



American Federation of Government Employees Local 2040

AIR FORCE ACCOUNTING AND FINANCE CENTER • AIR RESERVE PERSONNEL CENTER
P. O. DRAWER "J" • LOWRY AIR FORCE BASE • DENVER, COLORADO 80230

Report of AFGE Local 2040 Financial Audit Committee.

22 April 1996

The Audit committee comprised three members; Marsha Mallory-Bennett, Helen Stribling and Marion Wells. The audit was performed on Monday, April 22, 1996. The following is a list of discrepancies found:

The following checks were found to contain only one signature:

#7042 - \$10.00	to Charlie Craig	for Membership Door Prize
#7132 - \$24.56	to Flower Pump	for Flowers
#7157 - \$50.00	to Roberto Trinidad	for Pac gift/dist training
#7220 - \$250.00	to Clarence Johnson	for DJ at awards banquet
#7309 - \$1,578.00	to Union Special Services	for 12/95 dental premiums

The Local President received two checks for stipends (January and February) in the same month (January 1996):

#7067 - \$250.00 - to Marilyn Hicks for January 96 stipend
#7068 - \$250.00 - to Marilyn Hicks for February 96 stipend

The following checks did not contain an explanation in the memo field of the check:

#7090 - 25.00 to Pizza Hut
#7201 - 50.00 to Petty Cash
#7225 - 100.00 to Petty Cash
#7242 - 1,668.00 to Union Special Services
#7259 - 165.00 to Fred Loring

Recommendations of the audit committee concerning checks are:

- 1) All checks to have two signatures
- 2) Stipends are to be paid once a month only
- 3) All checks to have an explanation in the memo field

The audit committee found no instances of personal gain on the part of those receiving local funds.

Marsha Mallory-Bennett

Helen Stribling

Marion Wells

"To do for all that which none can do for oneself"

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE BY LABOR ORGANIZATIONS WITH
LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. SUBMIT THIS REPORT IN DUPLICATE.

<p>IMPORTANT</p> <p>If a label is here, → peel off the top copy and place it in the same box on the second copy of the form.</p> <p>If label information is correct, leave items 4 through 8 blank.</p> <p>If label information is incorrect, complete items 4 through 8.</p>	<p>MARILYN HICKS (3) 501-998 GOVERNMENT EMPLOYEES AFGE AFL-CIO OBC LU 02040 DOD P O BOX 200157 BLDG ⁶⁶⁷402 LOWRY 09/95 DENVER, CO 80220-0157</p>	<p>1. FILE NUMBER <u>501-998</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2. PERIOD COVERED</td> <td style="padding: 2px;">MO</td> <td style="padding: 2px;">DAY</td> <td style="padding: 2px;">YR</td> </tr> <tr> <td style="padding: 2px;">From</td> <td style="padding: 2px;">10</td> <td style="padding: 2px;">01</td> <td style="padding: 2px;">94</td> </tr> <tr> <td style="padding: 2px;">Through</td> <td style="padding: 2px;">12</td> <td style="padding: 2px;">31</td> <td style="padding: 2px;">95</td> </tr> </table> <p>3. If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/></p>	2. PERIOD COVERED	MO	DAY	YR	From	10	01	94	Through	12	31	95
2. PERIOD COVERED	MO	DAY	YR											
From	10	01	94											
Through	12	31	95											

4. AFFILIATION OR ORGANIZATION NAME <u>American Federation of Government Employees</u>	8. MAILING ADDRESS <i>(In care of)</i> NAME AND TITLE OF PERSON
5. DESIGNATION <i>(Local, Lodge, etc.)</i> <u>LOCAL</u>	6. DESIGNATION NUMBER <u>2040</u>
7. UNIT NAME <i>(if any)</i>	BUILDING AND ROOM NUMBER <i>(if any)</i>
9. Are your organization's records kept at its mailing address? <i>(If "No," provide address in Item 56.)</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CITY STATE ZIP CODE

DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:

<p>10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>12. Have a political action committee (PAC) fund? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>15. Discover any loss or shortage of funds or other property? <i>(Answer "Yes" even if there has been repayment or recovery.)</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

<p>19. How many members did your organization have at the end of the reporting period? 388</p> <p>20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 17,500</p> <p>21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i></p>	<p>22. What is the date of your organization's next regular election of officers? 10 98 Month Year</p> <p>23. What are your organization's rates of dues and fees? <i>(Enter a minimum and maximum if more than one rate applies for any line.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">(a) Regular Dues/Fees</td> <td style="padding: 2px;">\$ <u>11.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small></td> </tr> <tr> <td style="padding: 2px;">(b) Initiation Fees</td> <td style="padding: 2px;">\$ <u>0.00</u></td> </tr> <tr> <td style="padding: 2px;">(c) Transfer Fees</td> <td style="padding: 2px;">\$ <u>0.00</u></td> </tr> <tr> <td style="padding: 2px;">(d) Work Permits</td> <td style="padding: 2px;">\$ <u>0.00</u> per <u> </u> <small>(month, year, etc.)</small></td> </tr> </tbody> </table>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ <u>11.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>	(b) Initiation Fees	\$ <u>0.00</u>	(c) Transfer Fees	\$ <u>0.00</u>	(d) Work Permits	\$ <u>0.00</u> per <u> </u> <small>(month, year, etc.)</small>
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ <u>11.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>										
(b) Initiation Fees	\$ <u>0.00</u>										
(c) Transfer Fees	\$ <u>0.00</u>										
(d) Work Permits	\$ <u>0.00</u> per <u> </u> <small>(month, year, etc.)</small>										

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

<p>57. SIGNED: <u>Marilyn A. Hicks</u> PRESIDENT <i>(if other title, see instructions)</i> <u>4 APR 1996</u> (303) <u>676-7865</u> Date Telephone Number</p>	<p>58. SIGNED: <u>M. H. M. O. J.</u> TREASURER <i>(if other title, see instructions)</i> <u>21 MAR 96</u> (303) <u>676-6780</u> Date Telephone Number</p>
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ENTER AMOUNTS IN DOLLARS ONLY

FILE NUMBER

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) (A)	Title (B)	Status N - New P - Past C - Continuing (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(a) Marilyn A. Hicks	President	C	00	3,490	3,490
(b) William Guidry	Vice P.	C	00	343	343
(c) William Frick	Exec Vice	N	00	00	00
(d) Roberto Trinidad	Vice P.	N	00	637	637
(e) Mark McDonald	Treasurer	N	00	00	00
(f) Cheryl Brown	Secretary	C	00	637	637
(g) Totals from additional pages (if any)					
(h) Totals of Lines (a) through (g)				3,199	3,199
				8,300	8,300
				(i) Less Deductions	00
Enter the Total from Line (j) in Item 45				(j) Net Disbursements	8,306

STATEMENT A — ASSETS AND LIABILITIES

ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
Item				Item			
25. Cash	20,798	19,437	32. Accounts Payable	00	00		
26. Loans Receivable	00	00	33. Loans Payable	00	00		
27. U.S. Treasury Securities	00	00	34. Mortgages Payable	00	00		
28. Investments	00	00	35. Other Liabilities	00	00		
29. Fixed Assets	00	00	36. TOTAL LIABILITIES	00	00		
30. Other Assets	00	00	37. NET ASSETS (Item 31 less Item 36)	00	00		
31. TOTAL ASSETS	20,798	19,437		20,798	19,437		

STATEMENT B — RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS	AMOUNT	Item	CASH DISBURSEMENTS	AMOUNT
38. Dues		131,397	45. To Officers (from Item 24)		8,306
39. Per Capita Tax		00	46. To Employees (less deductions)		00
40. Fees, Fines, Assessments & Work Permits		00	47. Per Capita Tax		53,874
41. Interest & Dividends		423	48. Office & Administrative Expense		6,219
42. Sale of Investments & Fixed Assets		00	49. Professional Fees		13,158
43. Other Receipts		3,057	50. Benefits		30,717
44. TOTAL RECEIPTS		134,877	51. Contributions, Gifts & Grants		2,818
<div style="border: 1px solid black; padding: 5px;"> If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form. </div>			52. Purchase of Investments & Fixed Assets		00
			53. Loans Made		00
			54. Other Disbursements		21,146
			55. TOTAL DISBURSEMENTS		136,238

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	

American Federation of Government Employees, Local 2040

File # 501-998

Attachment 1 of 1

#24 All Officers and Disbursements to Officers (Continuation)

Name (A)	Title (B)	Status (C)	Gross Sal (D)	Allowance (E)	Total (F)
Marion Wells	Trustee	C	00	637	637
Mary Hayes	Trustee	P	00	637	637
Pat Walkinshaw	Exec VP	P	00	588	588
Stephen Rial	VP	P	00	637	637
Roy Johnson	Treasurer	P	00	700	700

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Total this page

3,199

Annual Summary and Transmittal of U.S. Information Returns

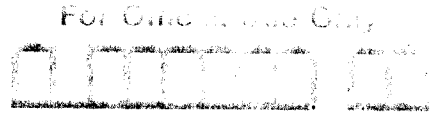
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Address (including room or suite number)
P.O. Box 200157

City, State, and ZIP Code
Denver, Colorado 80220-0157

Using a preprinted label, enter in
below the identification number you
the filer on the information returns being
1999 not filing both boxes 1 and 2.
84-6036263

Name of person to contact with any
transmittal information
Mark McDonald, Treas.
Telephone number
303-676-6780



1	2	3	4	5	6	7	8	9	10
			None		None				
									X

Please return this entire page to the Internal Revenue Service. Photocopies are NOT acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ *Mark McDonald* Title ▶ *Treasurer Local 2440* Date ▶ *4 April 1996*

Instructions

Purpose of Form.—Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. **DO NOT USE FORM 1096 TO TRANSMIT MAGNETIC MEDIA.** See Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically.

Use of Preprinted Label.—If you received a preprinted label from the IRS with Package 1099, place the label in the name and address area of this form inside the brackets. Make any necessary changes to your name and address on the label. However, do not use the label if the taxpayer identification number (TIN) shown is incorrect. **Do not prepare your own label. Use only the IRS-prepared label that came with your Package 1099.**

If you are not using a preprinted label, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

Filer.—The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1099, 1098, 5498, or W-2G. A filer includes a payer, a recipient of mortgage interest payments (including points), a broker, a barter exchange, a creditor, a person reporting real estate transactions, a trustee or issuer of an individual retirement arrangement (including an IRA or SEP), and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

Transmitting to the IRS.—Send the forms in a flat mailing (not folded). Group the forms by form number and transmit each group with a separate Form 1096. For example, if you must file both Forms 1098 and 1099-A, complete one Form 1096 to transmit your Forms 1098 and another Form 1096 to transmit your Forms 1099-A. You need not submit original and corrected returns separately.

Box 1 or 2.—Complete only if you are not using a preprinted IRS label. Individuals not in a trade or business must enter their social security number in box 2; sole proprietors and all others must enter their employer identification number in box 1. However, sole proprietors who do not have an employer identification number must enter their social security number in box 2.

Box 3.—Enter the number of forms you are transmitting with this Form 1096. Do not include blank or voided forms or the Form 1096 in your total. Enter the number of correctly completed forms, not the number of pages, being transmitted. For example, if you send one page of three-to-a-page Forms 5498 with a Form 1096 and you have correctly completed two Forms 5498 on that page, enter "2" in box 3 of Form 1096.

Box 4.—Enter the total Federal income tax withheld shown on the forms being transmitted with this Form 1096.

Box 5.—No entry is required if you are filing Form 1099-A or 1099-G. For all other forms, enter the total of the amounts from the specific boxes of the forms listed below:

Form W-2G	Box 1
Form 1098	Boxes 1 and 2
Form 1099-B	Boxes 2 and 3
Form 1099-C	Box 2
Form 1099-DIV	Boxes 1a, 5, and 6
Form 1099-INT	Boxes 1 and 3
Form 1099-MISC	Boxes 1, 2, 3, 5, 6, 7, 8, and 10
Form 1099-OID	Boxes 1 and 2
Form 1099-PATR	Boxes 1, 2, 3, and 5
Form 1099-R	Box 1
Form 1099-S	Box 2
Form 5498	Boxes 1 and 2

Note: Self Duplicating, Carbon Paper Not Required

PAYER'S name, street address, city, state, and ZIP code AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES - LOCAL UNION #2040 P.O. Box 200157 Denver, Colorado 80220-0157		1 Rents \$	OMB No. 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 497-50-6566	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1096. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name Marilyn A. Hicks		6 Medical and health care payments \$	7 Nonemployee compensation \$ 2,740.00	
Street address (including apt. no.) 12373 Kepner Place		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code Aurora, Colorado 80012		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form **1099-MISC** Cat. No. 14425J Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

9595 VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES - LOCAL UNION #2040 P.O. Box 200157 Denver, Colorado 80220-0157		1 Rents \$	OMB No. 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 121-24-3452	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1096. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name Fredric N. Loring		6 Medical and health care payments \$	7 Nonemployee compensation \$ 4,300.00	
Street address (including apt. no.) 3225 South Helena Street		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code Aurora, Colorado 80013		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form **1099-MISC** Cat. No. 14425J Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

9595 VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Rents \$	OMB No. 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1096. For Paperwork Reduction Act Notice and instructions for completing this form, see Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number		

Form **1099-MISC** Cat. No. 14425J Department of the Treasury - Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1994

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1994 calendar year, OR tax year period beginning 01 Jan, 1994, and ending 31 Dec, 1994

- B** Check if:
- Change of address
 - Initial return
 - Final return
 - Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.	BD 84-6036263 9509 18 05 00 90194 IA AMERICAN FEDERATION OF GOVERNMENT 2040 AFGE PO BOX 200157 DENVER CO 80220	IRS
-------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	-----

D Employer identification number

84-6036263

E State registration number

F Check if exemption application is pending

G Type of organization— Exempt under section 501(c)() (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)

(b) If "Yes," enter the number of affiliates for which this return is filed:

J Accounting method: Cash Accrual

(c) Is this a separate return filed by an organization covered by a group ruling? Yes No

Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2710.		
	b Indirect public support	1b	-		
	c Government contributions (grants)	1c	-		
	d Total (add lines 1a through 1c) (attach schedule—see instructions) (cash \$ _____ noncash \$ _____)	1d	2710.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	-		
	3 Membership dues and assessments (see instructions)	3	106,447.		
	4 Interest on savings and temporary cash investments	4	423.		
	5 Dividends and interest from securities	5	-		
	6a Gross rents	6a	-		
	b Less: rental expenses	6b	-		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	-		
	7 Other investment income (describe <input type="checkbox"/>)	7	-		
Revenue	8a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-		
	9 Special events and activities (attach schedule—see instructions):				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-		
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	-		
	11 Other revenue (from Part VII, line 103)	11	347.		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	109,927.		
Expenses	13 Program services (from line 44, column (B)—see instructions)	13	93,245.		
	14 Management and general (from line 44, column (C)—see instructions)	14	18,043.		
	15 Fundraising (from line 44, column (D)—see instructions)	15	-		
	16 Payments to affiliates (attach schedule—see instructions)	16	-		
	17 Total expenses (add lines 16 and 44, column (A))	17	111,288.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	(1361)		
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	20,798.		
	20 Other changes in net assets or fund balances (attach explanation)	20	-		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,437.		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 \$ —	\$ —		
23	Specific assistance to individuals (attach schedule)	23 —	—		
24	Benefits paid to or for members (attach schedule)	24 43,233.	43,233.		
25	Compensation of officers, directors, etc.	25 6,227.	—	6,227.	
26	Other salaries and wages MEMBERS EXPENSES	26 2,105.	—	2,105.	
27	Pension plan contributions	27 —	—	—	
28	Other employee benefits MEMBERS BENEFITS	28 24,575.	24,575.	—	
29	Payroll taxes	29 —	—	—	
30	Professional fundraising fees	30 —			
31	Accounting fees	31 1,200.	—	1,200.	
32	Legal fees	32 9,004.	9,004.	—	
33	Supplies	33 2,783.	—	2,783.	
34	Telephone	34 —	—	—	
35	Postage and shipping	35 880.	—	880.	
36	Occupancy	36 —	—	—	
37	Equipment rental and maintenance	37 —	—	—	
38	Printing and publications	38 1,890.	—	1,890.	
39	Travel	39 —	—	—	
40	Conferences, conventions, and meetings	40 16,312.	16,312.	—	
41	Interest	41 —	—	—	
42	Depreciation, depletion, etc. (attach schedule)	42 —	—	—	
43	Other expenses (itemize): a Dues Refund	43a 121.	121.	—	
	b Flowers	43b 388.	—	388.	
	c Contributions & Gifts	43c 2,169.	—	2,169.	
	d Bond Payment	43d 222.	—	222.	
	e Election Expenses	43e 179.	—	179.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 111,288.	93,245.	18,043.	

Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See instructions.)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a AFGCE PER CAPITA TAX (Grants and allocations \$ _____)	43,233.
b MEMBERSHIP DENTAL PLAN (Grants and allocations \$ _____)	24,575.
c LEGAL FEES FOR MEMBERSHIP (Grants and allocations \$ _____)	9,004.
d REFUND OF DUES CONFERENCES, CONVENTIONS, MEETINGS, EDUCATION, TRAINING (Grants and allocations \$ _____)	121. 16,312.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	93,245.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets				
45	Cash—non-interest-bearing	6,384.	45	8,674.
46	Savings and temporary cash investments	14,414.	46	10,763.
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	48c
49	Grants receivable		49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments—securities (attach schedule)		54	
55a	Investments—land, buildings, and equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment: basis		57a	
b	Less: accumulated depreciation (attach schedule)		57b	57c
58	Other assets (describe ► _____)		58	
59	Total assets (add lines 45 through 58) (must equal line 75)	20,798.	59	19,437.
Liabilities				
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Support and revenue designated for future periods (attach schedule)		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ► _____)		65	
66	Total liabilities (add lines 60 through 65)		66	
Fund Balances or Net Assets				
Organizations that use fund accounting, check here ► <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).				
67a	Current unrestricted fund	20,798.	67a	19,437.
b	Current restricted fund		67b	
68	Land, buildings, and equipment fund		68	
69	Endowment fund		69	
70	Other funds (describe ► _____)		70	
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75 (see instructions).				
71	Capital stock or trust principal		71	
72	Paid-in or capital surplus		72	
73	Retained earnings or accumulated income		73	
74	Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal line 21)	20,798.	74	19,437.
75	Total liabilities and fund balances/net assets (add lines 66 and 74)	20,798.	75	19,437.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes the organization's programs and accomplishments.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Marilyn A. Hicks	President	2740.		
Cheryl Williamson-Brown	Secretary	490.		
William Guidry	VICE PRES	196.		
Steven Rgal	VICE Pres (Former)	490.		
MARY Hages	Trustee (Former)	490.		
Marlan Wells	Trustee	490.		
Pat Walkinshaw	Executive Vice (Former)	441.		
Roy Johnson	Treasurer (Former)	400.		

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see instructions.

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	X
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement; see instructions.	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.)	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 81a		
b Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) <input type="checkbox"/> 82b		
83 Did the organization comply with the public inspection requirements for returns and exemption applications?	83	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	84b	N/A
85 Section 501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members <input type="checkbox"/> 85c		
d Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e; see instructions) <input type="checkbox"/> 85f		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a	-0-	
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) <input type="checkbox"/> 86b	-0-	
87 Section 501(c)(12) organizations.—Enter: a Gross income from members or shareholders <input type="checkbox"/> 87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="checkbox"/> 87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88	X
89 Public interest law firms.—Attach information described in the instructions.		
90 List the states with which a copy of this return is filed <input type="checkbox"/> None		
91 The books are in care of <input type="checkbox"/> Mark McDonald, Treasurer Telephone no. <input type="checkbox"/> (303) 676-6780 Located at <input type="checkbox"/> A.F.C. #2040, DFAS-DE/FSR-PE 6760 E. Irvington Pl., Den, Co ZIP code <input type="checkbox"/> 80279		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Income Tax Return for Estates and Trusts, check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Roberto Trinidad	Vice Pres. (New)	490.		
Mark McDonald	Treasurer (New)	-0-		
Marsha Bennett	Trustee (New)	-0-		
Helen Stribling	Trustee (New)	-0-		
William Frick	Exec Vice (New)	-0-		

