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)

2020

OMB No. 1545-0047

	f the Treasury	► Do not enter social security r ► Go to www.irs.gov/Form99						pen to Publi Inspection
A For the		r year, or tax year beginning	January 1		and ending		ember 31	, 20 20
B Check if an		C Name of organization ?	Junuary 1	, 2020,	criding			ification number_
Address		AFGE Local 17				- - -		076561
Name cha	_ 0-	Number and street (or P O. box if mail is not del	ivered to street address)	?	Room/suite	E Telei	ohone numb	
Initial retu	- 1	810 Vermont Avenue	ivoros to sirost addition,		B30]5.5,		613017
Final retur	n/terminated	City or town, state or province, country, and ZIF	or foreign postal code			E Gro	up Exemp	
Amended		Washington DC 22043	or to orgin poore. or co		15		up∈xemp nber ►	
Applicatio	·— -	Cash Accrual Other (specify)						
I Website	ing Method	Cash Accrual Other (specify)		-	 '			e organization is i Schedule B
		ck only one) - 501(c)(3) 501(c) (\ d 6d \ \ \ \ d 6	47/-\/4\	77507	•		Schedule B Z, or 990-PF).
) ◀ (insert no) ☐ 49			:	30, 330-L	2, 01 330-11).
		Corporation Trust 7b to line 9 to determine gross receipts. If it			Labor Unio			 -
		500,000 or more, file Form 990 instead of I		0,000 01 11	iore, or ir to	iai asseis	•	152550
				Dalana	· ·	- in atm.	\$ -4:	152558
Part I		e, Expenses, and Changes in Ne						
		the organization used Schedule O to						:
? 1		ns, gifts, grants, and similar amounts					1	_ _
2 2		rvice revenue including government for					2	450433
2 3		p dues and assessments					3	152439.
2 4	Investment						4	
5a		unt from sale of assets other than inve	•			0].	
b		or other basis and sales expenses .		5b		0		
С	•	s) from sale of assets other than inver	itory (subtract line 5	b from lii	ne 5a) .		5c	
6		d fundraising events:	.					
a		me from gaming (attach Schedule		n ı ı			-	
Ž	·-			6a		0	l	
Revenue		ne from fundraising events (not includ			f contribut	ions		
<u>«</u> ا		ising events reported on line 1) (atta						
	sum of suci	gross income and contributions exc	eeas \$15,000)	6b		0		
С		expenses from gaming and fundraisi		[6c]		0		
d		or (loss) from gaming and fundraisi	ps events (add line	s 6a and	6b and s	ubtract		
		· · · 5 · FEB 2 2 2021 ·	\mathcal{I}				6d	
7a		of inventory, less returns and allowar	ges	7a		0	-	
b	Less: cost of	of goods sold OGDEN LIT		7b		0		
С		or (loss) trom sales of inventory (subt					7c	
8		ue (describe in Schedule O)					8	118.
9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an					9	152558.
10		sımilar amounts paıd (list ın Schedule	•				10	29103.
11		d to or for members					11	
ଞ୍ଚ 12		ner compensation, and employee ben					12	120
12 13 14 15 15		I fees and other payments to indepen					13	173
မ္တီ 14		, rent, utilities, and maintenance .					14	
பி 15	• • •	blications, postage, and shipping .					15	
16	Other exper	nses (describe in Schedule O) 🛂 .					16	33140.
17	Total exper	nses. Add lines 10 through 16	<u></u> .		<u> </u>	>	17	91582.
₀ 18		deficit) for the year (subtract line 17 fro					18	60976.
ig 19	Net assets	or fund balances at beginning of yea	r (from line 27, col	umn (A))	(must agre	ee with		
Net Assets	end-of-year	figure reported on prior year's return)					19	203813.
ਹ 20	Other chan	ges in net assets or fund balances (ex	plain in Schedule O				20	
,		or fund balances at end of year. Comb				_	21	2647





Part		ice Sheets (see the						
	Check	if the organization	used Schedule	O to respond to a	ny question in this			<u>.</u> <u>.</u>
					_	(A) Beginning of year		(B) End of year
22		gs, and investments				200114.71	-	262015.57
23		uildings					23	
24		s (describe in Sched	•				24	2774.43
25		s				<u> 4</u>	25	
26		•		· <u>· · · · ·</u>		 _	26	<u> </u>
				(B) must agree wit		203813.95	27	264790
Part					ne instructions for F			_
				O to respond to a	ny question in this	Part III 📋	/Pag	Expenses uired for section
Vhat i	s the organiz	ation's primary exe	mpt purpose?					c)(3) and 501(c)(4)
					of its three largest p			nizations, optional fo
					e services provided	, the number of	othe	rs)
	ns benefited,	and other relevant i	nformation for ea	ch program title.		· · · · · · · · · · · · · · · · · ·	ļ	
28 _								
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_ :	· <u></u>	·····						ļ
_	Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ∐</u>	28a	
29 _	· 		•••••				ļ	i
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-	Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ⊔</u>	29a	
30			·					
							ł	
	Grants \$				ants, check here .		30a	ļ <u></u>
	Grants \$				ants, check here .		31a	
					. <u> </u>		32	
Part					n one even if not comp			
	Check	ii the organization	used Schedule	O to respond to a	ny question in this	(d) Health benefits,		🗆
	153	(a) Name and title		(b) Average compensation		contributions to employ	ee (e) l	Estimated amount of
	•	(a) Name and title		devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensatio		ther compensation
) ou al	S Massay				(ii flot paid, enter -0-)	deletted compensatio	" 	
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Page 2

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'Form	990-E7	(2020)

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	Page	3

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
		5 / ail	Yes	No
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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ► ; section 4912 ► ; section 4955 ►			
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		
С	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		į	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
11	List the states with which a copy of this return is filed ▶			
l2a	The organization's books are in care of ▶ William Wetmore Telephone no. ▶	20236	13017	
ь	Located at ► 810 Vermont Ave., Washington DC, 20420 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Na.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country ▶	120		Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
13	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		. •	• <u> </u>
	Did the agree of the agree that are the agree of the decided downers the agree of 600 as at the		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44b	 	~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		•
_	explanation in Schedule O	44d	 	1
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
	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		•

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 48. Is the organization a school as described in section 170(b)(1)(A)(h)(1) II"es," complete Schedule E 48. Is the organization as early transfers to an exempt non-charitable related organization? 49b. Did the organization six to an exempt non-charitable related organization? 40cmplet this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$10,000 of compensation from the organization. If there is none, enter "None." 61 Total number of other employees paid over \$100,000 62 Tomplete this table for the organization's five highest compensated independent contractors who each received more than \$10,000 of compensation from the organization. If there is none, enter "None." 62 Total number of other employees paid over \$100,000 63 Total number of other employees paid over \$100,000 64 Total number of other independent contractors each receiving over \$100,000 65 Complete this table for the organization is five highest compensated independent contractors who each received more than \$10,000 of compensation from the organization. If there is none, enter "None." 63 Name and business address of each independent contractors each receiving over \$100,000 64 Total number of other independent contractors each receiving over \$100,000 65 Dod the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a proposed to the best of the best of the work provided and belief, it is now, complete Schedule A. 65 Dod the organization of propose (other than official absence on all information of which prepar	Form 990	0-EZ (2	(020)						,	age 4	ŀ
to candidates for public office? If "Yes," complete Schedule C, Part I.									Yes	No	-
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											j
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 247_ 248_ 249_ 249_ 249_ 249_ 240 the organization achool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part III year? If "Yes," complete Schedule C, Part III year? If "Yes," complete Schedule C at the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48		to ca	indidates for public office? If "Yes," of	complete Schedule C	, Part I	<u>.</u>	<u></u>	. 46		~	?
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization and page in-lobbying suchwites or have a section 501(ii) Glection in effect during the tax year? If "Yes," complete Schedule C, Part II Ves No.	Part \	4 1									•
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47 Did the organization engage in lobbying activities of have a saction 501(h) selection in effect during the tax year? If "Yes," complete Schedule C, Part II 48 the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49 48 the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49 48 the organization make any transfers to an exempt non-charitable related organization?			Check if the organization used Sch	hedule O to respond	l to any question ii	n this Parl	t VI			. П	
47 Dut. 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								· · · ·	Yes	No	-
## Total number of other employees paid over \$100,000 . ▶ 1 Total number of other employees paid over \$100,000 . ▶ 2 Complete his table for the organization of the	47	Did.t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in eff	ect during the	tax	1-1-0-1	13.00.	
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Did the organization make any transfers to an exempt non-chantable related organization? 49a 49b 49		•	•							 	?
b if "Yes," was the related organization a section 527 organization? 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) Name and title of each employee (c) Average flours per week devoted to position (d) Health benefits. (d) Reportable Compensation (Forms W-27/099-MINSC) (e) Reportable Compensation (Forms W-27/099-MINSC) (f) Reportable Compensation of other compensati			•		•			·			. 💾
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(e) Name and title of each employee											
(a) Name and title of each employee		empi		TW100,000 OF COMPE	T			s, enter	INOTIC.		
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	51 ———	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."					than	,
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A									•	•	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											_
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A]						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											_
Completed Schedule A	d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶					
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 brune, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Date Print/Type or print name and title Print/Type preparer's name Nathalie Babou Prim's name Firm's name Firm's address Phone no Print/Type or print name and title Print/Type preparer's name Nathalie Babou Prim's address Phone no Print/Type no 5712347240	52	Did 1	the organization complete Schedu	le A? Note: All se	ction 501(c)(3) org	ganızatıon	s must attach	а			
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Firm's address ► Phone no 5712347240				<u> </u>						<u> </u>	1
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	May the	e IRS		shown above? See II	nstructions					No.	

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.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
AFGE Local 17

Employer identification number 546076561

Part I-Line Item 8) Other Revenue
FY2020 Interest earned \$118.91
PART I-Line Item 10) Amount Paid to AFGE National
-Per Capita Tax:\$9,103 10
-AFGE Legislative Fund:\$5,000
-Reimbursement to AFGE for legal expenses. \$15,000
Total Line Item 10; \$29,103 10
Part I Line Item 16) Other Expenses
-Hearring Brief Award to Officers and Stewards: \$1250
-Meals and Entertainment. \$3147.29
-Officer and Steward Trainings: \$8662 87
-Zoom Expense:\$1695.32
CyberFeds Subscription \$1651
-Gifts and Flowers for attorneys and retirement parties: \$2850.42
-Transcript expense:\$2,450 60
-Donation to the Equal Justice Initiative: \$10,000- Tax ID#63-1135091
Address 122 Commerce Street Montgomery, AL 36104
-Webinar Expenses:\$109
-Supplies \$260.92
-Depreciation Expenses: \$924.81
Total Other Expenses: \$33,140 71
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PAT II-Line Item 24 Other Assets Total Fixed Assets, laptops \$2774 43