

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/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
 HUMBOLDT COUNTY PUBLIC EMPLOYEES
 AFSCME LOCAL 1684

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 840 E STREET

City or town, state or province, country, and ZIP or foreign postal code
 EUREKA, CA 95501

D Employer identification number
 94-1624642

E Telephone number
 (707) 443-7371

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 _____

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. ▶ \$ 177,048

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (list in Schedule O)	10	11,962
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	137,001	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	1,068	13	Professional fees and other payments to independent contractors	13	34,877
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	3,252
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	85,030
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	135,121
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41,927
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	0	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	208,303
c	Less direct expenses from gaming and fundraising events	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		21	Net assets or fund balances at end of year Combine lines 18 through 20	21	250,230
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	38,979				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177,048				

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	208,303	22 250,135
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 112,178
25 Total assets	208,303	25 362,313
26 Total liabilities (describe in Schedule O).		26 112,083
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	208,303	27 250,230

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 REPRESENTATION

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

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
BRANDON SISK President	5 00	0		
JO WATTLE Vice President	1 00	0		
ALYTHIA NOLAND Secretary	1 00	0		
DONNA BECKER Treasurer	1 00	0		
JOHN ROSA Director	1 00	0		
ANN BLACKWOOD Director	1 00	0		
GEOFFREY BARRETT Director	1 00	0		
DAN GERBER Director	1 00	0		
CECILE BARRETT Director	1 00	0		
MONIQUE UPSHAW-SMITH Director	1 00	0		

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 foreign accounts.

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: 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: 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 2017-05-15 Date
WENDY CHOATE Treasurer Type or print name and title

Table for Preparer Information: Print/Type preparer's name (Vanessa Anderson), Preparer's signature, Date, Check self-employed, PTIN (P00620527), Firm's name (AndersonLucasSomervilleEtal), Firm's EIN, Firm's address (1338 Main Street, Fortuna, CA 95540), Phone no (707) 725-4442

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

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 94-1624642
Name: HUMBOLDT COUNTY PUBLIC EMPLOYEES
AFSCME LOCAL 1684

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.)	
28 CONTRACT NEGOTIATIONS, HANDLING MEMBER GRIEVANCES AND ORGANIZING NEW MEMBERS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
HUMBOLDT COUNTY PUBLIC EMPLOYEES
AFSCME LOCAL 1684**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.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

94-1624642

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	REIMB FOR MEMBER PYMTS \$37480

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	RELIGIOUS OBJECTORS \$1033

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 3	MISCELLANEOUS \$199

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 4	STRIKE FUND DONATIONS \$167

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 5	INSURANCE ADMIN FEES \$100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 1	Name AFSCME LOCAL 1684 PAC Address 840 E STREET SUITE 7 EUREKA, CA 95501 Purpose of payment DUES Amount \$6933

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 2	Name CENTRAL LABOR COUNCIL Address 840 E STREET SUITE 7 EUREKA, CA 95501 Purpose of payment AFFILIATE Amount \$5029

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$7346

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1013

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	PAYMENTS ON BEHALF OF MEMBERS \$29369

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	TRAVEL / CONVENTIONS \$21871

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MEETINGS \$8434

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DONATION \$6338

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MISCELLANEOUS \$5837

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	RENT/PARKING SPACES \$1410

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	UTILITIES \$1217

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	EDUCATION/TRAINING \$1019

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Supplies \$400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	SURETY BOND \$342

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	BANK FEES \$327

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	DUES REFUNDS \$107

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	FUNDS IN ESCROW - Beginning \$0 FUNDS IN ESCROW - Ending \$112178

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	ESCROW FEES PAYABLE - Beginning \$0 ESCROW FEES PAYABLE - Ending \$112083