

Return of Organization Exempt From Income Tax

1996

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 1996 calendar year, OR tax year beginning , 1996, and ending , 19

- 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 9612 29 05 00 90194 IA
 AMERICAN FEDERATION OF GOVERNMENT
 2040 AFGE
 PO BOX 200157
 DENVER CO 80220

D Employer identification number
84:6036263

E State registration number

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ►

I Type of organization— Exempt under section 501(c)(5) ◀ (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check 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 the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1996 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ► \$ 92993.
 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 25.)

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|--|---|---|---|---|--------|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received (attach schedule) | | | | 1246. | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Program service revenue including government fees and contracts | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Membership dues and assessments | | | | 91023. | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Investment income | | | | 724. | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5a Gross amount from sale of assets other than inventory | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | |
| | 6 Special events and activities (attach schedule): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | |
| | b Less: direct expenses other than fundraising expenses | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | |
| c Net income or (loss) from special events and activities (line 6a less line 6b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Other revenue (describe ► <u>NA</u>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 Other expenses (describe ► <u>Conferences, Meetings, Supplies, Bond, Flowers, Gifts, organizing</u>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Total expenses (add lines 10 through 16) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets | 18 Excess or (deficit) for the year (line 9 less line 17) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 Other changes in net assets or fund balances (attach explanation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 Net assets or fund balances at end of year (combine lines 18 through 20) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 29.)

| | | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments | 19437 | 29274 |
| 23 | Land and buildings | 0 | 0 |
| 24 | Other assets (describe ► _____) | 0 | 0 |
| 25 | Total assets | 19437 | 29274 |
| 26 | Total liabilities (describe ► _____) | 0 | 0 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 19437 | 29274 |

| Part III Statement of Program Service Accomplishments (See Specific Instructions on page 29.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|--|--|
| What is the organization's primary exempt purpose? <u>Labor (Union)</u> | | |
| Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 | <u>A.F.G.E. Membership Per Capita Tax</u> (Grants \$) | 28a 38948. |
| 29 | <u>Membership Dental Plan</u> (Grants \$) | 29a 22548. |
| 30 | <u>Legal Fees for Membership Conferences, Conventions, Meetings, Education, Training</u> (Grants \$) | 30a 5770. 8797. |
| 31 | Other program services (attach schedule) (Grants \$) | 31a 0 |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 76063 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 29.) | | | | |
|---|--|---|---|--|
| (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 |
| <u>Marilyn A. Hicks</u> <u>12372 E. Kepner Pl. Aurora, Co 80012</u> | <u>President</u> | <u>1320.</u> | <u>0</u> | <u>0</u> |
| <u>William Frick</u> <u>969 Evanston St. Aurora, Co 80011</u> | <u>Executive Vice President</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>William Guidry</u> <u>4991 Wheeling St. Denver, Co 80239</u> | <u>Vice President Unit A</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Roberto Trinidad</u> <u>2730 S. Rifle St. Aurora, Co 80013</u> | <u>Vice President Unit B</u> | <u>0</u> | <u>0</u> | <u>0</u> |

| Part V Other Information (See Specific Instructions on page 30.) | | Yes | No |
|--|--|-----|-------------------------------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | <input checked="" type="checkbox"/> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | <input checked="" type="checkbox"/> |
| a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) tax for lobbying expenditures? | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u> | | <input checked="" type="checkbox"/> |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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 unpaid at the start of the period covered by this return? | | <input checked="" type="checkbox"/> |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b <u>NA</u> | | <input checked="" type="checkbox"/> |
| 39 | 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 39a <u>NA</u> | | <input checked="" type="checkbox"/> |
| b | Gross receipts, included on line 9, for public use of club facilities 39b <u>NA</u> | | <input checked="" type="checkbox"/> |
| 40a | 501(c)(3) organizations.—Enter: Amount of tax paid during the year under: section 4911 ▶ <u>NA</u> ; section 4912 ▶ <u>NA</u> ; section 4955 ▶ <u>NA</u> | | <input checked="" type="checkbox"/> |
| b | 501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction | | <input checked="" type="checkbox"/> |
| c | Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 ▶ <u>NA</u> | | <input checked="" type="checkbox"/> |
| d | Enter: Amount of tax in 40c, above, reimbursed by the organization ▶ <u>NA</u> | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed. ▶ <u>None</u> | | <input checked="" type="checkbox"/> |
| 42 | The books are in care of ▶ <u>Mark McDonald</u> Telephone no. ▶ <u>(303) 676-6780</u> Located at ▶ <u>Bld 667 Room 30 Denver, Co PO Box 200157</u> ZIP + 4 ▶ <u>80220</u> | | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> | | <input checked="" type="checkbox"/> |

Please Sign Here

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. (See General Instructions, page 8.)

Mark S. McDonald 28 Feb 1997 Treasurer

Signature of officer Date Type or print name and title.

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN
Firm's name (or yours if self-employed) and address EIN ZIP + 4

| Part III Statement of Program Service Accomplishments (See Specific Instructions on page 29.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|---|--|--|
| What is the organization's primary exempt purpose? <u>Labor (Union)</u> | | |
| Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 | <u>A.F.G.E. Membership Per Cap. Tax</u> (Grants \$) | 28a 38948. |
| 29 | <u>Membership Dental Plan</u> (Grants \$) | 29a 22548. |
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| 32 | Total program service expenses (add lines 28a through 31a) | 32 76063 |

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 29.)

| (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 |
|--|--|---|---|--|
| <u>Cheryl Brown</u> 4451 St. Paul Denver, Co 80216 | <u>Secretary</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Mark McDonald</u> 5116 Dillon St. Denver, Co 80239 | <u>Treasurer</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Marian Wells</u> 3043 St. Paul Denver, Co 80205 | <u>Trustee</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Helen Strickling</u> 3380 Locust St. Denver, Co 80207 | <u>Trustee</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| <u>Marsha Bennett</u> 7651 S. Emerson St. Littleton, Co 80122 | <u>Trustee</u> | <u>0</u> | <u>0</u> | <u>0</u> |

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) tax for lobbying expenditures? X

b If "Yes," has it filed a tax return on Form 990-T for this year? NA

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0 NA

b Did the organization file Form 1120-POL for this year? NA

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 unpaid at the start of the period covered by this return? X

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b NA

39 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 39a NA

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

40a 501(c)(3) organizations.—Enter: Amount of tax paid during the year under: section 4911 NA ; section 4912 NA ; section 4955 NA

b 501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction X

c Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 NA

d Enter: Amount of tax in 40c, above, reimbursed by the organization NA

41 List the states with which a copy of this return is filed. None

42 The books are in care of Mark McDonald Telephone no. (303) 676-6780
Located at Bld 667 Room 30 Denver, Co PO Box 200157 ZIP + 4 80220

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

Please Sign Here

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. (See General Instructions, page 8.)

Marsha S. Bennett 28 Feb 1997 Treasurer
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN
Firm's name (or yours if self-employed) and address EIN ZIP + 4