



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.

March 25, 1997

The Audit Committee was comprised of three members: Page Hamilton, Helen Stribling, and Marion Wells.

The audit was performed on Wednesday, March 25, 1997. The committee found only two discrepancies. Check number 7519 dated 21 October 1996 for \$25.00 had only one signature. Check number 7520 dated 21 October 1996 for \$25.00 had only one signature.

The audit committee recommends that all checks have two signatures. We congratulate the treasurer on a job well done.

Page Hamilton

Page Hamilton, Steward

Helen M. Stribling

Helen Stribling, Trustee

Marion Wells

Marion Wells, Trustee

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns		OMB No. 1545-0108 1996																												
ATTACH IRS LABEL HERE	FILER'S name American Federation of Government Employees		For Official Use Only 																												
	Street address (including room or suite number) P.O. Box 200157																														
	City, state, and ZIP code Denver, Colorado 80220-0157																														
If you are not using a preprinted label, enter in box 1 or 2 below the identification number you used as the filer on the information returns being transmitted. Do not fill in both boxes 1 and 2.		Name of person to contact if the IRS needs more information. Mark McDonald, Treasurer Telephone number (303) 676-6780																													
1 Employer identification number 84-6036263	2 Social security number	3 Total number of forms 3	4 Federal income tax withheld \$ None																												
5 Total amount reported with this Form 1096 \$ None		Enter an "X" in only one box below to indicate the type of form being filed.																													
If this is your FINAL return, enter an "X" here <input type="checkbox"/>		<table border="1"> <tr> <td>W-2G 32</td> <td>1098 81</td> <td>1099-A 80</td> <td>1099-B 79</td> <td>1099-C 85</td> <td>1099-DIV 91</td> <td>1099-G 86</td> <td>1099-INT 92</td> <td>1099-MISC 95</td> <td>1099-OID 96</td> <td>1099-PATR 97</td> <td>1099-R 98</td> <td>1099-S 75</td> <td>5498 28</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		W-2G 32	1098 81	1099-A 80	1099-B 79	1099-C 85	1099-DIV 91	1099-G 86	1099-INT 92	1099-MISC 95	1099-OID 96	1099-PATR 97	1099-R 98	1099-S 75	5498 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

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

48-0971237

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

Date ▶

29 Jan 97

Instructions

Purpose of Form.—Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. (See *Where To File on the back.*) 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

For more information and the Paperwork Reduction Act Notice, see the Instructions for Forms 1099, 1098, 5498, and W-2G. Form 1096 (1996)

9595

VOID

CORRECTED

OMB No. 1545-0115

1996

Miscellaneous Income

Form 1099-MISC

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 \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 497-50-6566	4 Federal income tax withheld \$
RECIPIENT'S name Marilyn A. Hicks		5 Fishing boat proceeds \$
Street address (including apt. no.) 12372 Kepner Place		6 Medical and health care payments \$
City, state, and ZIP code Aurora, Colorado 80012		7 Nonemployee compensation \$ 1320.00
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	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 ▶
		10 Crop insurance proceeds \$
		11 State income tax withheld \$
		12 State/Payer's state number

Form 1099-MISC

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service

48-0971237

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.

9595

VOID

CORRECTED

OMB No. 1545-0115

1996

Miscellaneous Income

Form 1099-MISC

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 \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 121-24-3452	4 Federal income tax withheld \$
RECIPIENT'S name Fredric N. Loring		5 Fishing boat proceeds \$
Street address (including apt. no.) 3225 South Helena Street		6 Medical and health care payments \$
City, state, and ZIP code Aurora, Colorado 80013		7 Nonemployee compensation \$ 4308.74
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	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 ▶
		10 Crop insurance proceeds \$
		11 State income tax withheld \$
		12 State/Payer's state number

Form 1099-MISC

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VOID

CORRECTED

OMB No. 1545-0115

1996

Miscellaneous Income

Form 1099-MISC

PAYER'S name, street address, city, state, and ZIP code		1 Rents \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$
RECIPIENT'S name		5 Fishing boat proceeds \$
Street address (including apt. no.)		6 Medical and health care payments \$
City, state, and ZIP code		7 Nonemployee compensation \$
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	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 ▶
		10 Crop insurance proceeds \$
		11 State income tax withheld \$
		12 State/Payer's state number

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

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.

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

1996

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

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				729.																								
	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)																												
	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					0																								
b Less: cost of goods sold					0																								
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 Cap. 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		X
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.		X
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.		X
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.		NA
39	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9	38b NA	NA
b	Gross receipts, included on line 9, for public use of club facilities	39a NA	NA
40a	501(c)(3) organizations.—Enter: Amount of tax paid during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA	39b NA	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 ▶ <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>		
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 ▶ 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.)			
	Signature of officer <u>Mark S. McDonald</u>		Date <u>28 Feb 1997</u>	Type or print name and title. <u>Treasurer</u>
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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.)

What is the organization's primary exempt purpose? Labor (Union)

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>AFGE Membership Per Cap. Tax</u>	(Grants \$)	28a	<u>38948.</u>
29	<u>Membership Dental Plan</u>	(Grants \$)	29a	<u>22548.</u>
30	<u>Legal Fees for Membership Conferences, Conventions, Meetings, Education, Training</u>	(Grants \$)	30a	<u>5770. 8797.</u>
31	Other program services (attach schedule)	(Grants \$)	31a	<u>0</u>
32	Total program service expenses (add lines 28a through 31a)			32 <u>76063</u>

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

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

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 4451 St. Paul Denver, Co 80216</u>	<u>Secretary</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Mark McDonald 5116 Dillon St. Denver, Co 80237</u>	<u>Treasurer</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Marian Wells 3043 St. Paul Denver, Co 80205</u>	<u>Trustee</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Helen Strickling 3380 Locust St. Denver, Co 80207</u>	<u>Trustee</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Marsha Bennett 7651 S. Emerson St. Littleton, Co 80122</u>	<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? X
- 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
- 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.)

Mark 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

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>MARK McDONALD (3) 501-998 GOVERNMENT EMPLOYEES AFGE AFL-CIO OBO LU 02040 DDD P O BOX 200157 BLDG 402 LOWRY 12/96 DENVER, CO 80220-0157</p>	<p>1. FILE NUMBER 501-998</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">2. PERIOD COVERED</th> <th>MO</th> <th>DAY</th> <th>YR</th> </tr> <tr> <td>From</td> <td>01</td> <td>01</td> <td>96</td> </tr> <tr> <td>Through</td> <td>12</td> <td>31</td> <td>96</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	01	01	96	Through	12	31	96
2. PERIOD COVERED	MO	DAY	YR												
From	01	01	96												
Through	12	31	96												

<p>4. AFFILIATION OR ORGANIZATION NAME American Federation of Government Employees</p>	<p>8. MAILING ADDRESS <i>(In care of) NAME AND TITLE OF PERSON:</i> Mark McDonald</p>
<p>5. DESIGNATION (Local, Lodge, etc.) Local</p>	<p>6. DESIGNATION NUMBER 2040</p>
<p>7. UNIT NAME (if any)</p>	<p>NUMBER AND STREET P.O. Box 200157</p> <p>BUILDING AND ROOM NUMBER (if any) Bld 667 Rm 30</p>
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>CITY STATE ZIP CODE Denver Colorado 80220-0157</p>

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? (Answer "Yes" even if there has been repayment or recovery.) 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>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(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? 382</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? \$17500</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? (Enter a minimum and maximum if more than one rate applies for any line.)</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>(a) Regular Dues/Fees</td> <td>\$ 11.55 per Biweekly</td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ 0</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ 0</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ 0 per _____</td> </tr> </tbody> </table>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ 11.55 per Biweekly	(b) Initiation Fees	\$ 0	(c) Transfer Fees	\$ 0	(d) Work Permits	\$ 0 per _____
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ 11.55 per Biweekly										
(b) Initiation Fees	\$ 0										
(c) Transfer Fees	\$ 0										
(d) Work Permits	\$ 0 per _____										

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><i>Dwayne A. Hicks</i></u> PRESIDENT 3-5-97 (303) 360-0898 Date Telephone Number</p>	<p>58. SIGNED: <u><i>Mark S. McDonald</i></u> TREASURER 27 Feb 97 (303) 1676-6780 Date Telephone Number</p>
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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	0	1320	1320
(b) William Frick	Exec Vice	C	0	0	0
(c) William Guidry	Vice Pres. A	C	0	0	0
(d) Roberto Trinidad	Vice Pres. B	C	0	0	0
(e) Cheryl Brown	Secretary	C	0	0	0
(f) Mark McDonald	Treasurer	C	0	250	250
(g) Totals from additional pages (if any)			0	0	0
(h) Totals of Lines (a) through (g)			0	1570	1570
			(i) Less Deductions		0
Enter the Total from Line (j) in Item 45			(j) Net Disbursements		1570

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)
25. Cash	19437	29274	32. Accounts Payable	0	0
26. Loans Receivable	0	0	33. Loans Payable	0	0
27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
28. Investments	0	0	35. Other Liabilities	0	0
29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36)	19437	29274
31. TOTAL ASSETS	19437	29274			

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues	91023	45. To Officers (from Item 24)	1570
39. Per Capita Tax	0	46. To Employees (less deductions)	0
40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	38948
41. Interest & Dividends	724	48. Office & Administrative Expense	5911
42. Sale of Investments & Fixed Assets	0	49. Professional Fees	5770
43. Other Receipts	1246	50. Benefits	22548
44. TOTAL RECEIPTS	92993	51. Contributions, Gifts & Grants	809
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
		53. Loans Made	0
		54. Other Disbursements	7600
		55. TOTAL DISBURSEMENTS	83156

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

Item Number	Name	Title	Status	Gross Salary	Allowances	Total
24	Marian Wells	Trustee	C	0	0	0
24	Marsha Bennett	Trustee	P	0	0	0
24	Helen Striblings	Trustee	N	0	0	0

Form 1096		Annual Summary and Transmittal of U.S. Information Returns					OMB No. 1545-0108						
Department of the Treasury Internal Revenue Service							1996						
ATTACH IRS LABEL HERE	FILER'S name American Federation of Government Employees												
	Street address (including room or suite number) P.O. Box 200157												
	City, state, and ZIP code Denver, Colorado 80220-0157												
If you are not using a preprinted label, enter in box 1 or 2 below the identification number you used as the filer on the information returns being transmitted. Do not fill in both boxes 1 and 2.			Name of person to contact if the IRS needs more information. Mark McDonald, Treasurer Telephone number (303) 676-6780		For Official Use Only 								
1 Employer identification number 84-6036263	2 Social security number	3 Total number of forms 3	4 Federal income tax withheld \$ None	5 Total amount reported with this Form 1096 \$ None									
Enter an "X" in only one box below to indicate the type of form being filed.						If this is your FINAL return, enter an "X" here <input type="checkbox"/>							
W-2G 32	1098 81	1099-A 80	1099-B 79	1099-C 85	1099-DIV 91	1099-G 86	1099-INT 92	1099-MISC 95	1099-OID 96	1099-PATR 97	1099-R 98	1099-S 75	5498 28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

48-0971237

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 ▶



Title ▶

Treasurer

Date ▶

29 Jan 97

Instructions

Purpose of Form.—Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. (See *Where To File on the back.*) 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

9595

VOID

CORRECTED

OMB No. 1545-0115

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 \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 497-50-6566	4 Federal income tax withheld \$
RECIPIENT'S name Marilyn A. Hicks		6 Medical and health care payments \$
Street address (including apt. no.) 12372 Kepner Place		8 Substitute payments in lieu of dividends or interest \$
City, state, and ZIP code Aurora, Colorado 80012		10 Crop insurance proceeds \$
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number

1996 Miscellaneous Income
Form 1099-MISC

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.

Form 1099-MISC

Do NOT Cut or Separate Forms on This Page

Department of the Treasury - Internal Revenue Service
48-0971237

9595

VOID

CORRECTED

OMB No. 1545-0115

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 \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 121-24-3452	4 Federal income tax withheld \$
RECIPIENT'S name Fredric N. Loring		6 Medical and health care payments \$
Street address (including apt. no.) 3225 South Helena Street		8 Substitute payments in lieu of dividends or interest \$
City, state, and ZIP code Aurora, Colorado 80013		10 Crop insurance proceeds \$
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number

1996 Miscellaneous Income
Form 1099-MISC

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For Internal Revenue Service Center
File with Form 1096.
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Form 1099-MISC

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Department of the Treasury - Internal Revenue Service
48-0971237

9595

VOID

CORRECTED

OMB No. 1545-0115

PAYER'S name, street address, city, state, and ZIP code		1 Rents \$
		2 Royalties \$
		3 Other income \$
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$
RECIPIENT'S name		6 Medical and health care payments \$
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest \$
City, state, and ZIP code		10 Crop insurance proceeds \$
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number

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Form 1099-MISC

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For Internal Revenue Service Center
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Form 1099-MISC

Department of the Treasury - Internal Revenue Service

FILER'S name
 American Federation of Government Employees

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

City, state, and ZIP code
 Denver, Colorado 80220-0157

If you are not using a preprinted label, enter in box 1 or 2 below the identification number you used as the filer on the information returns being transmitted. Do not fill in both boxes 1 and 2.

Name of person to contact if the IRS needs more information
 Mark McDonald, Treasurer
 Telephone number
 (303) 676-4780xxx

For Official Use Only

1 Employer identification number: 84-6036263
 2 Social security number: [Blank]
 3 Total number of forms: 3
 4 Federal income tax withheld: \$ None
 5 Total amount reported with this Form 1096: \$ None

Enter an "X" in only one box below to indicate the type of form being filed. If this is your FINAL return, enter an "X" here

W-2G 32 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-MISC 95 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	5498 28 <input type="checkbox"/>
----------------------------------------	----------------------------------------	------------------------------------------	------------------------------------------	------------------------------------------	--------------------------------------------	------------------------------------------	--------------------------------------------	--------------------------------------------------------	--------------------------------------------	---------------------------------------------	------------------------------------------	------------------------------------------	----------------------------------------

48-0971237

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.

FILE COPY

Signature ▶ *Mark S. McDonald* Title ▶ *Treasurer* Date ▶ *29 Jan 97*

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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

ASSUMPTIONS -----	Number	Deduct
Active Members	236	11.55
Retired Members	146	1.55
		SUB-TOTALS
INCOME -----		113979.60
Certificate of Deposit	395.00	
Dues Deduction	76754.60	
Dental Premiums	36800.00	
Interest on Savings	30.00	
PROJECTED EXPENSES -----		113957.68
ADMINISTRATION COSTS-----		13147.00
Election Expenses	300.00	
District Caucus	.00	
Meeting Expenses	500.00	
Flowers	500.00	
National Convention	6000.00	
Gifts (Bibles, etc.)	250.00	
Office Expenses	1000.00	
Holiday Festival Expenses	3500.00	
Postal Expenses -		1097.00
PO Box	112.00	
Stamps	900.00	
Bulk Mail Permit	85.00	
CHARITY-----		800.00
Scholarship Fund	500.00	
CFC	300.00	
DENTAL PLAN COSTS -----		38800.00
Dental Contractor	5200.00	
Dental Premiums	33600.00	
EDUCATION-PUBLICITY-----		1200.00
Flyers	500.00	
Newsletter	700.00	
Misc	.00	
NEGOTIATION EXPENSES-----		2000.00
DFAS Negotiations	2000.00	
RETAINERS-----		8273.48
Arbitration	3000.00	
Minahan-Shapiro	5273.48	
OFFICER EXPENSES-----		3940.00
President	1440.00	
Officiers Reemburshable Expenses	2500.00	
TAXES-DUES-----		36297.20
AFGE PER CAPITA TAX	35425.20	
LAF TAX	500.00	
DALF Dues-AFL-CIO	372.00	
ORGAINIZING-----	2500.00	
TRAINING COSTS-----		7000.00
Fair Practice/Womens Department	500.00	
Treasurer Course	2000.00	
Legislative Conference	500.00	
Steward Training	4000.00	
=====		
TOTAL PROJECTED INCOME	113979.60	
TOTAL PROJECTED EXPENSES	113957.68	
CONTINGENCY FUND	21.92	1.83