

American Federation of Government Employees

Affiliated with the AFL-CIO

80 F Street, N.W.

Washington, D.C. 20001

ANNUAL AUDIT CERTIFICATION

Date Prepared 10 June 1998

1. AFGE Local or Council No. 2040 The period covered by the attached LM-2 or LM-3 and Internal Revenue Service Form 990 is from 1 January 1997 to 31 December 1997

2. Name, address and account numbers of all bank(s) or Credit Union(s) in which the Local or Council has its checking account(s). (List each account separately):
Colorado National Bank - 120502509454

3. Name(s) and address(es) and account numbers of all banks, savings institutions, and/or Credit Unions in which Local or Council has savings account(s). (List each account separately):
Space Age Federal Credit Union - 19178
Space Age Federal Credit Union - CD - 19178

4. 403 members as of 31 December 1998 (date of close of fiscal year).

5. Has Audit Committee reconciled the balances in all banks and all savings institutions with the Local or Council records? Yes No

6. Has the Audit Committee confirmed that the Local or Council minutes contain authorization for ALL expenditures of Local or Council funds? Yes No
(If answer to 5 or 6 is no please provide explanation on separate sheet.)

7. Total monies handled during the past year (Assets + Receipts - Fixed Assets) \$114,396⁰⁰

8. Amount of bond carried by Local or Council \$17,500⁰⁰

9. The undersigned members of the Audit Committee of AFGE Local or Council (or accountant of an auditing firm if employed) have examined the books of the Local or Council for the period shown above and on the attached LM-2 or LM-3 and 990 forms; and to the best of our ability have satisfied ourselves that financial and other information thereon is true and correct.

Page Hamilton 6/10/98
John Martin 6/10/98
Helmut Strubling 6/11/98

If prepared by accountants outside of the Local or Council, they should so identify themselves and certify they were the persons involved in auditing of the books of the Local or Council.

This Form must be accompanied by a LM-2 or LM-3 and be submitted to the National Secretary-Treasurer within 90 days after close of the fiscal year in order for a Local or Council to have their bond in force (Art. XIX, Sect. 6).



LOCAL 2040 (UNIT A)
American Federation of Government Employees AFL-CIO
P.O. Box 200157
Denver, Colo 80220-0157
Phone (303) 676-5410

To: AFGE National Headquarters
80 F Street NW
Washington, DC 20001

From: Mark McDonald, Treasurer

Subject: Annual Renewal of Bond Coverage

25 February 1997

Enclosed please find a check for \$ 222.00 to cover the cost of our bond for the amount of \$ 17,500.00.

The following are the officers and trustees for Local 2040:

Marilyn Hicks.....President	William Frick...Exec Vice Preside
William Guidry.....VP Unit A	Roberto Trinidad.....VP Unit
Mark McDonald.....Treasurer	Cheryl Brown.....Secreta
Helen Stribling.....Trustee	Marion Wells.....Trust
Vacant.....Trustee	Charlie Craig...Women's Coordinat



MARK MCDONALD, Treasurer

FILER'S name
 American Federation of Government Employees
 Local 2040
Street address (including room or suite number)
 P.O. Box 200157
~~Aurora~~ **Denver**, Colorado 80220
 City, state, and ZIP code

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
Telephone number
 (303) 676-6780

For Official Use Only

1 Employer identification number 84-6030263	2 Social security number	3 Total number of forms 2	4 Federal income tax withheld \$ 0.00	5 Total amount reported with this Form 1096 \$ 7347.00
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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	1098 81	1099-A 80	1099-B 79	1099-C 85	1099-DIV 91	1099-G 86	1099-INT 92	1099-LTC 93	1099-MISC 95	1099-MSA 94	1099-OID 96	1099-PATR 97	1099-R 98
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-S 75	5498 28	5498-MSA 27											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

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 ▶ *M. A. S. [Signature]* Title ▶ *Treasurer* Date ▶ *29 Jan 98*

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, SEP, or SIMPLE) or a medical savings account, 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. Do not send a form (1099, 5498, etc.) containing summary (subtotal) information with Form 1096. Summary information for the group of forms being sent is entered only in boxes 3, 4, and 5 of Form 1096.

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.

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. AMERICAN FEDERATION OF GOV P.O. BOX 200157 DENVER, CO 80220-0157 (303) 676-5410		1 Rents \$ 0.00	OMB No. 1545-0115 1997 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00		
PAYER'S Federal identification number 84-6030263	RECIPIENT'S identification number 121243452	4 Federal income tax withheld \$ 0.00	5 Fishing boat proceeds \$ 0.00	Copy 1 For State Tax Department
RECIPIENT'S name FREDRIC LORING		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$ 5365.00	
Street address (including apt. no.) 3226 S HELENA ST		8 Substitute payments in lieu of dividends or interest \$ 0.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code AURORA, CO 80013-1723		10 Crop insurance proceeds \$ 0.00	11 State income tax withheld \$ 0.00	
Account number (optional)		12 State/Payer's state number CO	13 \$ 0	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. AMERICAN FEDERATION OF GOV P.O. BOX 200157 DENVER, CO 80220-0157 (303) 676-5410		1 Rents \$ 0.00	OMB No. 1545-0115 1997 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 0.00		
		3 Other income \$ 0.00		
PAYER'S Federal identification number 84-6030263	RECIPIENT'S identification number 497506566	4 Federal income tax withheld \$ 0.00	5 Fishing boat proceeds \$ 0.00	Copy 1 For State Tax Department
RECIPIENT'S name MARILYN HICKS		6 Medical and health care payments \$ 0.00	7 Nonemployee compensation \$ 1982.00	
Street address (including apt. no.) 12372 E KEPNER PL		8 Substitute payments in lieu of dividends or interest \$ 0.00	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code AURORA, CO 80012		10 Crop insurance proceeds \$ 0.00	11 State income tax withheld \$ 0.00	
Account number (optional)		12 State/Payer's state number CO	13 \$ 0	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 1997 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy 1 For State Tax Department
RECIPIENT'S name		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Street address (including apt. no.)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number	13 \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

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: ▶

J Accounting method: Cash Accrual Other (specify) ▶

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

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

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	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	95,776.68	45	66,924.47
	46	Savings and temporary cash investments	19,696.63	46	23,564.96
	47a	Accounts receivable	0	47c	0
	b	Less: allowance for doubtful accounts	0		
	48a	Pledges receivable	0	48c	0
	b	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
	b	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
	b	Less: accumulated depreciation (attach schedule)	0		
	56	Investments—other (attach schedule)	0	56	0
	57a	Land, buildings, and equipment: basis	0	57c	0
	b	Less: accumulated depreciation (attach schedule)	0		
	58	Other assets (describe ▶ _____)	29,274.31	58	30,257.43
59	Total assets (add lines 45 through 58) (must equal line 74)		59		
Liabilities	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	63	0
	64a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe ▶ _____)	0	65	0
66	Total liabilities (add lines 60 through 65)	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	0	67	0
	68	Temporarily restricted	0	68	0
	69	Permanently restricted	0	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	292,741.31	70	302,574.43
	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	Total net assets or fund balances (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	Total liabilities and net assets / fund balances (add lines 66 and 73)	292,741.31	74	302,574.43	

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 O'Hou 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.

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>	<div style="border: 1px solid black; padding: 10px; margin: 0 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: 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>Bi-weekly</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>Bi-weekly</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>Bi-weekly</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 (If other title, see instructions) <u>3/23/98</u> (303) 676-5410 Date Telephone Number</p>	<p>58. SIGNED: <u>Mark S. McDonald</u> TREASURER (If other title, see instructions) <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	950
<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 24	1 Mark McDonald Treasurer C 0 0 0
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