

American Federation of Government Employees

Affiliated with the AFL-CIO

80 F Street, N.W.

Washington, D.C. 20001

ANNUAL AUDIT CERTIFICATION

Date Prepared 24 February 1999

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 Jan 1998 to 31 Dec 1998

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):
U.S. Bank 1-205-0250-9454

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 acct # 19178
Space Age Federal Credit Union acct # 19178 - CD

4. 381 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) \$112,338.48

8. Amount of bond carried by Local or Council \$17,500.00

9. The undersigned members of the Audit Committee of AFGE Local or Council 2040 (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.

Charlie Craig 24 Feb 99
[Signature] 24 FEB 99
Marian Wells 24 Feb 99

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).



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 17.)

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 \$ <u>0</u> noncash \$ <u>0</u>)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	46,798.25	46,798.25		
25	Compensation of officers, directors, etc.	2,900.00	0	2,900.00	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	6,222.96	6,222.96	0	0
33	Supplies	2,337.66	0	2,337.66	0
34	Telephone	0	0	0	0
35	Postage and shipping	299.85	0	299.85	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	320.63	320.63	0	0
39	Travel	18,345.00	18,345.00	0	0
40	Conferences, conventions, and meetings	968.12	968.12	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses (itemize): a Dental Plan	30,218.02	30,218.02	0	0
	b Training (Stewards & Officers)	2,105.25	2,105.25	0	0
	c Combined Federal Campaign, Flowers	923.26	0	923.26	0
	d Organizing Costs	3,467.72	3,467.72	0	0
	e Officers Bond Fee, Dues Refund, Election Costs	814.36	0	814.36	0
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	115,721.08	108,445.95	7,275.13	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 \$ 0; (ii) the amount allocated to Program services \$ 0; (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.)

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>AFGE Per Capita Tax</u> <u>Denver Area Labor Federation Per Capita Tax</u> (Grants and allocations \$)	46,426.25 372.00
b <u>Dental Plan For Members</u> <u>Training For Stewards & Officers</u> <u>Travel For Negotiations & Training</u> (Grants and allocations \$)	30,218.02 2,105.25 18,345.00
c <u>Organizing Expenses</u> <u>Legal Research, Retainer Fee</u> <u>District Caucus Expenses</u> (Grants and allocations \$)	3,467.72 6,222.96 968.12
d <u>Newsletters & Flyers</u> (Grants and allocations \$)	320.63
e Other program services (attach schedule) (Grants and allocations \$)	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	108,445.95

Part IV Balance Sheets (See Specific Instructions on page 20.)

		(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	6,692.47	45	2,196.11
	46	Savings and temporary cash investments	23,564.96	46	24,678.72
	47a	Accounts receivable	0		
	b	Less: allowance for doubtful accounts	0	47c	0
	48a	Pledges receivable	0		
	b	Less: allowance for doubtful accounts	0	48c	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		
	b	Less: allowance for doubtful accounts	0	51c	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		
b	Less: accumulated depreciation (attach schedule).	0	55c	0	
56	Investments—other (attach schedule)	0	56	0	
57a	Land, buildings, and equipment: basis	0			
b	Less: accumulated depreciation (attach schedule).	0	57c	0	
58	Other assets (describe ► <u>NA 0</u>)	0	58	0	
59	Total assets (add lines 45 through 58) (must equal line 74)	30,257.43	59	26,874.83	
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	30,257.43	70	26,874.83
	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)	30,257.43	73	26,874.83	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	30,257.43	74	26,874.83	

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 22.)

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 . . . \$ <u>0</u>		
(2)	Donated services and use of facilities \$ <u>0</u>		
(3)	Recoveries of prior year grants . . . \$ <u>0</u>		
(4)	Other (specify): _____ \$ <u>0</u>		
	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 . . . \$ <u>0</u>		
(2)	Other (specify): _____ \$ <u>0</u>		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	0

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

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 \$ <u>0</u>		
(2)	Prior year adjustments reported on line 20, Form 990 \$ <u>0</u>		
(3)	Losses reported on line 20, Form 990 . . . \$ <u>0</u>		
(4)	Other (specify): _____ \$ _____		
	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 . . . \$ <u>0</u>		
(2)	Other (specify): _____ \$ <u>0</u>		
	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 22.)

(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 1616 S. Nile Court Aurora, Co 80012	President	0	0	1,800.00
Robert J. Martin 435 Zante Way Brighton, Co 80601	Executive Vice Pres.	0	0	0
William Guidry 4991 Wheeling St Denver, Co 80239	Unit A Vice Pres.	0	0	0
Roberto Trinidad 2730 S. Rifle St. Aurora, Co 80013	Unit B Vice Pres.	0	0	300.00
Cheryl Williamson-Brown 4451 St Paul Denver, Co 80216	Secretary	0	0	300.00
Marian Wells 3043 St Paul Denver, Co 80205	Trustee	0	0	300.00
Helen Strubling 3380 Locust St Denver, Co 80207	Trustee	0	0	150.00
Ronald Baker 3058 Uvalde St Aurora, Co 80011	Trustee	0	0	50.00
Charlie Craig 16542 E 7th Pl Aurora, Co 80011	Trustee	0	0	0
Mark S. McDonald 5116 Dillon St Denver, Co 80239	Treasurer	0	0	0

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 22.

Part VI Other Information (See Specific Instructions on page 23.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
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?	80a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization <u>American Federation of Government Employees</u> <u>AFL-CIO</u> 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.	81a	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III).	82b	<input type="checkbox"/>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>
85	501(c)(4), (5), or (6) organizations. —a Were substantially all dues nondeductible by members?	85a	<input checked="" type="checkbox"/>
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.	85b	<input checked="" type="checkbox"/>
c	Dues, assessments, and similar amounts from members	85c	NA
d	Section 162(e) lobbying and political expenditures	85d	NA
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	NA
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	NA
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	NA NA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	NA NA
86	501(c)(7) organizations. —Enter: a Initiation fees and capital contributions included on line 12	86a	NA
b	Gross receipts, included on line 12, for public use of club facilities.	86b	NA
87	501(c)(12) organizations. —Enter:		
a	Gross income from members or shareholders	87a	NA
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	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	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. —Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NA</u> ; section 4912 <u>NA</u> ; section 4955 <u>NA</u>		
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	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		<input type="checkbox"/>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		<input type="checkbox"/>
90a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)	90b	<input type="checkbox"/>
91	The books are in care of <u>Mark S. McDonald</u> Telephone no. <u>(303) 676-5410</u> Located at <u>P.O. Box 200157 Bld 667 Rm 30 Denver, Co</u> ZIP + 4 <u>80220-0157</u>		
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 <u>NA</u>	92	<input type="checkbox"/>

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 dashed black; padding: 10px;"> <p>MARK McDONALD (3) 501-998 GOVERNMENT EMPLOYEES AFGE AFL-CIO OBC PO BOX 200157 (BLDG 667-30) 12/98 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> <th style="text-align: left;">2. PERIOD COVERED</th> <th>MO</th> <th>DAY</th> <th>YR</th> </tr> <tr> <td>From</td> <td><u>01</u></td> <td><u>01</u></td> <td><u>98</u></td> </tr> <tr> <td>Through</td> <td><u>12</u></td> <td><u>31</u></td> <td><u>98</u></td> </tr> </table>	2. PERIOD COVERED	MO	DAY	YR	From	<u>01</u>	<u>01</u>	<u>98</u>	Through	<u>12</u>	<u>31</u>	<u>98</u>
2. PERIOD COVERED	MO	DAY	YR												
From	<u>01</u>	<u>01</u>	<u>98</u>												
Through	<u>12</u>	<u>31</u>	<u>98</u>												
		<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>													

<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.)</p>	<p>NUMBER AND STREET <u>PO Box 200157</u></p>
<p>6. DESIGNATION NUMBER</p>	<p>BUILDING AND ROOM NUMBER (if any) <u>Bl'd 667 Room 30</u></p>
<p>7. UNIT NAME (if any)</p>	<p>CITY STATE ZIP CODE <u>Denver Colorado 80220</u></p>
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input type="checkbox"/></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>		
<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>			

<p>19. How many members did your organization have at the end of the reporting period? <u>388</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><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? <u>10</u> / <u>2001</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;"> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> <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> </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>Margaret A. Neube</u> PRESIDENT <i>(If other title, see instructions)</i> <u>28 Jun 99 (303) 676-7865</u> Date Telephone Number</p>	<p>58. SIGNED: <u>Mark McDonald</u> TREASURER <i>(If other title, see instructions)</i> <u>25 Jan 1999 (303) 676-6780</u> Date Telephone Number</p>
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ENTER AMOUNTS IN DOLLARS ONLY

FILE NUMBER
501-998

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	7118	7118
(b) Helen Stribling	Trustee	P	0	150	150
(c) Marian Wells	Trustee	C	0	300	300
(d) Roberto Trinidad	Unit B Vice P.	C	0	1539	1539
(e) Cheryl Williamson - Brown	Secretary	C	0	535	535
(f) Ronald Baker	Trustee	N	0	919	919
(g) Totals from additional pages (if any)			0	7024	7024
(h) Totals of Lines (a) through (g)				17585	17585
			(i) Less Deductions		0
Enter the Total from Line (j) in Item 45			(j) Net Disbursements		17585

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	30257	26875	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)		
31. TOTAL ASSETS	30257	26875		30257	26875

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues	111669	45. To Officers (from Item 24)	17585
39. Per Capita Tax	0	46. To Employees (less deductions)	0
40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	46798
41. Interest & Dividends	1015	48. Office & Administrative Expense	14319
42. Sale of Investments & Fixed Assets	0	49. Professional Fees	6223
43. Other Receipts	0	50. Benefits	30218
44. TOTAL RECEIPTS	112684	51. Contributions, Gifts & Grants	923
<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	0
		55. TOTAL DISBURSEMENTS	116066

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

Item Number	
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24 continued

ENTER AMOUNTS IN DOLLARS ONLY

FILE NUMBER
501-998

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) Robert J. Martin	Exec Vice P	N	0	0	0
(b) Charlie Craig	Trustee	N	0	10	10
(c) Mark McDonald	Treasurer	C	0	4840	4840
(d) William Guidry	Unit AVice P	C	0	2174	2174
(e)				0	0
(f)				0	0
(g) Totals from additional pages (if any)				0	0
(h) Totals of Lines (a) through (g)				7024	7024
			(i) Less Deductions		0
Enter the Total from Line (j) in Item 45			(j) Net Disbursements		7024

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

STATEMENT B — RECEIPTS AND DISBURSEMENTS

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

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
1	
1	

FILER'S name
 Street address (including room or suite number)
 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: **Mark McDonald**
 Telephone number: **(303) 676-5410**
For Official Use Only
 1 Employer identification number: **84-6036263** 2 Social security number: **3** 3 Total number of forms: **3** 4 Federal income tax withheld: **\$ 0** 5 Total amount reported with this Form 1096: **\$ 7300.00**

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	1098-E 82	1098-T 83	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
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-R 98	1099-S 75	5498 28	5498-MSA 27									
<input type="checkbox"/>	<input type="checkbox"/>	<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 ▶ *[Signature]* Title ▶ *[Title]* Date ▶ *26 Jan 1999*

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) or student loan interest, an educational institution, a broker, a barter exchange, a creditor, a person reporting real estate transactions, a trustee or issuer of any individual retirement arrangement 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 EMP P.O. BOX 200157 DENVER, CO 80220-0157 (303) 676-5410		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 1998 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 121243452	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name FREDRIC LORING		6 Medical and health care payments \$	7 Nonemployee compensation \$ 4000.00	
Street address (including apt. no.) 3226 SOUTH HELENA STREET		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code AURORA, CO 80013		10 Crop insurance proceeds \$	11 State income tax withheld \$	Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see the 1998 Instructions for Forms 1099, 1098, 5498, and W-2G.
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number CO	13 \$	

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 EMP P.O. BOX 200157 DENVER, CO 80220-0157 (303) 676-5410		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 1998 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 497506566	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name MARILYN A. HICKS		6 Medical and health care payments \$	7 Nonemployee compensation \$ 1800.00	
Street address (including apt. no.) 1616 SOUTH NILE COURT		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code AURORA, CO 80012		10 Crop insurance proceeds \$	11 State income tax withheld \$	Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see the 1998 Instructions for Forms 1099, 1098, 5498, and W-2G.
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number CO	13 \$	

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 EMP P.O. BOX 200157 DENVER, CO 80220-0157 (303) 676-5410		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 1998 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number 84-6036263	RECIPIENT'S identification number 509363922	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name PHYLISS M. BETTIS		6 Medical and health care payments \$	7 Nonemployee compensation \$ 1500.00	
Street address (including apt. no.) 800 ELMIRA STREET		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
City, state, and ZIP code AURORA, CO 80010		10 Crop insurance proceeds \$	11 State income tax withheld \$	Copy C For Payer For Paperwork Reduction Act Notice and instructions for completing this form, see the 1998 Instructions for Forms 1099, 1098, 5498, and W-2G.
Account number (optional)	2nd TIN Not. <input type="checkbox"/>	12 State/Payer's state number CO	13 \$	

Form 1099-MISC

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING

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

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1998 calendar year, OR tax year period beginning January, 1998, and ending 31 December, 1998

- 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): P.O. Box 200157
City or town, state or country, and ZIP+4: Denver, Colorado 80220-0157

D Employer identification number: 8416036263
E Telephone number: (303)-676-5410
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
(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
I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)
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 13.)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue (not including \$ of contributions reported on line 1a); 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.