	31 , 20 1	6		
B C	neck if ap	applicable C Name of organization D En		D Emp	D Employer identification number					
□ A	ddress c	change	AFGE LOCAL 17			54-6076561				
					E Tele	E Telephone number				
_	ntial retu		810 VERMONT AVE NW	B-30						
	inal retur mended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro	Group Exemption				
=		n pending	WASHINGTON, DC 20420			mber ▶	0194			
			✓ Cash  Accrual Other (specify) ►	н	Check	► [7] if	the organization is			
	ebsite	. •	afge.org/local/l0017	"			ch Schedule B	1101		
				or 527	•					
	J Tax-exempt status (check only one) — ☐ 501(c)(3) ✓ 501(c) ( 5 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF).  K Form of organization ☐ Corporation ☐ Trust ✓ Association ☐ Other									
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more or if tota	al assets	<u> </u>	•	—		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			. •	lima D. eco.	004		
	rt I		e, Expenses, and Changes in Net Assets or Fund Balan	cas (see the	inetru	ctions	line 9 = \$59, for Part I\	<u>004</u>		
			the organization used Schedule O to respond to any question				•	☑		
	1		ons, gifts, grants, and similar amounts received		• •	<u>.</u>	• • • •	<u> </u>		
	2		ervice revenue including government fees and contracts			2		—		
	3	-			• •	-				
	4		•		•	3	50,	866		
	_	Investment		$\cdot_1$ · · · ·	•	4				
	5a		unt from sale of assets other than inventory 5a							
	b		or other basis and sales expenses			3a31	•			
	C			5c						
	6	Gaming an			•					
ø	а	Gross inci		1,200						
Revenue			me from fundraising events (not including \$	of contribution		-				
ě.	D									
æ			aising events reported on line 1) (attach Schedule G if the	1		4301				
			h gross income and contributions exceeds \$15,000) 6b			-l . ` l				
			t expenses from gaming and fundraising events 6c							
	d		e or (loss) from gaming and fundraising events (add lines 6a a	nd 6b and su	btract	. 33				
	_	line 6c) .	s of inventory, less returns and allowances			6d				
	7a	Gross sale								
	b		of goods sold							
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)=	N/ED:	٦. ٠	7c				
	8		nue (describe in Schedule O)	NED .	- ·	8	8,	138		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	59,	004		
	10		similar amounts paid (list in Schedule O)	2017   8	:   .	10	3,	342		
	11	Benefits pa	ud to or for members		1	11				
ses	12	Salaries, of	ther compensation, and employee benefits	<u> </u>	1	12				
Su	13	Profession	ther compensation, and employee benefits	! !IT	1	13	2,	400		
Expen	14	Occupancy	y, rent, utilities, and maintenance	<del> </del>	j	14		_		
ற	15	Printing, pu	ublications, postage, and shipping			15		_		
	16		nses (describe in Schedule O)			16	74	006		
	17	Total expe	nses. Add lines 10 through 16		. ▶	17		748		
Ø	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)			18	-20,			
igt	19	Net assets	e with	\$^.50						
As		end-of-year figure reported on prior year's return)					20	948		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			20		142		
Z	21		or fund balances at end of year. Combine lines 18 through 20			21		062		
For	Papen			t No 10642I		<u>,                                    </u>	Form <b>990-EZ</b> (2)			

form 990-	E7	(2016)	

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Dago	•

Pa	<b>Balance Sheets</b> (see the instructions	•				·
	Check if the organization used Schedule	O to respond to a	ny question ın this	Part II	<u></u>	<u>.</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	80,948	22	60,062
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets			80,948		60,062
26	Total liabilities (describe in Schedule O)		<u></u>		26	
27	Net assets or fund balances (line 27 of column			80,948	27	60,062
Par		•		•		_
	Check if the organization used Schedule	<del></del>	<del></del>		(Rec	Expenses quired for section
Wha	t is the organization's primary exempt purpose?	To protect & promot	e employee rights of	union members		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplineasured by expenses. In a clear and concise m	nanner, describe th	of its three largest p e services provided	rogram services, d, the number of	orga othe	anizations, optional for ers)
	ons benefited, and other relevant information for ea		<del></del>	**		
28	AFGE Local 17 does not track its activities by progra					
	the contractual rights of Bargaining Unit employees		Veterans' Affairs' Ce	ntral Office		
	(VACO.) AFGE Local 17 expenses funds as needed			······		
-00	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ ⊔	<b>28</b> a	<u> </u>
29						
						,
	70					•
	(Grants \$ ) If this amount				<b>29</b> a	<u> </u>
30			+			
	<u> </u>					
		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	31a	<u> </u>
	Total program service expenses (add lines 28a				32	<u> </u>
Par					istru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this (c) Reportable		<del></del>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
Doug	las Massey, President			"-		
810 V	/ermont Ave NW, B-30, Washington, DC 20420	40		)	0	0
Janis	Daley, First Vice President		' -			
810 N	/ermont Ave NW, B-30, Washington, DC 20420	33		)	0	0
Heatl	ner Gogola, Second Vice President					
810 V	/ermont Ave NW, B-30, Washington, DC 20420	1 40	(		0	0
Stanl	ey Grabia, Third Vice President			"		
810 V	/ermont Ave NW, B-30, Washington, DC 20420	1 40			0	0
Glen	n Wasik, Treasurer					
810 V	fermont Ave NW, B-30, Washington, DC 20420	20		)	0	0
	nit Kedem, Secretary					
810 V	/ermont Ave NW, B-30, Washington, DC 20420	40			o	0
Joel	Gustave , Sergeant-at-Arms					
810 V	/ermont Ave NW, B-30, Washington, DC 20420	10	0		0	0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	33	Yes	No
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. Otherwise, explain the	33		<b>-</b>
35a	change on Schedule O (see instructions)	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	✓
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	· «×»	1	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		lwo	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	361	<b>/</b>
39	Section 501(c)(7) organizations. Enter.	- 1		Mi
а	Initiation fees and capital contributions included on line 9		S. Jak	
b	Gross receipts, included on line 9, for public use of club facilities	1	an young	37
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7973	W 96.260	4.24
	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(a)(a) = 501(a)(a)(a) = 501(a)(a)(a) = 501(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	1,11	1.0	Va.
b	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	40b	###	<u>~</u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	Bright.		1 , 1983
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			Ńá
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		Jan.	
е	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	40e	· · · · ·	<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a		202) 7:		37
h	Located at ► 810 Vermont Ave NW, B-30, Washington, DC  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	204		
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No -/
	If "Yes," enter the name of the foreign country: ▶	12.5		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:		
С	At any time during the calendar year, did the organization maintain an office outside the United States?  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		. 1	<b>-</b> -
44-	Did the exemptation maintain any dense advand firsts than 10 to 10		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>\</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an evaluation in Schodulo O			
4Ea	explanation in Schedule O	44d		,
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b> </b>	✓
	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)	45h		

T Ontil 30	00-LZ (Z			<del></del>							age -
46	Did to	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C,	ampaign activities	on beh	alf of or	ın opposit	ion	46	Yes	No
Part										<u>.</u> .	es
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						- 1		Yes	No	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						47 48				
49a		he organization a school as described in							49a		
b						49b					
50		plete this table for the organization's oyees) who each received more than									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	con		o employee nd deferred	(e) Est othe		d amou pensat	
			<del></del>							_	-
					1						
							_				
			<u> </u>				-				
	Total	number of other employees paid ov	er \$100 000		L						
51 	Com	plete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independe	ent con	tractors	who each	rece	ved	more	than
	(a) Name and business address of each independent contractor			(b) Type of service			(c) Compensation				
											٠,
											;
											<u>;</u>
							_				
52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	•		. ► _ ganıza 	tions mi	ust attach	n a .▶□	Yes		No
		of perjury, I declare that I have examined this indicomplete Declaration of preparer (other than									it is
		Jacob Willy	m	5/11/2017							
Sign Here		Signature of officer  Jacob Dreizin (Treasurer, AFGE Le	ocal 17 as of the time o	of this filing, i.e. not	the rep	Date orting per	riod)_			_	
		Type or print name and title	I December 1								
Paid Prep		Print/Type preparer's name	Preparer's signature		Date	<del></del>	Check Self-emplo	if	TIN		
•	Only						s EIN ▶				
May t	he IRS	Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Phor	ne no		Voc		No.
iviay t	no inc	alcouge and return with the prepare	SHOWIT ADDVET SEE		<u> </u>	· · ·		<u> </u>	Yes		<u>No</u>

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► 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.

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Name of the organization	Employer identification number					
AFGE Local 17	546076561					
Line 8 (Other Revenue) \$38 in bank interest; \$8100 in member recruitment bonus reimbursements fro	m AFGE national AQ					
Line 10 (Grants and similar amounts) primarily contributions to AFGE's Legislative Action Fund (LAF	<u>.)</u>					
(LAF monies are not used for activities directly aimed at the election or defeat of a s	pecific candidate.)					
Line 16 (Other expenses) conference and training registration fees, and travel expenses related to co	onference and training event					
attendance; union election-related print/mail expenses; bonuses for new members and their recruiters	, food/catering for union events,					
membership dues to our AFL-CIO umbrella organization; publication subscription expense; other nece	essary and proper expenses; and					
reimbursements to union officers and stewards for any of the above expense categories that was initia	illy covered out-of-pocket.					
Line 20 (Other changes in net assets or fund balances) De minimis discrepancy (as per LM-3)						