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, 2023 OR THE FISCAL YEAR ENDED

, 2024

INSTRUCTIONS

This report is to be prepared, signed, and submitted to Secretary-Treasurer Elissa McBride by mail or electronically by following the instructions at <u>www.afscmetreasurer.org/forms</u>. 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 41/2 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.

General

1.	a. Local Union #	b. Affiliated w	ith Council #	
	c. Current # of Members	d. Employer Id	entification #	
	e. Local Union Name			
	f. Street Address or P.O. Box #			
	g. City			
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			
Cł	napters			
3.	Does the local have chapters or other divisions? If YES, how many? Also attach list of chapters with locations and names	s of chapter chair	Yes	No
<u>Ex</u>	apenditures- Spending			
4.	Are all disbursements made by checks that require two sig	natures?	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?			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?	Yes	No	
If YES, do you prepare or have a payroll service the the following payroll tax forms?	at 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 a	nnually?	Yes	No
9. Does the local have any dues paying members who are paying	Yes	No	
If YES, is a Department of Labor LM report filed?	Yes	No	
Political Contributions Reporting			
 Does the local make political contributions? If NO, proceed to question 14. 	Yes	No	
11. What were the total contributions during the last calendary	\$		
12. Does the local use a "Separate Segregated Fund" for ma	? Yes	No	
13. Is your local aware of the filing requirements for IRS Fo	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		
Other (Explain)			
PART II – <u>Dues</u>			
1. For locals with FIXED dues rate(s), what is (are) the curr			
 For locals with PERCENTAGE dues rate(s): What is the Average Model 	What is the current percent of the per member? \$		
3. For other dues structures, check here and attach and			
4. The local receives dues from: Employer Counc	il		

PART III – <u>Financial Statements</u>

Receipts During Year

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

1.	Dues received directly from employer:		\$
2.	Local share of dues forwarded directly from Council	l:	
3.	Insurance premiums collected from members:		
4.	Other receipts (Attach list – fundraisers, interest, init	tiation fees, etc.)	
5.	TOTAL RECEIPTS (Add items 1 through 4):		\$
<u>Disburs</u>	sements 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 through	n 19):	\$
21.	EXCESS (DEFICIT) RECEIPTS OVER DISBUF	RSEMENTS FOR YEAR	\$

STATEMENT OF ASSETS OWNED AND DEBTS OUTSTANDING (LIABILITIES)

ASSET	S OWNED				A		<u>B</u>
				_	Beginning of Year	E	nd of Year
22.							
23.	TOTAL CASH ASSE Equal page 3, line 21	ETS (Note- B					
24.	Other Assets (Attach Furniture, etc.)	List- Investm	nents,	\$_		\$	
25.	TOTAL ASSETS (A	dd Lines 23	and 24)	\$_		\$	
DEBTS	OUTSTANDING (L	IABILITIES	<u>S)</u>				
26.	Unpaid Bills (Attach	List)		\$_		\$	
27.	NET ASSETS (Line	25 minus Lir	ne 26)	\$_		\$	

Please use this space to explain answers or prepare lists as necessary.

Question Number	Additional Explanations

We certify to the best of our knowledge, the information in this report is true and correct, and that all financial activities of the local union are included in the financial statements.

Signature of Current President	Date	Signature of Current Secretary-Treasurer	Date
(if filling out this :	form electronically, ty	ped names will be treated as signatures)	
Who completed this report? (Please print	-)		
Has this individual attended an AFSCME		irer's	
Educational workshop within the last two	•	Yes	No