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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)

2016

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](http://www.irs.gov/form990).

Open to Public  
Inspection**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

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

**C Name of organization**  
AFSCME LOCAL 704**D Employer identification number**

06-1074932

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 12**E Telephone number**

(860) 529-1699

City or town, state or province, country, and ZIP or foreign postal code  
ROCKY HILL, CT 06067**F Group Exemption  
Number** ►**G Accounting Method**  Cash  Accrual Other (specify) ► \_\_\_\_\_**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► [WWW.AFSCMELOCAL704.COM](http://WWW.AFSCMELOCAL704.COM)**J Tax-exempt status**(check only one) -  501(c)(3)  501(c)(5) ►(insert no)  4947(a)(1) or  527**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 ► \$ 84,917****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 . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 80,563
	4 Investment income . . . . .	4 99
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	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) . . . . .	6b
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8 4,255
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 84,917
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13 3,650
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 8,340
	15 Printing, publications, postage, and shipping . . . . .	15 400
	16 Other expenses (describe in Schedule O) . . . . .	16 51,887
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 64,277
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 20,640
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 89,335
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 95,029
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21 205,004

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

**Balance Sheets** (see the instructions for Part II)  
Check if the organization used Schedule O to respond to any question in this Part I

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22 Cash, savings, and investments</b> . . . . .	81,654	<b>22</b> 195,864
<b>23 Land and buildings</b> . . . . .		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b> . . . . .	7,681	<b>24</b> 9,140
<b>25 Total assets</b> . . . . .	89,335	<b>25</b> 205,004
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .		<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)</b>	89,335	<b>27</b> 205,004

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

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

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

What is the organization's primary exempt purpose?  
PROMOTING THE WELFARE OF AFSCME MEMBERS AND PROVIDING A VOICE IN DETERMINING THE TERMS AND CONDITIONS OF EMPLOYMENT BY USING THE COLLECTIVE BARGAINING PROCESS

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

**28**  
See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	28a
<b>29</b>			<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	
<b>30</b>			<b>30a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)			<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TAFFY WOMACK	4 00	0		
PRESIDENT				
ROSA SERRANO	1 00	0		
VICE PRESIDE				
TERESA THOMPSON-PEREZ	1 00	0		
TREASURER				
RAELEEN MCMILLAN	1 00	0		
RECORD SECRE				
DENISE STEVENSON	1 00	0		
CORR SECRET				
SHARON ROWE-JOHNSON	1 00	0		
TRUSTEE				
MAXINE COLEMAN	1 00	0		
TRUSTEE				
KAREN PIT	1 00	0		
TRUSTEE				

**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 33

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 change on Schedule O (see instructions) 34

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)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c 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 35c

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

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 **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

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

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

c 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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40b

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► \_\_\_\_\_ 41

42a The organization's books are in care of ► TAFFY WOMACK Telephone no ► (860) 529-1699  
Located at ► 122 A NAUBUC AVENUE GLASTONBURY, CT ZIP + 4 ► 06033 42a

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country ► \_\_\_\_\_ 42c

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c

If "Yes," enter the name of the foreign country ► \_\_\_\_\_ 43

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 ► 43

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 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

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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) 45b

	Yes	No
33	<input type="checkbox"/>	No
34	<input type="checkbox"/>	No
35a	<input type="checkbox"/>	No
35b	<input type="checkbox"/>	
35c	<input type="checkbox"/>	No
36	<input type="checkbox"/>	No
37b	<input type="checkbox"/>	No
38a	<input type="checkbox"/>	No
40b	<input type="checkbox"/>	
40e	<input type="checkbox"/>	No
42b	<input type="checkbox"/>	No
42c	<input type="checkbox"/>	No
43	<input type="checkbox"/>	
44a	<input type="checkbox"/>	No
44b	<input type="checkbox"/>	No
44c	<input type="checkbox"/>	No
44d	<input type="checkbox"/>	
45a	<input type="checkbox"/>	No
45b	<input type="checkbox"/>	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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	46			No

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

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

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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	47			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	48			
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	49a			
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/>	No
	49b			
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" . . . . .				

(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

f Total number of other employees paid over \$100,000 . . . . . ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

<b>Sign Here</b>	***** Signature of officer	2017-08-04
	TAFFY WOMACK PRESIDENT Type or print name and title	Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID R LEFKOWITZ	Preparer's signature	Date 2017-08-04	Check <input type="checkbox"/> if self-employed	PTIN P00015219
	Firm's name ► COURTNEY FINK & FORBES LLP	Firm's EIN ► 06-0672440			
	Firm's address ► 719 COTTAGE GROVE RD BLOOMFIELD, CT 06002	Phone no (860) 242-9400			

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-1074932

**Name:** AFSCME LOCAL 704

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> TO ORGANIZE STATE ADMINISTRATIVE &amp; CLERICAL EMPLOYEES TO SECURE AND IMPROVE WAGES, HOURS, WORKING CONDITIONS, &amp; OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION NEGOTIATIONS &amp; COLLECTIVE BARGAINING (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
AFSCME LOCAL 704**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

06-1074932

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MEMBER ACTIVITIES 4,255 TOTAL 4,255

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 2,600 DUES & SUBSCRIPTIONS 1,378 TELEPHONE 2,589 TRAVEL 4,418 CONFERENCES & MEETINGS 18,816 INSURANCE 342 MEMBERS - UNION PROMOTION 19,673 PROPERTY TAXES 69 CHARITABLE 1,514 NON-INVESTMENT DEPRECIATION 488 TOTAL 51,887

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 20	TRANSFER FROM LOCAL 538 95,029

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 3,742 5,689 PREPAID EXPENSES AND DEFERRED CHARGES 1,500 1,500 FIXED ASSETS 6,726 6,726 LESS ACCUMULATED DEPRECIATION 5,677 6,165 DEPOSIT ON LEASED PROPERTY 1,390 1,390 TOTAL 7,681 9,140

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	PROMOTING THE WELFARE OF AFSCME MEMBERS AND PROVIDING A VOICE IN DETERMINING THE TERMS AND CONDITIONS OF EMPLOYMENT BY USING THE COLLECTIVE BARGAINING PROCESS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 28	TO ORGANIZE STATE ADMINISTRATIVE & CLERICAL EMPLOYEES TO SECURE AND IMPROVE WAGES, HOURS, WORKING CONDITIONS, & OTHER ECONOMIC ADVANTAGES THROUGH ORGANIZATION NEGOTIATIONS & COLLECTIVE BARGAINING