

**Return of Organization Exempt From Income Tax**

**1997**

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

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 1997 calendar year, OR tax year period beginning 1 January, 1997, and ending 31 December, 1997

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

**C** Name of organization  
American Federation of Government Employees Local 2040

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
P.O. Box 200157

City or town, state or country, and ZIP+4  
Denver, Colorado 80220-0157

**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)( 5 ) (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: ▶

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

**J** Accounting method:  Cash  Accrual  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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 11.)**

		(A) Securities		(B) Other		
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Direct public support	<b>1a</b>				0
	<b>b</b> Indirect public support	<b>1b</b>				0
	<b>c</b> Government contributions (grants)	<b>1c</b>				0
	<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>0</u> noncash \$ <u>0</u> )	<b>1d</b>				0
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>				0
	<b>3</b> Membership dues and assessments	<b>3</b>				102,760.55
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>				1,012.33
	<b>5</b> Dividends and interest from securities	<b>5</b>				0
	<b>6a</b> Gross rents	<b>6a</b>				0
	<b>b</b> Less: rental expenses	<b>6b</b>				0
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				0
<b>7</b> Other investment income (describe <u>None</u> )	<b>7</b>				0	
Revenue	<b>8a</b> Gross amount from sale of assets other than inventory					
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	0			0
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>	0			0
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>	0			0
Revenue	<b>9</b> Special events and activities (attach schedule)					
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				417.24
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				0
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				417.24	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				0
	<b>b</b> Less: cost of goods sold	<b>10b</b>				0
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				0	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>				104,190.12	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>				98,240.35
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>				4,966.65
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				0
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				0
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>				103,207.00
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>				983.12
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>				29,274.31
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>				0
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>				30,257.43

**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 Specific Instructions on page 15.)

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 \$ _____)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	38654.25	38654.25		
25	Compensation of officers, directors, etc.	2082.00	0	2082.00	0
26	Other salaries and wages	0	0	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	5611.41	5611.41	0	0
33	Supplies	911.23	0	911.23	0
34	Telephone	0	0	0	0
35	Postage and shipping	795.23	0	795.23	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	673.16	673.16	0	0
39	Travel	4490.40	4490.40	0	0
40	Conferences, conventions, and meetings	11346.88	11346.88	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43a	Other expenses (itemize): a Dental Plan	28909.17	28909.17	0	0
43b	b Training - Stewards & Officers	5755.05	5755.05	0	0
43c	c Combined Federal Campaign, Flowers	956.19	0	956.19	0
43d	d Organizing Costs	2800.03	2800.03	0	0
43e	e Officers Bond	222.00	0	222.00	0
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	103,207.00	98,240.35	4,966.65	0

**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 Specific Instructions on page 18.)

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 AFGE Per Capita Tax (Grants and allocations \$ _____)	38654.25
b Dental Plan for members Steward & Officer Training Travel for Negotiations (Grants and allocations \$ _____)	28,909.17 5,755.05 4,490.40
c Organizing Expenses Legal Retainer for Grievances/Arbitrations AFGE District II Caucus (Grants and allocations \$ _____)	5611.41 11,346.88 2,800.03
d Newsletter & Flyers (Grants and allocations \$ _____)	673.16
e Other program services (attach schedule) (Grants and allocations \$ _____)	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	98,240.35

**Part IV Balance Sheets** (See Specific Instructions on page 18.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	95 77. 68	45	6692.47
	46	Savings and temporary cash investments . . . . .	19 696. 63	46	23 564. 96
	47a	Accounts receivable . . . . .	0	47c	0
	47b	Less: allowance for doubtful accounts . . . . .	0		
	48a	Pledges receivable . . . . .	0	48c	0
	48b	Less: allowance for doubtful accounts . . . . .	0		
	49	Grants receivable . . . . .	0	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	50	0
	51a	Other notes and loans receivable (attach schedule). . . . .	0	51c	0
	51b	Less: allowance for doubtful accounts . . . . .	0		
	52	Inventories for sale or use . . . . .	0	52	0
	53	Prepaid expenses and deferred charges . . . . .	0	53	0
	54	Investments—securities (attach schedule) . . . . .	0	54	0
	55a	Investments—land, buildings, and equipment: basis . . . . .	0	55c	0
	55b	Less: accumulated depreciation (attach schedule). . . . .	0		
56	Investments—other (attach schedule) . . . . .	0	56	0	
57a	Land, buildings, and equipment: basis . . . . .	0	57c	0	
57b	Less: accumulated depreciation (attach schedule). . . . .	0			
58	Other assets (describe ▶ _____ )	29 274. 31	58	30 257. 43	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		59		
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	0	60	0
	61	Grants payable . . . . .	0	61	0
	62	Deferred revenue . . . . .	0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .	0	64a	0
	64a	Tax-exempt bond liabilities (attach schedule)	0		
	64b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe ▶ _____ )	0	65	0
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	0	66	0	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		67	0	
	67	Unrestricted . . . . .			
	68	Temporarily restricted . . . . .			
	69	Permanently restricted . . . . .	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds . . . . .	292 74. 31	70	30 257. 43
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	71	0
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .	0	72	0
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .		73		
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	292 74. 31			74

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, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 20.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a Total revenue, gains, and other support per audited financial statements . . . ▶ a NA

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ 0

(2) Donated services and use of facilities \$ 0

(3) Recoveries of prior year grants . . . \$ 0

(4) Other (specify):  
..... \$ 0

Add amounts on lines (1) through (4) ▶ b 0

c Line a minus line b . . . . . ▶ c 0

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ 0

(2) Other (specify):  
..... \$ 0

Add amounts on lines (1) and (2) ▶ d 0

e Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶ e 0

a Total expenses and losses per audited financial statements . . . ▶ a NA

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities \$ 0

(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ 0

(3) Losses reported on line 20, Form 990 . . . \$ 0

(4) Other (specify):  
..... \$ 0

Add amounts on lines (1) through (4) ▶ b 0

c Line a minus line b . . . . . ▶ c 0

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ 0

(2) Other (specify):  
..... \$ 0

Add amounts on lines (1) and (2) ▶ d 0

e Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶ e 0

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 20.)

(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 12372 E. Kepner Place Aurora, Co 80012	President	0	0	1320.00
William Gundry 969 Evanston Street Aurora, Co 80011	Unit A Vice President	0	0	0
Roberto Trinidad 2730 South Rifle Street Aurora, Co 80013	Unit B Vice President	0	0	25.00
Cheryl Brown 4451 St Paul Denver, Co 80216	Secretary	0	0	25.00
Mark McDonald 5116 Ollon Street Denver, Co 80239	Treasurer	0	0	0
Marian Wells 3043 St Paul Denver, Co 80205	Trustee	0	0	25.00
Helen Stribling 3380 Locust Street Denver, Co 80207	Trustee	0	0	25.00

75 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 Specific Instructions on page 20.

**Part VI Other Information** (See Specific Instructions on page 21.)

		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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
80b	If "Yes," enter the name of the organization <b>American Federation of Government Employees AFL-CIO</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.		
81b	Did the organization file <b>Form 1120-POL</b> for this year?		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?		X
82b	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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		NA
85a	<b>501(c)(4), (5), or (6) organizations.</b> —a Were substantially all dues nondeductible by members?		X
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered 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.	X	
85c	Dues, assessments, and similar amounts from members		NA
85d	Section 162(e) lobbying and political expenditures		NA
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		NA
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		NA
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		NA
85h	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?		NA
86a	<b>501(c)(7) organizations.</b> —Enter: a Initiation fees and capital contributions included on line 12		NA
86b	b Gross receipts, included on line 12, for public use of club facilities.		NA
87a	<b>501(c)(12) organizations.</b> —Enter: a Gross income from members or shareholders		NA
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		NA
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		X
89a	<b>501(c)(3) organizations.</b> —Enter: Amount of tax imposed during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
89b	b <b>501(c)(3) and 501(c)(4) organizations.</b> —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 imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0
	d Enter: Amount of tax in 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="text"/> <i>None</i>		
90b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)		0
91	The books are in care of <input type="text"/> <i>Mark McDonald</i> Telephone no. <input type="text"/> <i>(303) 676-6780</i> Located at <input type="text"/> <i>P.O. Box 200157, Bldg 667 Rm 30 Denver, Co</i> ZIP + 4 <input type="text"/> <i>80220-0157</i>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="text"/> <i>92</i>		



# 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><b>IMPORTANT</b></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>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>MARK MCDONALD (3) 501-998 GOVERNMENT EMPLOYEES AFGE AFL-CIO OBC LU 02040 DDD P O BOX 200157 (BLDG 667-30) 12/97 DENVER, CO 80220-0157</p> </div>	<p>1. FILE NUMBER <u>501-998</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2. PERIOD COVERED</td> <td style="width: 15%;">MO</td> <td style="width: 15%;">DAY</td> <td style="width: 15%;">YR</td> </tr> <tr> <td>From</td> <td><u>01</u></td> <td><u>01</u></td> <td><u>97</u></td> </tr> <tr> <td>Through</td> <td><u>12</u></td> <td><u>31</u></td> <td><u>97</u></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	<u>01</u>	<u>01</u>	<u>97</u>	Through	<u>12</u>	<u>31</u>	<u>97</u>
2. PERIOD COVERED	MO	DAY	YR											
From	<u>01</u>	<u>01</u>	<u>97</u>											
Through	<u>12</u>	<u>31</u>	<u>97</u>											

<p>4. AFFILIATION OR ORGANIZATION NAME <u>American Federation of Government Employees</u></p>	<p>8. MAILING ADDRESS (In care of) NAME AND TITLE OF PERSON <u>Mark McDonald, Treasurer</u></p>
<p>5. DESIGNATION (Local, Lodge, etc.) <u>Local</u></p>	<p>6. DESIGNATION NUMBER <u>2040</u></p>
<p>7. UNIT NAME (if any)</p>	<p>NUMBER AND STREET <u>P.O. Box 200157</u></p> <p>BUILDING AND ROOM NUMBER (if any) <u>Bld 667 Rm 30</u></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 <u>Denver</u> STATE <u>Colorado</u> ZIP CODE <u>80220</u></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>
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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? <u>403</u></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? <u>\$17500</u></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 style="font-size: x-small;">(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</p>	<p>22. What is the date of your organization's next regular election of officers? <u>10</u> / <u>98</u> 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>\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small></td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ <u>0</u></td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ <u>0</u></td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ <u>0</u> per _____ <small>(month, year, etc.)</small></td> </tr> </tbody> </table>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>	(b) Initiation Fees	\$ <u>0</u>	(c) Transfer Fees	\$ <u>0</u>	(d) Work Permits	\$ <u>0</u> per _____ <small>(month, year, etc.)</small>
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>										
(b) Initiation Fees	\$ <u>0</u>										
(c) Transfer Fees	\$ <u>0</u>										
(d) Work Permits	\$ <u>0</u> per _____ <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>Travis A. Nease</u> PRESIDENT <i>(If other title, see instructions)</i> <u>3/23/98</u> (303) 676-5410 Date Telephone Number</p>	<p>58. SIGNED: <u>Mark S. McDonald</u> TREASURER <i>(If other title, see instructions)</i> <u>20 Mar 98</u> (303) 676-6780 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	1982	1982
(b) Cheryl Brown	Secretary	C	0	25	25
(c) Helen Stribling	Trustee	C	0	25	25
(d) Marian Wells	Trustee	C	0	25	25
(e) Roberto Trinidad	Vice Pres B	C	0	25	25
(f) William Guidry	Vice Pres A	C	0	0	0
(g) Totals from additional pages (if any) <i>see 56</i>			0	0	0
(h) Totals of Lines (a) through (g)			0	2082	2082
			(i) Less Deductions		0
Enter the Total from Line (j) in Item 45 .....			(j) Net Disbursements		2082

**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 .....	29274	30257	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) .....	29274	30257
31. TOTAL ASSETS .....	29274	30257			

**STATEMENT B — RECEIPTS AND DISBURSEMENTS**

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues .....	102761	45. To Officers (from Item 24) .....	2082
39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	38654
41. Interest & Dividends .....	1012	48. Office & Administrative Expense .....	13275
42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	5611
43. Other Receipts .....	506	50. Benefits .....	28909
44. TOTAL RECEIPTS .....	104190	51. Contributions, Gifts & Grants .....	956
<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 .....	13719
		55. TOTAL DISBURSEMENTS .....	10206

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

Item Number <b>24</b>	<b>Mark McDonald Treasurer C 0 0 0</b>
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