AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

1625 L Street NW, Washington, DC 20036

Lee Saunders President Elissa McBride Secretary-Treasurer

LOCAL UNION ANNUAL FINANCIAL REPORT FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2022 OR THE FISCAL YEAR ENDED , 202

INSTRUCTIONS

This report is to be prepared, signed, and submitted to Secretary-Treasurer Elissa McBride by mail or electronically by following the instructions at www.afscmetreasurer.org/forms. A copy of the report should be retained in the local union files. For those locals operating on a calendar year (January through December) fiscal period, the report is due no later than May 15 of each year. For those locals who have a fiscal period other than a calendar year, the report must be filed within 4½ months after the end of their fiscal year. Retiree Chapters and Retiree Subchapters are not required to fill out this report.

PART I – Description of Financial Records and Procedures

Answer each of the following questions regarding the financial records and procedures of the local union. If additional space is needed for your answers, please use the space provided on page 4, attach additional sheets as necessary and refer to the appropriate question or line number.

C1			
<u>General</u>			
1. a. Local Union #	b. Affiliated with Cour	ncil #	
c. Current # of Members	d. Employer Identifica	tion #	
e. Local Union Name			
f. Street Address or P.O. Box #			
g. City	h. State i. Zip	Code	
2. The local union financial records are in the custody of:			
Name			
Address			
Cell Phone Number* (including area code)			
Daytime Number (including area code)			
Personal Email			
<u>Chapters</u>			
3. Does the local have chapters or other divisions? If YES, how many? Also attach list of chapters with locations and name	es of chapter chairpersons.	Yes	No
Expenditures- Spending			
4. Are all disbursements made by checks that require two s	ignatures?	Yes	No
5. Does your local have a petty cash fund? If YES, what is the maximum fund kept on hand?	\$	Yes	No

^{*} By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political, and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at https://www.afscme.org/tcpa

Reporting

6. Are monthly financial reports prepared?		Yes	No
If YES, please attach a copy of the most recent repo	ort.		
7. Does the local pay salaries, lost time, allowances, and/or and/or employees?	reimbursed dues to officers	Yes	No
If YES, do you prepare or have a payroll service that the following payroll tax forms?	it prepares and files IRS Form 940 IRS Form 941 IRS Form W-2	Yes Yes Yes	No No No
8. Is IRS Form 990, 990-EZ or the 990-N e-postcard filed at	nnually?	Yes	No
9. Does the local have any dues paying members who are pr	ivate sector employees?	Yes	No
If YES, is a Department of Labor LM report filed?		Yes	No
Political Contributions Reporting			
10. Does the local make political contributions? If NO, proceed to question 14.		Yes	No
11. What were the total contributions during the last calenda	ur year?	\$	
12. Does the local use a "Separate Segregated Fund" for ma	king political contributions?	Yes	No
13. Is your local aware of the filing requirements for IRS Fo	orm 1120-POL?	Yes	No
Audits			
Please attach a copy of your last audit report (including any '	'Trustees' report)		
14. How often does your local have an audit?			
15. Are audit findings reported to the membership?		Yes	No
16. Who performs these audits? Trustees	CPA	Public Acco	ountant
Other (Explain)			
PART II – <u>Dues</u>			
1. For locals with FIXED dues rate(s), what is (are) the current	ent monthly rates? Full tim	e \$	
	Part tim	e \$	
2. For locals with PERCENTAGE dues rate(s):	What is the current percen	ıtage?	%
What is the Average Mo	nthly rate per member? \$		
3. For other dues structures, check here $___$ and attach an ϵ	explanation.		
4. The local receives dues from: Employer Counc	il		

PART III – Financial Statements

All local unions must complete the information requested in the "Statement of Receipts and Disbursements" below and "Statement of Assets Owned and Debts Outstanding (Liabilities)" on page 4. If the local retains a CPA or Public Accountant, the Accountant's annual financial statement(s) may be substituted for pages 3 and 4 ONLY IF the local completes page 1 and page 2 of this report, and the local's President and Secretary-Treasurer sign and date page 4.

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Receipts During Year

1.	Dues received directly from employer:		\$
2.	Local share of dues forwarded directly from Counc	il:	
3.	Insurance premiums collected from members:		
4.	Other receipts (Attach list – fundraisers, interest, in	itiation fees, etc.)	
5.	TOTAL RECEIPTS (Add items 1 through 4):		\$
<u>Disbur</u>	rsements During Year		
6.	Affiliation Fees and Per Capita Tax paid directly by	local to: International	\$
		Council	
		Other Labor Bodies	
7.	Surety Bond Premium:		
8.	Accounting/Legal/Arbitrations:		
9.	Negotiations:		
10.	Salaries/Lost Time/Allowances:		
11.	Payroll Taxes:		
12.	Reimbursed Dues:		
13.	Officer Reimbursed Expenses:		
14.	Conferences/Conventions:		
15.	Picnics/Parties:		
16.	Rent/Utilities:		
17.	Printing/Copying:		
18.	Office Supplies:		
19.	All Other Disbursements (Attach List):		
20.	TOTAL DISBURSEMENTS (Add items 6 throug	h 19):	\$
21.	EXCESS (DEFICIT) RECEIPTS OVER DISBU	RSEMENTS FOR YEA	R \$

STATEMENT OF ASSETS OWNED AND DEBTS OUTSTANDING (LIABILITIES)

ASSE	ETS OWNED		<u>A</u>	<u>B</u>
			Beginning of Year	End of Year
2.				
 4. 	TOTAL CASH ASSETS (Note- B le Equal page 3, line 21 Other Assets (Attach List- Investmer	ess A should		
+.	Furniture, etc.)	its,	\$	\$
25.	TOTAL ASSETS (Add Lines 23 an	d 24)	\$	\$
DEB'	IS OUTSTANDING (LIABILITIES)			
26.	Unpaid Bills (Attach List)		\$	\$
27.	NET ASSETS (Line 25 minus Line	26)	\$	\$
Quest Numb			l Explanations	
	ertify to the best of our knowledge, the interest of the local union are included in the			, and that all financial
	Signature of Current President (if filling out this form	Date electronically, typed na	Signature of Current Secreta mes will be treated as signatur	
Vho	completed this report? (Please print)	rotory Traconer.'		
	nis individual attended an AFSCME Sec ational workshop within the last two yea			Yes No