AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

Affiliated with the AFL-CIO
80 F St NW, Washington, DC 20001-1583

ANNUAL AUDIT CERTIFICATION

Date prepared 01 / MAR / 00

1. AFGE Local or Council No. 2040. The fiscal year covered by the attached LM-2 or LM-3, and annual budget is from JAN 1 [illegible] to DEC 31 [illegible].

2. Name(s) and address(es) of all banks or credit unions in which the Local or Council has checking accounts, and the number of each account (list each account separately.): (Attach a separate sheet if additional space is needed)

US BANK [illegible] 9154

3. Name(s) and address(es) of all banks, savings institutions, or credit unions in which the Local or Council has savings accounts, and the number of each account (list each account separately), as well as the amount and number of every certificate of deposit or other financial / investment instrument: (Attach a separate sheet if additional space is needed)

Space Age Federal Credit Union Acct # [illegible]
Space Age Federal Credit Union Acct # [illegible] CD

4. Current number of members (as of the close of the fiscal year): 437

5. Total monies handled during the past fiscal year (total of all cash balances at the beginning of the fiscal year, including checking and savings accounts balances, and investments, plus all monies received during the fiscal year): 156,[illegible].08

6. Amount of bond carried by the Local or Council: $4500.00

7. The undersigned members of the Audit Committee of AFGE Local or Council 2040 (or accountant of an auditing firm if employed to complete this audit) hereby certify that they have reconciled the balances in all checking and savings accounts with the Local or Council records and have verified that the expenditures of the Local or Council conformed with the approved annual budget. They also certify that they have verified that the minutes of Local or Council meetings provide authorization for ALL expenditures not contained in the approved annual budget.

8. The undersigned members of the Audit Committee of AFGE Local or Council 2040 (or accountant of an auditing firm if employed to complete this audit) hereby certify that they have examined the books of the Local or Council, for the period shown above and on the attached LM-2 or LM-3 and annual budget, and have satisfied themselves that financial and other information contained therein is true and correct to the best of their ability.

[illegible] 01 MAR 00

[illegible]

If prepared by accountants outside of the Local or Council, they should so identify themselves, provide a telephone number for contact purposes, and certify that they are the persons involved in the auditing of the books of the Local or Council.

This form must be accompanied by a LM-2 or LM-3, and an annual budget and be submitted to the National Secretary-Treasurer within 90 days of the close of the fiscal year.

WHITE COPY TO NATIONAL SECRETARY-TREASURER, YELLOW COPY TO NATIONAL VICE PRESIDENT, AND PINK COPY TO LOCAL OR COUNCIL FILE

Form 41 (REVISED 12/96)

Audit Committee Report
For 1999

The Trustees, Charlie Craig and Marian Wells, and our Office Administrator, Phyliss Bettis conducted the audit.

4 documents must be provided to the audit committee so a complete and accurate audit may be conducted.

1. The Constitution establishes how business will be conducted and contains some fixed expenses such as officer stipends.
2. The approved Budget authorizes all day to day operating expenses.
3. The Minuets of all General and E-board meetings authorizes all expenditures not covered in the Constitution or Budget.
And
4. The sign-up sheets for meetings proves that a quorum was present to authorize expenditures.

Bank statements, check registers, canceled checks, receipts for expenses, current membership lists, agency reports, etc., are then used to verify that all financial transactions are within the limits of the above documents.

The Audit Committee met on March 1, 2000 to conduct the audit for Local 2040.

All items were available except the General meeting and E- Board meeting minutes and the sign-up sheets for the meetings.

The roster of members from the National office was compared to the Local's latest listing. The ledger for direct pay members was checked against the current roster from the National office.

All local financial accounts, institution addresses, account numbers, signatures, and balances were identified. All local expenditures conformed to the requirements of the Constitution and By-laws.

Avoucher was prepared by the Treasurer for all checks. Monthly bank statements were reconciled with the check book , canceled checks and deposit slips. Space Age credit union statements were balanced and all funds were deposited accurately and timely. All financial obligations to the Local's attorney and per capita taxes had been paid in a timely manner. All checks were properly signed.

The LM forms and IRS forms had been filed.

Additionally a Treasurer's report was available for each month providing a summation of each month financial transactions. The Treasurer did and excellent job providing the audit committee with the correct information.

However, when the minutes were finally available it was found some minutes were missing (February), some minutes were incomplete (Jan and Jul stated 3 recommendations from the E-board were approved but no details regarding those recommendations in the meeting minutes and no supporting E-board minutes), some minutes were not for the date indicated (August 1998 was inserted for August 1999) and supporting documents such as the sign-up sheets were not included and minutes for only one E-board meeting could be found.

It is the recommendation of the committee that a copy of the hand written notes (minutes) and a copy of the sign-up sheet for each and all meeting be provided to the Treasurer at the close of all meetings.

Respectfully submitted
Audit Committee

Charlie M. Craig 3/30/00
Phyllis Bettis 3/30/00

Approved by membership Dec 1999

2/22'00

Budget for 2000

Category Description	2000
INFLOWS	
INCOME:	
Certificate of Deposit	0.00
Dues Deductions	118,292.20
Fudn Raisers:	
LOCAL General Fund Raisin	0.00
Scholorship Fund Raising	0.00
Fudn Raisers - Other	0.00
Total Fudn Raisers	0.00
Income from Refunds	0.00
Interest on Savings	0.00
Miscellaneous Income	0.00
INCOME - Other	0.00
TOTAL INCOME	118,292.20
TOTAL INFLOWS	118,292.20
OUTFLOWS	
ADMINISTRATION COSTS:	
Bank Charges	100.00
Caucus Expenses:	
Caucus Fees	0.00
Caucus Perdiem	0.00
Caucus Travel Costs	0.00
Caucus Expenses - Other	0.00
Total Caucus Expenses	0.00
Election Expenses	2,000.00
Executive Board Expenses:	
EBoard $250.00 Per Month	3,000.00
EBoard Expenses	175.00
Executive Board Expenses - Other	0.00
Total Executive Board Expenses	3,175.00
Expenses for Audits	200.00
Holiday Party Expenses	450.00
Mailing Expenses	1,000.00
Member Meeting Expenses	175.00
Miscellaneous Expenses	1,000.00
National Convention:	
Miscellaneous Expenses	500.00
National Conv Fees	550.00
National Conv Perdiem	2,100.00
National Conv Travel Cost	3,500.00

2/22'00

Category Description	2000
Office Expenses	1,700.00
Officers Bond Fee	500.00
Refund of Dues	0.00
ADMINISTRATION COSTS - Other	0.00
TOTAL ADMINISTRATION COSTS	22,200.00
Automobile Expenses:	
Auto Fuel	0.00
Auto Loan Payment	0.00
Auto Service	0.00
Automobile Expenses - Other	0.00
Total Automobile Expenses	0.00
CHARITABLE DONATIONS:	
Cash Contributions	125.00
Combined Federal Campain	200.00
Flowers to Members	600.00
Gifts - Bible	110.00
Scholorship Grants	0.00
CHARITABLE DONATIONS - Other	0.00
TOTAL CHARITABLE DONATIONS	1,035.00
DENTAL PLAN EXPENSES:	
Dental Contractor Fees	5,200.00
Dental Premiums	22,000.00
Dental Refunds	0.00
DENTAL PLAN EXPENSES - Other	0.00
TOTAL DENTAL PLAN EXPENSES	27,200.00
EDUCATIONAL PUBLICITY:	
Any other Educational	400.00
Monthly Newsletters	1,000.00
EDUCATIONAL PUBLICITY - Other	0.00
TOTAL EDUCATIONAL PUBLICITY	1,400.00
Medical Expense:	
Doctor & Dental Visits	0.00
Medicine & Drugs	0.00
Medical Expense - Other	0.00
Total Medical Expense	0.00
NEGOTIATION EXPENSES:	
Negotiation Fees/Misc	100.00
Negotiation Host Costs	800.00
Negotiation Per Diem	1,000.00
Negotiation Travel Cost	1,000.00
NEGOTIATION EXPENSES - Other	0.00

2/22'00

Category Description	2000
Executive Vice	300.00
President	1,800.00
Secretary	300.00
Travel Stipend	2,500.00
Treasurer	1,200.00
Trustee#1	300.00
Trustee#2	300.00
Trustee#3	300.00
Unit A Vice Pres	300.00
Unit B Vice Pres	300.00
OFFICERS STIPENDS - Other	0.00
TOTAL OFFICERS STIPENDS	7,600.00
ORGANIZING EXPENSES:	
Misc expenses for organiz	1,100.00
New Members Bonus	2,500.00
Signers Bonus	500.00
ORGANIZING EXPENSES - Other	0.00
TOTAL ORGANIZING EXPENSES	4,100.00
Pre-tax Deduction, spouse:	
Pre-tax Dental Ins.	0.00
Pre-tax Life Ins.	0.00
Pre-tax Medical Ins.	0.00
Pre-tax Deduction, spouse - Other	0.00
Total Pre-tax Deduction, spouse	0.00
Pre-tax Deductions:	
Pre-tax Dental Ins.	0.00
Pre-tax Life Ins.	0.00
Pre-tax Medical Ins.	0.00
Pre-tax Deductions - Other	0.00
Total Pre-tax Deductions	0.00
PROFESSIONAL SERVICES:	
Arbitration Fees	0.00
Minahan & Shapiro Fee	8,064.42
PROFESSIONAL SERVICES - Other	0.00
TOTAL PROFESSIONAL SERVICES	8,064.42
TAXES:	
AFGE Per Capita Tax	29,216.40
AFL@CIO Tax	0.00
DALF Per Capita Tax	372.00
Legislative Per Capita Tx	848.00
TAXES - Other	0.00

Category Description	2000
Legislative Fees	200.00
Legislative Perdiem	2,000.00
Legislative Travel Cost	1,000.00
Legislative Conference - Other	0.00
Total Legislative Conference	3,200.00
President's Conference:	
PC Fees	150.00
PC Perdiem	50.00
PC Travel Cost	0.00
President's Conference - Other	0.00
Total President's Conference	200.00
Steward Training Expenses:	
Steward Fees & Misc	1,000.00
Steward Perdiem	10,000.00
Steward Travel Cost	13,000.00
Steward Training Expenses - Other	0.00
Total Steward Training Expenses	24,000.00
Treasurer Training:	
Treasurer Fees	125.00
Treasurer Perdiem	2,000.00
Treasurer Travel Cost	800.00
Treasurer Training - Other	0.00
Total Treasurer Training	2,925.00
Women's Conference:	
Women's Fees	100.00
Women's Perdiem	2,000.00
Women's Travel Cost	800.00
Women's Conference - Other	0.00
Total Women's Conference	2,900.00
TRAINING EXPENSES - Other	0.00
TOTAL TRAINING EXPENSES	33,225.00
Transfers to other accoun:	
Transfer checking to sav	0.00
transfer from sav. acct.	0.00
Transfer to Checking	0.00
Transfer to Savings	0.00
Trasnfer to Petty Cash	0.00
Transfers to other accoun - Other	0.00
Total Transfers to other accoun	0.00

2/22'00

Category Description	2000
OVERALL TOTAL	-19,868.62

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3
LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $200,000 IN TOTAL ANNUAL RECEIPTS

Form approved
Office of Management and Budget
No. 1215-0188
Expires 11-30-2002

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.

IMPORTANT

If a label is here, peel off the top copy and place it in the same box on the second copy of the form.

If label information is correct, leave Items 4 through 8 blank.

If label information is incorrect, complete Items 4 through 8.

[illegible]
GOVERNMENT [illegible] AFL-CIO [illegible]
LU 02040 DOD
P O BX 200157 BLDG 667 RM-30 [illegible]
[illegible] CO 80220-0157

1. FILE NUMBER 501-998

2. PERIOD COVERED

	MO	DAY	YR
From	01	01	99
Through	12	31	99

3. If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: ☐

4. AFFILIATION OR ORGANIZATION NAME
American Federation of Government Employees

5. DESIGNATION (Local, Lodge, etc.)
Local

6. DESIGNATION NUMBER
2040

7. UNIT NAME (if any)

8. MAILING ADDRESS
(In care of) NAME AND TITLE OF PERSON
Mark McDonald, Treasurer
NUMBER AND STREET
PO Box 200157
BUILDING AND ROOM NUMBER (if any)
Bld 667 Room 30
CITY Denver STATE Colorado ZIP CODE 80220

9. Are your organization's records kept at its mailing address? Yes ☐ No ☐
(If "No," provide address in Item 56.)

DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:

Question	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	☐	☒
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?	☐	☒
12. Have a political action committee (PAC) fund?	☐	☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	☐	☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	☐	☒
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*	☐	☒
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?	☐	☒
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?	☐	☒
18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?	☐	☒

(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? **437**

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? **$ 17,500**

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 ☐ No ☒

(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? Month **10** Year **2001**

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.)*

	Rates of Dues and Fees	
(a) Regular Dues/Fees	$ 12.55	per Biweekly (month, year, etc.)
(b) Initiation Fees	$ -0-	
(c) Transfer Fees	$ -0-	
(d) Work Permits	$ -0-	per ____ (month, year, etc.)

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.)*

57. SIGNED: [signature] PRESIDENT *(If other title, see instructions)*
2/1/00 Date (303) 676-5410 Telephone Number

58. SIGNED: [signature] TREASURER *(If other title, see instructions)*
28 Jan 00 Date (303) 676-6780 Telephone Number

Form LM-3 (Revised 1994)

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-	4435	4435
(b)	Cheryl Williamson-Brown	Secretary	C	-0-	1682	1682
(c)	William Guidry	Unit A Vice P.	P	-0-	1067	1067
(d)	Roberto Trinidad	Unit B Vice P.	C	-0-	380	380
(e)	Mark McDonald	Treasurer	C	-0-	3150	3150
(f)	Marian Wells	Trustee #1	C	-0-	300	300
(g)	Totals from additional pages *(if any)*				134	134
(h)	Totals of Lines (a) through (g)				11148	11148
				(i) Less Deductions		-0-
	Enter the Total from Line (j) in Item 45			(j) Net Disbursements		11148

STATEMENT A — ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	26875	41528	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	26875	41528		26875	41528

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues	113186	45. To Officers *(from Item 24)*	11148
39. Per Capita Tax	-0-	46. To Employees *(less deductions)*	-0-
40. Fees, Fines, Assessments & Work Permits	-0-	47. Per Capita Tax	41224
41. Interest & Dividends	1189	48. Office & Administrative Expense	13049
42. Sale of Investments & Fixed Assets	-0-	49. Professional Fees	6976
43. Other Receipts	220	50. Benefits	26801
44. TOTAL RECEIPTS	114595	51. Contributions, Gifts & Grants	744
		52. Purchase of Investments & Fixed Assets	-0-
		53. Loans Made	-0-
		54. Other Disbursements	-0-
		55. TOTAL DISBURSEMENTS	99942

If total receipts reported in Item 44 are $200,000 or more, your organization must file Form LM-2 instead of this form.

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

Item Number	

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) Charlie Craig	Trustee	C	0	59	59
(b) Ronald Baker	Trustee	P	0	75	75
(c) Robert martin	Exe. Vice P	P	0	0	0
(d)					—
(e)					—
(f)					—
(g) Totals from additional pages *(if any)*					—
(h) Totals of Lines (a) through (g)					134
			(i) Less Deductions		—
Enter the Total from Line (j) in Item 45			(j) Net Disbursements		—

STATEMENT A — ASSETS AND LIABILITIES

Item ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	Item 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

Item CASH RECEIPTS	AMOUNT	Item 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	
		52. Purchase of Investments & Fixed Assets	
		53. Loans Made	
		54. Other Disbursements	
		55. TOTAL DISBURSEMENTS	

If total receipts reported in Item 44 are $200,000 or more, your organization must file Form LM-2 instead of this form.

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

Item Number	

DO NOT STAPLE 6969

Form **1096**

Department of the Treasury Internal Revenue Service

Annual Summary and Transmittal of U.S. Information Returns

OMB No. 1545-0108

1999

ATTACH IRS LABEL HERE

FILER'S name
American Federation of Gov Emp

Street address (including room or suite number)
PO Box 200157

City, state, and ZIP code
Denver CO 80220

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) 678-5410

For Official Use Only

1 Employer identification number	2 Social security number	3 Total number of forms	4 Federal income tax withheld	5 Total amount reported with this Form 1096
84-6036263		2	$ 0.00	$ 7080.00

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 84	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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐

1099-PATR 97	1099-R 98	1099-S 75	5498 28	5498-MSA 27
☐	☐	☐	☐	☐

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

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Mark S. McDonald Title ▶ Treasurer Date ▶ 28 Jan 00

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 (MSA) (including a Medicare+Choice MSA), 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.

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 1999 Instructions for Forms 1099, 1098, 5498, and W-2G.

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. American Federation of Gov Emp PO Box 200157 Denver CO 80220 303-676-5410	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 **1999** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S Federal identification number: 84-6036263 RECIPIENT'S identification number: 497-50-6566	4 Federal income tax withheld $	5 Fishing boat proceeds $	**Copy A** For Internal Revenue Service Center
RECIPIENT'S name Marilyn A. Hicks	6 Medical and health care payments $	7 Nonemployee compensation $1880.00	File with Form 1096.
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 ▶ ☐	For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the 1999 Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code Aurora, Colorado 80012	10 Crop insurance proceeds $	11 State income tax withheld $	
Account number (optional) / 2nd TIN Not. ☐	12 State/Payer's state number CO	13 $	

Form **1099-MISC** 41-0852411 Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page — Do NOT Cut or Separate Forms on This Page

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. American Federation of Gov Emp PO Box 200157 Denver CO 80220 303-676-5410	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 **1999** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S Federal identification number: 84-6036263 RECIPIENT'S identification number: 509-36-3922	4 Federal income tax withheld $	5 Fishing boat proceeds $	**Copy A** For Internal Revenue Service Center
RECIPIENT'S name Phyliss Bettis	6 Medical and health care payments $	7 Nonemployee compensation $5200.00	File with Form 1096.
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 ▶ ☐	For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the 1999 Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code Aurora, Colorado 80010	10 Crop insurance proceeds $	11 State income tax withheld $	
Account number (optional) / 2nd TIN Not. ☐	12 State/Payer's state number CO	13 $	

Form **1099-MISC** 41-0852411 Department of the Treasury - Internal Revenue Service

Do NOT Cut or Separate Forms on This Page — Do NOT Cut or Separate Forms on This Page

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.	1 Rents $ 2 Royalties $ 3 Other income $	OMB No. 1545-0115 **1999** Form **1099-MISC**	**Miscellaneous Income**
PAYER'S Federal identification number RECIPIENT'S identification number	4 Federal income tax withheld $	5 Fishing boat proceeds $	**Copy A** For Internal Revenue Service Center
RECIPIENT'S name	6 Medical and health care payments $	7 Nonemployee compensation $	File with Form 1096.
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 ▶ ☐	For Privacy Act and Paperwork Reduction Act Notice and instructions for completing this form, see the 1999 Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code	10 Crop insurance proceeds $	11 State income tax withheld $	
Account number (optional) / 2nd TIN Not. ☐	12 State/Payer's state number	13 $	

Form **1099-MISC** 41-0852411 Department of the Treasury - Internal Revenue Service

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

1999

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 1999 calendar year, OR tax year period beginning 1 January, 1999, and ending 31 December, 1999

B Check if:
☐ Change of address
☐ Initial return
☐ Final return
☐ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

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

D Employer identification number: 84 : 6036263

E Telephone number: (303) 676-6780

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 15.)

Revenue

Line	Description		Amount	Line	Amount
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	-0-		
b	Indirect public support	1b	-0-		
c	Government contributions (grants)	1c	-0-		
d	**Total** (add lines 1a through 1c) (attach schedule of contributors) (cash $ -0- noncash $ -0-)			1d	-0-
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	-0-
3	Membership dues and assessments			3	113 185.55
4	Interest on savings and temporary cash investments			4	1 189.40
5	Dividends and interest from securities			5	-0-
6a	Gross rents	6a	-0-		
b	Less: rental expenses	6b	-0-		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	-0-
7	Other investment income (describe ▶)			7	-0-

Line	Description	(A) Securities		(B) Other	Line	Amount
8a	Gross amount from sales of assets other than inventory	-0-	8a	-0-		
b	Less: cost or other basis and sales expenses	-0-	8b	-0-		
c	Gain or (loss) (attach schedule)	-0-	8c	-0-		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	-0-

Line	Description		Amount	Line	Amount
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ -0- of contributions reported on line 1a)	9a	-0-		
b	Less: direct expenses other than fundraising expenses	9b	-0-		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	-0-
10a	Gross sales of inventory, less returns and allowances	10a	-0-		
b	Less: cost of goods sold	10b	-0-		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	-0-
11	Other revenue (from Part VII, line 103)			11	220.00
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	114 594.95

Expenses

Line	Description	Line	Amount
13	Program services (from line 44, column (B))	13	92 875.98
14	Management and general (from line 44, column (C))	14	7 065.72
15	Fundraising (from line 44, column (D))	15	-0-
16	Payments to affiliates (attach schedule)	16	-0-
17	**Total expenses** (add lines 16 and 44, column (A))	17	99 941.70

Net Assets

Line	Description	Line	Amount
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	14 653.25
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	26 874.83
20	Other changes in net assets or fund balances (attach explanation)	20	-0-
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	41 528.08

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 19.)

	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 $ 0 noncash $ 0)	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	41224.20	41224.20		
25	Compensation of officers, directors, etc.	25	2750.00	0	2750.00	0
26	Other salaries and wages	26	0	0	0	0
27	Pension plan contributions	27	0	0	0	0
28	Other employee benefits	28	0	0	0	0
29	Payroll taxes	29	0	0	0	0
30	Professional fundraising fees	30	0	0	0	0
31	Accounting fees	31	0	0	0	0
32	Legal fees	32	6976.37	6976.37	0	0
33	Supplies	33	2616.14	0	2616.14	0
34	Telephone	34	0	0	0	0
35	Postage and shipping	35	678.16	0	678.16	0
36	Occupancy	36	0	0	0	0
37	Equipment rental and maintenance	37	0	0	0	0
38	Printing and publications	38	1116.83	1116.83	0	0
39	Travel	39	4225.00	4225.00	0	0
40	Conferences, conventions, and meetings	40	1928.31	1928.31	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	0	0	0	0
43	Other expenses (itemize): a Dental Plan	43a	26800.90	26800.90	0	0
b	Training of Stewards & Officers	43b	5257.33	5257.33	0	0
c	Combined Federal Campaign	43c	744.03	0	744.03	0
d	Organizing Costs	43d	5347.04	5347.04	0	0
e	Officer Bond & Election Expenses	43e	277.39	0	277.39	0
44	**Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	99941.70	92875.98	7065.72	

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 $ N/A ; (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 22.)

What is the organization's primary exempt purpose? ▶ Labor Representation

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		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, Denver Area Labor Federation Per Capita Tax Training for Stewards & Officers Legal Retainers & Fee (Grants and allocations $)	41224.20 5257.33 6976.37
b	Dental Plan for Members Organizing Costs Caucus & Meeting Expenses (Grants and allocations $)	26800.90 5347.04 1928.31
c	Newsletters & Educational Materials Travel for Negotiations & Training (Grants and allocations $)	1116.83 4225.00
d	(Grants and allocations $)	—
e	Other program services (attach schedule) (Grants and allocations $)	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	92875.98

Part IV **Balance Sheets** (See Specific Instructions on page 22.)

					(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			2196.11	45	5109.96
	46	Savings and temporary cash investments			24678.72	46	36418.12
	47a	Accounts receivable	47a	⊖			
	b	Less: allowance for doubtful accounts	47b	⊖	⊖	47c	⊖
	48a	Pledges receivable	48a	⊖			
	b	Less: allowance for doubtful accounts	48b	⊖	⊖	48c	⊖
	49	Grants receivable			⊖	49	⊖
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			⊖	50	⊖
	51a	Other notes and loans receivable (attach schedule)	51a	⊖			
	b	Less: allowance for doubtful accounts	51b	⊖	⊖	51c	⊖
	52	Inventories for sale or use			⊖	52	⊖
	53	Prepaid expenses and deferred charges			⊖	53	⊖
	54	Investments—securities (attach schedule)			⊖	54	⊖
	55a	Investments—land, buildings, and equipment: basis	55a	⊖			
	b	Less: accumulated depreciation (attach schedule)	55b	⊖	⊖	55c	⊖
	56	Investments—other (attach schedule)			⊖	56	⊖
	57a	Land, buildings, and equipment: basis	57a	⊖			
	b	Less: accumulated depreciation (attach schedule)	57b	⊖	⊖	57c	⊖
	58	Other assets (describe ▶ NA ⊖)			⊖	58	⊖
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			26874.83	59	41528.08
Liabilities	60	Accounts payable and accrued expenses			⊖	60	⊖
	61	Grants payable			⊖	61	⊖
	62	Deferred revenue			⊖	62	⊖
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			⊖	63	⊖
	64a	Tax-exempt bond liabilities (attach schedule)			⊖	64a	⊖
	b	Mortgages and other notes payable (attach schedule)			⊖	64b	⊖
	65	Other liabilities (describe ▶)			⊖	65	⊖
	66	**Total liabilities** (add lines 60 through 65)			⊖	66	⊖
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☐ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			⊖	67	⊖
	68	Temporarily restricted			⊖	68	⊖
	69	Permanently restricted			⊖	69	⊖
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			26874.83	70	41528.08
	71	Paid-in or capital surplus, or land, building, and equipment fund			⊖	71	⊖
	72	Retained earnings, endowment, accumulated income, or other funds			⊖	72	⊖
	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)			26874.83	73	41528.08
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			26874.83	74	41528.08

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 24.)

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-

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 $ -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 24.)

(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
Marily A. Hicks 1616 S. Nile Court Aurora, Co 80012	President	-0-	-0-	1880.00
Robert J. Martin 435 Zante Way Brighton, Co 80601	Executive Vice Pres.	-0-	-0-	-0-
William Guidry 4991 Wheeling Street Denver, Co 80239	Unit A Vice Pres.	-0-	-0-	-0-
Roberto Trinidad 2730 S. Rifle Street Aurora, Co 80013	Unit B Vice Pres.	-0-	-0-	330.00
Cheryl Williamson-Brown 4451 St. Paul Denver, Co 80216	Secretary	-0-	-0-	310.00
Marian Wells 3043 St. Paul Denver, Co 80205	Trustee	-0-	-0-	300.00
Ronald Baker 3058 Uvalda Street Aurora, Co 80011	Trustee	-0-	-0-	75.00
Charlie Craig 16542 E 7th Place Aurora, Co 80011	Trustee	-0-	-0-	-0-
Mark McDonald 5116 Dillon Street Denver, Co 80011	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 25.

Part VI Other Information (See Specific Instructions on page 25.)

			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		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.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		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?	80a	X	
b	If "Yes," enter the name of the organization ▶ American Federation of Government Employees AFL-CIO and check whether it is ☒ exempt **OR** ☐ nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. **81a** -0-			
b	Did the organization file **Form 1120-POL** for this year?	81b		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?	82a		X
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** -0-			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	—	—
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	X	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	X	
	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.			
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	—	—
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	—	—
86	*501(c)(7) orgs.* 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) orgs.* 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		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 on line 89c, above, reimbursed by the organization ▶ -0-			
90a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 1999 (See inst.) **90b** -0-			
91	The books are in care of ▶ Mark McDonald Telephone no. ▶ (303) 676-6780 Located at ▶ PO Box 200157 Bld 667 Rm 30 Denver, Co ZIP + 4 ▶ 80220-0157			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** NA			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					-0-
b					-0-
c					-0-
d					-0-
e					-0-
f Medicare/Medicaid payments					-0-
g Fees and contracts from government agencies					-0-
94 Membership dues and assessments					113185.55
95 Interest on savings and temporary cash investments					1189.40
96 Dividends and interest from securities					-0-
97 Net rental income or (loss) from real estate:					
a debt-financed property					-0-
b not debt-financed property					-0-
98 Net rental income or (loss) from personal property					-0-
99 Other investment income					-0-
100 Gain or (loss) from sales of assets other than inventory					-0-
101 Net income or (loss) from special events					-0-
102 Gross profit or (loss) from sales of inventory					-0-
103 Other revenue: a Refund of Travel Funds					220.00
b					-0-
c					-0-
d					-0-
e					-0-
104 Subtotal (add columns (B), (D), and (E))					114594.95

105 **Total** (add line 104, columns (B), (D), and (E)) ▶

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	Labor Representation, Legal Research, Negotiation Expenses, Arbitration, Training
95	Arbitration Fund
103	Refund of Advanced Travel Funds

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NA	%			
	%			
	%			
	%			

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (**Important:** See General Instruction U, on page 14.)

▶ [signature] Signature of officer | 28 Jan 00 Date | ▶ Mark S. McDonald, Treasurer Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address ▶ | EIN ▶ | ZIP + 4 ▶

Final Budget 1999

Category Description	[redacted]
INFLOWS	
INCOME:	
Certificate of Deposit	0.00
Dues Deductions	105,787.00
Fudn Raisers:	
LOCAL General Fund Raisin	0.00
Scholorship Fund Raising	0.00
Fudn Raisers - Other	0.00
Total Fudn Raisers	0.00
Income from Refunds	0.00
Interest on Savings	0.00
Miscellaneous Income	0.00
INCOME - Other	0.00
TOTAL INCOME	105,787.00
TOTAL INFLOWS	105,787.00
OUTFLOWS	
ADMINISTRATION COSTS:	
Bank Charges	100.00
Caucus Expenses:	
Caucus Fees	160.00
Caucus Perdiem	100.00
Caucus Travel Costs	0.00
Caucus Expenses - Other	0.00
Total Caucus Expenses	260.00
Election Expenses	200.00
Executive Board Expenses:	
EBoard $250.00 Per Month	3,000.00
EBoard Expenses	175.00
Executive Board Expenses - Other	0.00
Total Executive Board Expenses	3,175.00
Expenses for Audits	50.00
Holiday Party Expenses	450.00
Mailing Expenses	900.00
Member Meeting Expenses	110.00
Miscellaneous Expenses	1,500.00
National Convention:	
Miscellaneous Expenses	0.00
National Conv Fees	0.00
National Conv Perdiem	0.00
National Conv Travel Cost	0.00
National Convention Hotel	0.00
National Convention - Other	0.00
Total National Convention	0.00

3/30'00

Category Description	2000
Office Expenses	1,000.00
Officers Bond Fee	160.00
Refund of Dues	0.00
ADMINISTRATION COSTS - Other	0.00
TOTAL ADMINISTRATION COSTS	7,905.00
Automobile Expenses:	
Auto Fuel	0.00
Auto Loan Payment	0.00
Auto Service	0.00
Automobile Expenses - Other	0.00
Total Automobile Expenses	0.00
CHARITABLE DONATIONS:	
Cash Contributions	125.00
Combined Federal Campain	200.00
Flowers to Members	500.00
Gifts - Bible	250.00
Scholorship Grants	0.00
CHARITABLE DONATIONS - Other	0.00
TOTAL CHARITABLE DONATIONS	1,075.00
DENTAL PLAN EXPENSES:	
Dental Contractor Fees	5,200.00
Dental Premiums	23,000.00
Dental Refunds	0.00
DENTAL PLAN EXPENSES - Other	0.00
TOTAL DENTAL PLAN EXPENSES	28,200.00
EDUCATIONAL PUBLICITY:	
Any other Educational	550.00
Monthly Newsletters	600.00
EDUCATIONAL PUBLICITY - Other	0.00
TOTAL EDUCATIONAL PUBLICITY	1,150.00
Medical Expense:	
Doctor & Dental Visits	0.00
Medicine & Drugs	0.00
Medical Expense - Other	0.00
Total Medical Expense	0.00
NEGOTIATION EXPENSES:	
Negotiation Fees/Misc	300.00
Negotiation Host Costs	700.00
Negotiation Per Diem	1,000.00
Negotiation Travel Cost	0.00
NEGOTIATION EXPENSES - Other	0.00
TOTAL NEGOTIATION EXPENSES	2,000.00
OFFICERS STIPENDS:	

Category Description	2000
Executive Vice	300.00
President	1,800.00
Secretary	300.00
Travel Stipend	4,500.00
Treasurer	1,200.00
Trustee#1	300.00
Trustee#2	300.00
Trustee#3	300.00
Unit A Vice Pres	300.00
Unit B Vice Pres	300.00
OFFICERS STIPENDS - Other	0.00
TOTAL OFFICERS STIPENDS	9,600.00
ORGANIZING EXPENSES:	
Misc expenses for organiz	1,500.00
New Members Bonus	5,750.00
Signers Bonus	1,000.00
ORGANIZING EXPENSES - Other	0.00
TOTAL ORGANIZING EXPENSES	8,250.00
Pre-tax Deduction, spouse:	
Pre-tax Dental Ins.	0.00
Pre-tax Life Ins.	0.00
Pre-tax Medical Ins.	0.00
Pre-tax Deduction, spouse - Other	0.00
Total Pre-tax Deduction, spouse	0.00
Pre-tax Deductions:	
Pre-tax Dental Ins.	0.00
Pre-tax Life Ins.	0.00
Pre-tax Medical Ins.	0.00
Pre-tax Deductions - Other	0.00
Total Pre-tax Deductions	0.00
PROFESSIONAL SERVICES:	
Arbitration Fees	0.00
Minahan & Shapiro Fee	7,251.17
PROFESSIONAL SERVICES - Other	0.00
TOTAL PROFESSIONAL SERVICES	7,251.17
TAXES:	
AFGE Per Capita Tax	46,000.00
AFL@CIO Tax	0.00
DALF Per Capita Tax	372.00
Legislative Per Capita Tx	792.00
TAXES - Other	0.00
TOTAL TAXES	47,164.00
TRAINING EXPENSES:	
Legislative Conference:	

Category Description	2000
Legislative Fees	0.00
Legislative Perdiem	0.00
Legislative Travel Cost	0.00
Legislative Conference - Other	0.00
Total Legislative Conference	0.00
President's Conference:	
PC Fees	150.00
PC Perdiem	50.00
PC Travel Cost	0.00
President's Conference - Other	0.00
Total President's Conference	200.00
Steward Training Expenses:	
Steward Fees & Misc	900.00
Steward Perdiem	5,100.00
Steward Travel Cost	0.00
Steward Training Expenses - Other	0.00
Total Steward Training Expenses	6,000.00
Treasurer Training:	
Treasurer Fees	0.00
Treasurer Perdiem	0.00
Treasurer Travel Cost	0.00
Treasurer Training - Other	0.00
Total Treasurer Training	0.00
Women's Conference:	
Women's Fees	0.00
Women's Perdiem	0.00
Women's Travel Cost	0.00
Women's Conference - Other	0.00
Total Women's Conference	0.00
TRAINING EXPENSES - Other	0.00
TOTAL TRAINING EXPENSES	6,200.00
Transfers to other accoun:	
Transfer checking to sav	0.00
transfer from sav. acct.	0.00
Transfer to Checking	0.00
Transfer to Savings	0.00
Trasnfer to Petty Cash	0.00
Transfers to other accoun - Other	0.00
Total Transfers to other accoun	0.00
TOTAL OUTFLOWS	118,795.17

Category Description	2000
OVERALL TOTAL	-13,008.17