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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493240015147 OMB No 1545-0047 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 Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service

Open to Public Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization AFGE AFL-CIO COUNCIL 083 D Employer identification number B Check if applicable ☐ Address change 86-6030872 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 2185 W MAGEE RD 125 ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ $\,\,$ 85742 $\,$ **G** Gross receipts \$ 9,406,527 Name and address of principal officer H(a) Is this a group return for EDWARD TUFFLY II ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? I Tax-exempt status 501(c)(3) 501(c) (5) **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1965 M State of legal domicile AZ Summary 1 Briefly describe the organization's mission or most significant activities THE OBJECT OF THIS COUNCIL SHALL BE TO PROMOTE THE GENERAL WELFARE OF CIVILIAN GOVERNMENTAL EMPLOYEES THE COUNCIL SHALL STRIVE TO PROMOTE EFFICIENCY IN THE GOVERNMENTAL SERVICE, AND SHALL ADVANCE PLANS OF IMPROVEMENT TO BE Activities & Governance SECURED BY LEGISLATIVE ENACTMENT THROUGH COOPERATION Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6

0 32 0 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,500 4,468,459 4,283,663 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 102,860 121,977 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,273 4,572,819 4,408,913 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 29,709 24,640 **14** Benefits paid to or for members (Part IX, column (A), line 4) 1.762.431 1,722,387 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,610,308 3,569,308 5,402,448 5,316,335 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -829,629 -907,422 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 11,189,862 10,225,877 20 Total assets (Part X, line 16) . 148,038 21 Total liabilities (Part X, line 26) . 166,245 11,023,617 10,077,839 Net assets or fund balances Subtract line 21 from line 20 Signature Block

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 2017-08-14 Signature of officer Sian Here EDWARD TUFFLY II TREASURER Type or print name and title Print/Type preparer's name JULIE S KLEWER CPA Preparer's signature JULIE S KLEWER CPA Date 2017-08-14 Check | If P00343046 Paid self-employed Firm's name ► LUDWIG KLEWER & CO PLLC Firm's EIN > 36-4538293 **Preparer** Firm's address ▶ 4783 E CAMP LOWELL DR Phone no (520) 545-0500 **Use Only** TUCSON, AZ 85712 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016) Cat No 11282Y

Form	990 (2016)					Page 2
Par	t IIII Stateme	ent of Program Service	Accomplishments			
	Check ıf S	chedule O contains a respons	se or note to any line in th	hıs Part III .		🗹
1	Briefly describe th	ne organization's mission				
STRI	VE TO PROMOTE EI		ENTAL SERVICE, AND SH		N GOVERNMENTAL EMPLOYEES PLANS OF IMPROVEMENT TO BE	
2	Did the organizat	ion undertake any significant	program services during	the year which	n were not listed on	
	•	00 or 990-EZ?				🗌 Yes 🗹 No
		these new services on Schee				
3	Did the organizat	ion cease conducting, or mal	e significant changes in h	now it conducts	s, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule	0			
4	Section 501(c)(3)		are required to report th		gest program services, as measu rants and allocations to others, tl	
4a	(Code) (Expenses \$	5,316,335 including gr	ants of \$	24,640) (Revenue \$	4,286,936)
	See Additional Data					
4b	(Code) (Expenses \$	ıncludıng gr	ants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	ıncludıng gr	ants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	0)			
	(Expenses \$		ing grants of \$) (Revenue \$)
4e	Total program s	service expenses ▶	5,316,335			

or X as applicable

Section 501(c)(3) organizations.

Yes

Page 3

No

No

No

No

No

Nο

Nο

No

No

No

Νo

Nο

Nο

No

Nο

No

Nο

No

Νo

No

No

Νo

Form **990** (2016)

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b 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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4 Yes 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

29

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Yes 23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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34

35a

35h

36

37

Yes

Form 990 (2016)

Page 4

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

Nο

orm	990 (2016)			Page
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			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
٥-	Did the energying arganization make any tayable distributions under section 40662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
•	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	blu the organization receive any payments for indoor talling services during the tax year?	170		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		V	N.
1a	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	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		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
10	AZ Section 6104 requires an examination to make its Form 1022 (or 1024 if analyzable), 000, and 000 T (501(a)/2); only)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	▶EDWARD TUFFLY 2185 W MAGEE RD STE 125 TUCSON, AZ 85742 (520) 293-7640			

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

Form 990 (2	2016) Page 7
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
year ● Lıst all	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "
who receive	organization's five current highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations
• List all o	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

(A)

compensation from the organization ▶ 5

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page **8**

	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, ui in offi tor/tr	che nles icer		son	(D) Reportable compensation from the organization (W	portable Reportable compensation from related			ted of other sation the on and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1099-M3C)	2/1033-11130		relati organiza	ed
See /	Additional Data Table												
											-		
											_		
1h S	ub-Total						<u> </u>				ᆛ		
c T	otal from continuation sheets to P	art VII, Sectio	nΑ.				• [1		
	otal (add lines 1b and 1c)						<u> </u>		1,409,165				
2	Total number of individuals (including of reportable compensation from the			ie list	ed ac	ove	e) wnd	rece	eived more than s	5100,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .									ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual												
5	Did any person listed on line 1a recei									idividual for	4	Yes	
	services rendered to the organization		ete Sch	edule	J for	r su	ich pei	rson			5		No
Se	ction B. Independent Contract Complete this table for your five high		d indep	ender	nt cor	ntra	ctors	that	received more th	an \$100.000 of co	mpei	nsation	
	from the organization Report compe	nsation for the c								on's tax year		,	
		(A) and business addre	255							(B) scription of services		(C Compen	sation
5717	R CONSTRUCTION, N 10TH STREET LEN, TX 78504								CONSTRU	CTION			502,856
LAW (2185	DFFICES OF JIM E CALLE PC, W MAGEE ROAD STE 125 DN, AZ 85742								LEGAL				243,406
LAW (230 S	DH, AZ 63742 DFFICE OF ROBERT P ERBE, HERBERT AVENUE DN, AZ 85701								LEGAL				243,406
MCALI 1368	LISTER QUINN LLC, N WASHINGTON AVENUE NTON, PA 18509								LOBBYIST	•			222,665
LAW (34 W	OFFICE OF SHERRY DOWNER PLLC, FRANKLIN STREET DN, AZ 85701								LEGAL				207,930
	otal number of independent contractor		not lim	ited t	o the	se	listed	abov	ve) who received	more than \$100,00	00 of	F	

(C)

(D)

(E)

(B)

Part	VII	I Statement of	Revenue										
		Check if Schedul	e O contains	a respo	onse or r	note to any	(,	his Part VIII A) revenue	Rel ex fu	(B) ated or cempt action	(C) Unrelated business revenue	d s	(D) Revenue excluded from ax under sections
	1a	Federated campaigi	ns	1a					re	venue			512-514
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues		1b									
Gra mo	,	: Fundraising events		1c									
fs. F A	,	d Related organizatio	ns	1d									
ĭi Ei		Government grants (co	ontributions)	1e									
sin. Sir	f	All other contributions,	, gifts, grants,										
utio		and similar amounts no above	ot included	1f									
들	g	Noncash contribution											
nd n													
	<u> </u>	Total.Add lines 1a-1	.f				Code						
Revenue	22	MEMBERSHIP DUES				Dusiness	812900	4 2	15,346	4,215	346		
₹ ₹	_	AFGE REBATES					812900		68,317	•	,317		
Service	c d												
	e			_									
Program	f	All other program se	rvice revenue										
Ğ	g.	Total.Add lines 2a-2f	f		>	4,2	283,663						
		investment income (ir			nterest,			120,09	5				120,096
		imilar amounts) . Income from investme			and proc	eeds >	+	120,03	1			-+	
				-		_	 						
			(ı) Rea			Personal			1				
	6a	Gross rents											
	h	Less rental expenses											
		Less Tental expenses											
	C	Rental income or (loss)											
	d	Net rental income of	r (loss)				-						
			(ı) Securit	ties	(11)	Other							
	7a	Gross amount from sales of assets other than inventory	4,9	99,495									
	b	Less cost or other basis and sales expenses	4,9	97,614									
		Gain or (loss)		1,881									
		Net gain or (loss) .				>		1,88	1				1,881
Other Revenue	8a	Gross income from formal (not including \$ contributions reported See Part IV, line 18	ed on line 1c)	of									
Re		Less direct expenses		b									
her		Net income or (loss)			ents .	· •						\longrightarrow	
Ö	Уa	Gross income from g See Part IV, line 19	aming activiti	ies									
				а									
		Less direct expenses		b									
		Net income or (loss) Gross sales of invent		activit	ies .	· >	7					-+	
	100	returns and allowand		a									
		Less cost of goods s		b									
	С	Net income or (loss) Miscellaneous		invent		ess Code							
	11	aMISCELLANEOUS IN			Dusiii	900099	9	3,27	3	3,273			
		JEELE WEGOS IN						•		.			
	b												
	c											_	
	d	All other revenue .										-+	
		Total. Add lines 11a			٠	>						\dashv	
		Total revenue. See						3,27				-+	
				- •		• •		4,408,91	3	4,286,936			121,977 Form 990 (2016)

b Legal .

c Accounting

d Lobbying

f Investment management fees .

federal, state, or local public officials .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O) a EXPENSE REIMBURSEMENTS

c TRANSCRIPT REIMBURSEMENTS

25 Total functional expenses. Add lines 1 through 24e 26 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)

b PUBLIC RELATIONS

d DEATH BENEFIT

e All other expenses

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) \square Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 2,140 domestic governments See Part IV, line 21 22,500 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 531,917 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 1,079,334 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . **9** Other employee benefits .

111,136

902,857

20.890

240,998

104,413

647,376

23.678

83,714 22,106

62,926

334.557

218,056

116.046 19,265

503.064

116.956

55,351

33.000

64,055 5,316,335

0

10 Payroll taxes . . .

11 Fees for services (non-employees)

a Management . . .

e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

19 Conferences, conventions, and meetings 22 Depreciation, depletion, and amortization

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Form 990 (2016)

	Beginning of year		End of year
1 Cash-non-interest-bearing	639,552	1	315,051
2 Savings and temporary cash investments	671,008	2	202,916
3 Pledges and grants receivable, net		3	

2	Savings and temporary cash investments	671,008	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Loans and other receivables from other disqualified persons (as defined under			

	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ete	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	^	Dunneyd ayyngan and defermed about	01 277		

10a

10b

3,212,674

280,441

9

10c

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22 23

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31 32

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34

82,840

2,932,233

6.692.837

10.225,877

62,106

85.932

148,038

10.077.839

10,077,839

10.225.877

Form **990** (2016)

81.277

2,460,697

7.285.985

51.343

49,522

116.723

166,245

11.023.617

11,023,617

11,189,862

11,189,862

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

b Less accumulated depreciation

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

11

12

13

14

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17

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,408,913
2	Total expenses (must equal Part IX, column (A), line 25)	2			,316,335
3	Revenue less expenses Subtract line 2 from line 1	3			907,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	,023,617
5	Net unrealized gains (losses) on investments	5			-38,356
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10	,077,839
Par	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If Yes , check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)		

За

3b

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Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 86-6030872

Name: AFGE AFL-CIO COUNCIL 083

Form 990 (2016)

Form 990, Part III, Line 4a:

NEGOTIATION AND ARBITRATION - EACH MEMBER IS COVERED BY A MONTHLY STIPEND FOR ANY NEGOTIATION/ARBITRATION NEEDED BY THE MEMBER THIS WOULD INCLUDE DISCIPLINARY ACTIONS, REPRESENTATION, ADVERSE ACTIONS REPRESENTATION, CONDITIONS OF EMPLOYMENT AND VIOLATIONS OF CONTRACT IN ADDITION, MEMBER WHO HAVE INCURRED LEGAL EXPENSES DUE TO JOB SITUATIONS WILL ALSO BE REIMBURSED. TRAINING - LOCALS ARE REIMBURSED FOR TRAINING EXPENSES AND NEW EQUIPMENT PURCHASED IN ORDER TO CARRY ON FOR THE GOOD OF THE COUNCIL

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest compa organization and Individual trust or director Officer Former key employee Institutional MISC) organizations MISC) related below dotted organizations line)

		\$\$ \$\$	rustee		ensated			
EDWARD TUFFLY II	40 00	x		x		117,461	0	
TREASURER						117,101		
JIM STACK	40 00	V		,		112.216		
CECDETADV		X		X		113,316	ا	İ

TREASURER					,		
JIM STACK	40 00	v	Α.		113,316	0	
SECRETARY		^	^		113,310	o	
PAUL PEREZ	40 00	×	x		38,753	0	
VICE PRESIDE		_ ^	_ ^		30,733	Ŭ	

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JIM STACK	40 00	×	x		113,316	
SECRETARY		,	,		113,310	
PAUL PEREZ	40 00	_	ļ		38,753	
VICE PRESIDE		^	^		36,733	
SHAWN MORAN	40 00					

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VICE PRESIDE

STEVE VELOZ

HEALTH AND S

VICE PRESIDE

VICE PRESIDE

BRANDON JUDD

JONATHON PERKINS

PRESIDENT

VICE PRESIDE

ART DEL CUETO

VICE PRESIDE

ERIC SPARKMAN

ALBERT TREVINO

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W- 2/1099organization and Highest compensi employee Former Individual trustee or director Institutional MISC) related organizations MISC) director below dotted organizations employee line) Truste

			4		ಯಕರ			
TERRENCE SHIGG VICE PRESIDE	32 00	×		×		17,473	0	
ROBERT PEPPERDINE EXECUTIVE AS	32 00	×		×		17,263	0	
MICHAEL EGERTON VICE PRESIDE	32 00	x		×		17,258	0	

VICE PRESIDE	•••••	X	X		17,258	0	
CHRIS BAUDER	32 00	×	x		16,800	0	
EXEC VICE P		,	, ,		10,000	,	
ANDREW BRADY	32 00	×	×		16,100	0	
EXECUTIVE AS			,		10,100	,	
CHRISTIAN PORRAS	32 00						Ī

32 00

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LOCAL PRESID

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ROBERT RUSSELL

LOMBARDO AMAYA

JONATHAN ANIFSON

THANE O'MAHONEY-GALLAGHER

VICETRESIDE							
CHRIS BAUDER	32 00	×	Y		16,800	0	
EXEC VICE P		^	^		10,000	3	
ANDREW BRADY	32 00	×	Y		16,100	0	
EXECUTIVE AS		^	^		10,100	3	
CHRISTIAN PORRAS	32 00						
		Х	Х		4,632	0	

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VICE PRESIDE							
CHRIS BAUDER	32 00	×	x		16,800	0	
EXEC VICE P		, ,	,,		10,000		
ANDREW BRADY	32 00	×	x		16,100	0	
EXECUTIVE AS			.,		10,100	J	
	22.00						

EXECUTIVE AS							
MICHAEL EGERTON VICE PRESIDE	32 00	X	x		17,258	0	0
CHRIS BAUDER	32 00	х	х		16,800	0	0

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Compensated Employees, and Independent, Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation week (list person is both an officer from the from related and a director/trustee) organizations any hours organization (W- 2/1099-(W- 2/1099-Highest compensatemployee Former MISC) MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

702

676

426

296

224,060

173,368

172,924

153,805

153,091

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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	for related			_
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei
ROBERT LOPEZ	32 00			
LOCAL VP		Х		×
MICHAEL COX	32 00			
LOCAL PRESTR		X		X
LOCAL PRESID		l		l

BRETT WORSENCROFT

LOCAL PRESID

LOCAL PRESID

MICHAEL BARANIC

JASON ALDRICH

RODNEY SIPES

DEBORAH WAGNER

LEE SMITH

ATTORNEY

ATTORNEY

ATTORNEY

ATTORNEY

ATTORNEY

JULIE LEDESMA

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

OMB No 1545-0047

DLN: 93493240015147

Inspection

EZ) ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Department of the Treasury www.irs.gov/form990.

SCHEDULE C (Form 990 or 990-

Internal Revenue Service 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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AFGE AFL-CIO COUNCIL 083 86-6030872 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

1

b

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

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

SCHEDULE D

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

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.

DLN: 93493240015147 OMB No 1545-0047

(Form 990)

► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** AFGE AFL-CIO COUNCIL 083 86-6030872 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

ВĊП	7777	Organizations M	anntaining Coi	iections t	JI AIL, I	1150011	cai ii	casu	1165, 01	Other	Jillillai A	133C13 (.onunueu)
3		the organızatıon's acq (check all that apply)	uisition, accessioi	n, and other	r records,	check a	any of	the fo	llowing th	nat are a	significant	use of its	collection
а		Public exhibition				d		Loan	or excha	nge pro	grams		
b		Scholarly research				e		Othe	r				
c		Preservation for future	e generations										
4	Provide Part XI	e a description of the	organızatıon's col	lections and	d explain	how the	ey furth	er the	e organiza	ation's e	xempt purp	ose in	
5		the year, did the org to be sold to raise fur									nılar	☐ Ye	s 🗆 No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			s" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on F	form 990, Part
1a		organization an agent ed on Form 990, Part I		an or other	ıntermed	ıary for	contrib	oution	s or othe	r assets	not	☐ Ye	s 🗆 No
ь	If "Yes	s," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table		Г		-	Amount	
С		ning balance		,		,				1c			
d	Addıtıc	ons during the year								1d			
е	Distrib	utions during the year	r							1e			
f	Ending) balance								1f			
2 a	Did the	e organization include	an amount on Fo	rm 990, Pai	rt X, line	21, for	escrow	or cu	stodial ad	count la	ability?	☐ Ye	s 🗆 No
b		," explain the arrange							•				
Pa	rt V	Endowment Fun	ds. Complete if										
12	Reginnir	ng of year balance .		(a)Currer	nt year	(b) Pi	rior yeai	-	(c) Two ye	ars back	(d)Three ye	ears back	(e)Four years back
	-	itions											
		estment earnings, gair	as and losses										
		or scholarships											
		xpenditures for facilities											
e		grams	es										
f	Adminis	trative expenses .											
g	End of y	ear balance											
2	Provid	e the estimated perce	ntage of the curre	ent vear end	d balance	(line 1	a. colur	nn (a`)) held as	;	1		_
а		designated or quasi-e	=	,		` .			,,				
ь	Perma	nent endowment 🕨											
_	Tempo	orarily restricted endov	wment >										
Ĭ	· ·	rcentages on lines 2a		ld equal 100	0%								
3а		ere endowment funds zation by	not in the posses	sion of the	organızat	on that	t are he	eld an	d adminis	stered fo	r the		Yes No
	(i) uni	related organizations					•						a(i)
b		lated organizations ." on 3a(ii), are the rel		 ns listed as i	· · ·	 on Sche	dule R	· .	: :				Bb
4	Descril	be in Part XIII the inte	ended uses of the	organizatio	n's endo	wment f	unds						
Pa	rt VI	Land, Buildings, Complete if the or	ganization ansv	vered 'Yes'				· ·	1		•	rt X, line	e 10.
	Descrip	tion of property	(a) Cost or oth (investme		(b)Cost	or other	basıs (o	ther)	(c)Accu	mulated o	depreciation		d) Book value
1a	Land .						21	0,762					210,762
b	Building	S					2,82	4,926			147,337		2,677,589
c	Leaseho	old improvements											
d	Equipme	ent					17	6,986			133,104		43,882

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

2,932,233

Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	janization a	nswered 'Yes' on	Form 990, Part IV	/, line 11b.
(a) Description of security or category (including name of security)	(b)Bo		(c)Method of valua	
(1)Financial derivatives			or your ma	
(2)Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the or	rganization	answered 'Ves' o	n Form 990 Part	TV line 11c
See Form 990, Part X, line 13.				
	(b) Book va		(c) Method of value of or end-of-year ma	ation rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (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)				
(6) (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 answer	red 'Yes' or	Form 990, Part		f,
See Form 990, Part X, line 25. 1. (a) Description of liability	(t) Book value		
(1) Federal Income taxes				
DUE TO RELATED PARTY		85,932		
(2)		03,332	-	
(3)			-	
(4)				
(5)			-	
(6)			1	
(7)			-	
(8)			-	
(9)			-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	85,932	-	
2. Liability for uncertain tax positions In Part XIII, provide the text of the fo	ootnote to th	e organization's fina		
organization's liability for uncertain tax positions under FIN 48 (ASC 740) C	neck nere if	trie text of the foot	note nas been provid	ded in Part XIII 🗹

1

2

b

c

d

е

3

Schedule D (Form 990) 2016

2e

3

Page 4

Donated services and use of facilities . .

Other (Describe in Part XIII)

Add lines 2a through 2d

Subtract line 2e from line 1 .

Recoveries of prior year grants

5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12
Part	Reconciliation of Expenses per Audited Finan Complete if the organization answered
1	Total expenses and losses per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part IX, line 25
а	Donated services and use of facilities
b	Prior year adjustments
c	Other losses
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII, line 7b
b	Other (Describe in Part XIII)
C	Add lines 4a and 4b
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1
Par	XIII Supplemental Information
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

3	Subtract line Ze from line 1 .		
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	
Par		i <mark>on of Expenses per Audited Financi</mark> Complete if the organization answered 'Y	
1	Total expenses and losses per au	dited financial statements	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25	
а	Donated services and use of facili	ties	2a
b	Prior year adjustments		2b
С	Other losses		2c
d	Other (Describe in Part XIII) .		2d
е	Add lines 2a through 2d		
3	Subtract line ${f 2e}$ from line ${f 1}$.		
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:	
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) .		4b
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18)
Pai	t XIII Supplemental Info	ormation	
		art II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b	
	Return Reference		Explanation
See A	Additional Data Table		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4c 5 s With Expenses per Return. 90, Part IV, line 12a. 2e 3 4c 5 nis part to provide any addit

2e	
3	
4c	
5	
de any	additional information
Sched	ule D (Form 990) 201!

Page 5		Schedule D (Form 990) 2015
	Information <i>(continued)</i>	Part XIII Supplemental Info
planation		Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version: EIN: 86-6030872

Name: AFGE AFL-CIO COUNCIL 083

Supplemental Information

Return Reference

Explanation

SCHEDULE D, PAGE 3, PART X

THE COUNCIL'S POLICY IS TO DISCLOSE OR RECOGNIZE INCOME TAX POSITIONS BASED ON MANAGEMENT'
S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILIT
Y HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX POSITIONS AS OF DECEMBER 31, 2016, THERE

WERE NO UNCERTAIN TAX POSITIONS THAT ARE POTENTIALLY MATERIAL

efile GRAPHIC print - DO NOT PROCESS DLN: 93493240015147 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** AFGE AFL-CIO COUNCIL 083 86-6030872 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page 2
Part III Grants and Other Assistance Part III can be duplicated if add		als. Complete if the orga	nızatıon answered "Yes"	on Form 990, Part IV, line 22	•
(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 non-cash assistance
(1) GENERAL ASSISTANCE	5	22,500			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Informa	ation. Provide the info	ormation required in F	Part I. line 2. Part III.	. column (b), and any other ac	dditional information.

Schedule I (Form 990) 2016

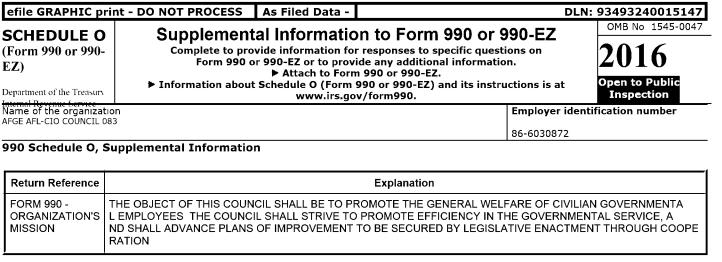
efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493240015147 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization AFGE AFL-CIO COUNCIL 083 86-6030872 Questions Regarding Compensation Yes No 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 Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in 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 **1**b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing 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 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 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 Receive a severance payment or change-of-control payment? 4a No 4b No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a Any related organization? 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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

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

For each individual whose instructions, on row (ii) [Note. The sum of column	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII				t ındıvıdual
(A) Name and Title			(B) Breakdown of W-2 and/or 1099-MISC co (i) (ii) (iii)		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred on prior Form
1 MICHAEL BARANIC ATTORNEY	(i)	224,060	compensation	compensation			224,060	990
	(ii)	472.042						
2 JASON ALDRICH ATTORNEY	(i) (ii)	173,368 					173,368	
3 RODNEY SIPESATTORNEY	(i)	172,924					172,924	
4 DEBORAH WAGNER ATTORNEY	(ii) (i)	153,805					153,805	
5 JULIE LEDESMAATTORNEY	(ii)	153,091						
5 JULIE LEDESMAATTORNET	(i) (ii)						153,091	
See Additional Data Table								

Schedule J (Form 990) 2016 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2016



990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ORGANIZATION IS COMPOSED OF MEMBERS PAGE 6.

PART VI, LINE 6

FORM 990, MEMBERS HAVE POWERS TO ELECT MEMBERS OF THE GOVERNING BODY
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information

LINE 7A

Return Explanation
Reference

LINE 7B

FORM 990, MEMBERS HAVE POWERS TO ELECT MEMBERS OF GOVERNING BODY
PAGE 6,
PART VI.

Return Explanation
Reference

I FORM 990,	A COPY OF FORM 990 IS PROVIDED TO THE GOVERNING BODY AT THE NATIONAL CONVENTION THE FORM IS
PAGE 6,	REVIEWED BEFORE IT IS SIGNED AND MAILED
PART VI,	
LINE 11B	

Return Explanation
Reference

FORM 990,	THE NBPC PAYS THE OFFICERS AND MEMBERS FOR 'SALARY LOST' AT THEIR CURRENT GRADE AND STEP
PAGE 6,	
PART VI	

LINE 15B

Explanation Return Reference FORM 990. ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST PAGE 6,

PART VI, LINE 19

Return Explanation Reference

FORM 990. ARBITRATION 3.781 0 0 LEGAL DEFENSE FUND 614.808 0 0 OTHER CONTRACT SERVICES 8.124 0 0 CON

990 Schedule O, Supplemental Information

PART IX. SULTING 11.009 0 0 TRAVEL 9.654 0 0 TOTAL 647.376 0 0 LINE 11G