

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

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: AFSCME LOCAL 505
Number and street (or P O box, if mail is not delivered to street address) / Room/suite: 605 W MADISON ST TOWER 3
City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 60661

D Employer identification number: 36-6109016
E Telephone number: (312) 902-3570
F Group Exemption Number: 1381

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: N/A

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 UNION

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. \$ 71,909

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
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 71,900
4	Investment income 9
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0
6c	Less direct expenses from gaming and fundraising events 0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 71,909
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits 24,613
13	Professional fees and other payments to independent contractors 5,416
14	Occupancy, rent, utilities, and maintenance 16,434
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O) 18,871
17	Total expenses. Add lines 10 through 16 70,510
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 1,399
Net Assets	
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) 24,184
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 25,583

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,204	22	24,603
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	980	24	980
25 Total assets	24,184	25	25,583
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,184	27	25,583

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?
LABOR UNION

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

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANITA BROADIE Treasurer	3 00	1,260		
CHERONE GLADNEY-MORRIS President	10 00	9,450		
KYLE KIRKEGAARD Director	3 50	1,420		
DAPHNE SMITH Secretary	8 00	7,460		
SHAMIKA SMITH Director	2 00	900		
TASHA TRASK Director	3 00	1,260		
ROBERT STEWARD Director	2 50	1,100		

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

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

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ***** Signature of officer 2018-11-13 Date
CHERONE GLADNEY-MORRIS President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name John F Coffey Preparer's signature Date Check if self-employed PTIN P00026059
Firm's name Coffey & Associates PC Firm's EIN 36-3786295
Firm's address 1991 W Downer Place Suite B Aurora, IL 60506 Phone no (630) 897-6660

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 36-6109016
Name: AFSCME LOCAL 505

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>28 THE PURPOSE OF THE ORGANIZATION IS THE PROMOTION OF THE WELFARE OF WORKERS ELIGIBLE FOR MEMBERSHIP IN THE UNION, THE NEGOTIATION OF COLLECTIVE BARGAINING AGREEMENTS, AND THE SETTLEMENT OF MEMBER GRIEVANCES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

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Department of the Treasury
Internal Revenue Service

Name of the organization
AFSCME LOCAL 505

Employer identification number

36-6109016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$5198

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$2985

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$2612

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	TELEPHONE \$5445

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	NEGOTIATIONS \$1487

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BANK CHARGES \$778

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	MEETINGS \$366

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	SECURITY DEPOSITS - Beginning \$980 SECURITY DEPOSITS - Ending \$980