

**PHOENIX EMPLOYMENT RELATIONS BOARD
CITY OF PHOENIX
STATE OF ARIZONA**

**CERTIFIED AUTHORIZED REPRESENTATIVE
ANNUAL FINANCIAL STATEMENT**

REQUIRED BY PHOENIX CITY CODE, SECTION 2-216(B)

READ INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. ORGANIZATION NAME AND ADDRESS:	FILE NUMBER						
	2. PERIOD COVERED						
	From						
	Thru						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">MO</td> <td style="width:25%; text-align: center;">DAY</td> <td style="width:25%; text-align: center;">YR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	MO	DAY	YR			
MO	DAY	YR					

3. CITY WHERE CERTIFIED TO OPERATE:

4. NAME OF EMPLOYEE ORGANIZATION <i>(as shown on certification)</i>	8. OFFICIAL MAILING ADDRESS (For mail to the organization: <i>(In care of)</i> NAME OF PERSON
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5. AFFILIATION	NUMBER AND STREET
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6. DESIGNATION <i>(Local, Lodge, etc.)</i>	7. DESIGNATION NUMBER	BLDG. AND ROOM NUMBER, IF ANY
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9. Are organization records kept at the official mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", show address including ZIP CODE in Item 22.	CITY	STATE	ZIP CODE
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<p>DURING THE REPORTING PERIOD DID YOUR ORGANIZATION DIRECTLY OR INDIRECTLY:</p> <table style="width:100%;"> <tr> <td style="width:40%;"></td> <td style="width:10%; text-align: center;">YES</td> <td style="width:10%; text-align: center;">NO</td> </tr> <tr> <td>10. Have any accounts in banks or other financial institutions held in a name other than that of your organization?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>11. Liquidate or reduce any liabilities without disbursement of cash?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>12. Create or participate in the administration of any business enterprises or other organizations which met the definition of a "subsidiary organization."</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>13. Acquire any goods or property in any manner other than by purchase or dispose of any goods or property in any manner other than by sale?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>14. Create or participate in the administration of a trust or other fund or organization, a primary purpose of which is to provide benefits for members or their beneficiaries.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>15. Discover any loss or shortage of funds or other property?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><i>If the answer to any of the above questions is "Yes," provide details in Item 22.</i></p>		YES	NO	10. Have any accounts in banks or other financial institutions held in a name other than that of your organization?	<input type="checkbox"/>	<input type="checkbox"/>	11. Liquidate or reduce any liabilities without disbursement of cash?	<input type="checkbox"/>	<input type="checkbox"/>	12. Create or participate in the administration of any business enterprises or other organizations which met the definition of a "subsidiary organization."	<input type="checkbox"/>	<input type="checkbox"/>	13. Acquire any goods or property in any manner other than by purchase or dispose of any goods or property in any manner other than by sale?	<input type="checkbox"/>	<input type="checkbox"/>	14. Create or participate in the administration of a trust or other fund or organization, a primary purpose of which is to provide benefits for members or their beneficiaries.	<input type="checkbox"/>	<input type="checkbox"/>	15. Discover any loss or shortage of funds or other property?	<input type="checkbox"/>	<input type="checkbox"/>	<p>16. A. Was the labor organization insured by a fidelity bond during the reporting period?</p> <p>B. If "Yes," enter the maximum amount recoverable for loss caused by any person</p> <p>17. Enter the date of your organization's next regular election of officers. Month _____ Year _____</p> <p>AS OF THE END OF THE REPORTING PERIOD:</p> <p>18. Were any assets pledged as security or encumbered in any other way?</p> <p>19. Did your organization have any contingent liabilities?</p> <p>20. Did your organization have any changes in its constitution and bylaws (other than changed dues amounts)?</p> <p>If "Yes," attach an updated Form LM-1A to this report with required documents.</p>
	YES	NO																				
10. Have any accounts in banks or other financial institutions held in a name other than that of your organization?	<input type="checkbox"/>	<input type="checkbox"/>																				
11. Liquidate or reduce any liabilities without disbursement of cash?	<input type="checkbox"/>	<input type="checkbox"/>																				
12. Create or participate in the administration of any business enterprises or other organizations which met the definition of a "subsidiary organization."	<input type="checkbox"/>	<input type="checkbox"/>																				
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15. Discover any loss or shortage of funds or other property?	<input type="checkbox"/>	<input type="checkbox"/>																				

<p>21. List fees and dues required. <i>(Complete each line. Enter "None" or "Not Applicable" as appropriate.)</i></p> <p>(1) Initiation fee or fees required from new members</p> <p>(2) Fees other than dues required from transfer members</p> <p>(3) Are work permits issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give fees required</p> <p>(4) Regular dues or fees or other periodic payments required to remain a member of the reporting labor organization <i>(per year, mo, etc.)</i></p>	(A) If one rate applies, enter here	(B) If more than one rate applies, enter here	Minimum	Maximum
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____
\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____

22. ADDITIONAL INFORMATION

Item Number	
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(If more space is needed, attach additional sheets with further statement, properly identified.)

Each of the undersigned, duly authorized officers of the above employee 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 and correct, and complete.

75. SIGNED: _____ PRESIDENT
(If other title, cross out and write in correct title above. Explain in Item 22.)

City _____ State _____ on: _____ Date _____

76. SIGNED: _____ TREASURER
(If other title, cross out and write in correct title above. Explain in Item 22.)

City _____ State _____ on: _____ Date _____

Telephone Number *(include Area Code)*

Telephone Number *(include Area Code)*

ENTER AMOUNTS IN DOLLARS ONLY

FILL OUT SCHEDULES 1 THROUGH 14 BEFORE FILLING OUT STATEMENTS A THROUGH C

STATEMENT A – ASSETS AND LIABILITIES

ASSETS		FROM SCH #	Start of Reporting Period (A)	cts	End of Reporting Period (B)	cts	LIABILITIES		FROM SCH #	Start of Reporting Period (C)	cts	End of Reporting Period (D)	cts
23. (a) Cash on hand	(Statement C, line 1)		\$	XX	\$	XX	32. Accounts Payable				XX		XX
(b) Cash in banks	(Statement C, line 2)		\$	XX	\$	XX	33. Loans Payable	8			XX		XX
24. Accounts Receivable				XX		XX	34. Mortgages Payable	4			XX		XX
25. Loans Receivable	1			XX		XX	35. Other Liabilities				XX		XX
26. U.S. Treasury Securities				XX		XX	36. TOTAL LIABILITIES		\$		XX	\$	XX
27. Mortgage Investments				XX		XX	NET ASSETS						
28. Other Investments	2			XX		XX	37. Net Assets (Item 31 less Item 36)		\$		XX	\$	XX
29. Fixed Assets	5			XX		XX							
30. Other Assets	3			XX		XX							
31. TOTAL ASSETS			\$	XX	\$	XX							

STATEMENT B – RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS		FROM SCH #	(A)	cts	CASH DISBURSEMENTS		FROM SCH #	(B)	cts
38. Dues			\$	XX	55. Per Capita Tax			\$	XX
39. Per Capita Tax				XX	56. Fees, Fines, Assessments, etc.				XX
40. Fees				XX	57. To Affiliates of Funds Collected on Their Behalf				XX
41. Fines				XX	58. For Account of Affiliates				XX
42. Assessments				XX	59. To Officers:				
43. Work Permits				XX	(a) Gross	9			
44. On Behalf of Affiliates for Transmittal to Them				XX	(b) Less Deductions				XX
45. Sale of Supplies				XX	60. To Employees:				
46. Interest				XX	(a) Gross	10			
47. Dividends				XX	(b) Less Deductions				XX
48. Rents				XX	61. Office and Administrative Expense				XX
49. Loans Obtained	8			XX	62. Educational and Publicity Expense				XX
50. Sale of Investments and Fixed Assets	7			XX	63. Professional Fees				XX
51. Repayment to Loans Made	1			XX	64. Benefits	11			XX
52. From Members for Disbursement on Their Behalf				XX	65. Loans Made	1			XX
53. From Other Sources	13			XX	66. Contributions, Gifts and Grants	12			XX
54. TOTAL RECEIPTS (Items 38 through 53)				XX	67. Supplies for Resale				XX
					68. Purchase of Investments and Fixed Assets	6			XX
					69. Direct Taxes				XX
					70. Withholding Taxes				XX
					71. On Behalf of Individual Members				XX
					72. Repayment of Loans Obtained	8			XX
					73. For Other Purposes	14			XX
					74. TOTAL DISBURSEMENTS (Items 55 through 73)		\$		XX

STATEMENT C – CASH

Cash at Start of Reporting Period		(A)	Cash at End of Reporting Period		(B)
1. Cash on Hand		\$	1. Cash on Hand		\$
2. Cash in Banks (Checking Accounts and Other Deposits)			2. Cash in Banks (Checking Accounts and Other Deposits)		
3. Total of Lines 1 and 2					
4. Total Receipts from Line 54					
5. Total of Lines 3 and 4					
6. Total Disbursements from Line 74					
7. Deduct Line 6 from Line 5			7. Total of Lines 1 and 2		\$

If the amount in line 7, column (A) does not equal the amount entered in line 3, column (B), there is a discrepancy in your reporting. Correct the discrepancy and explain it in Item 22.

If more space is needed to list items in any of the schedules below, continue the list on additional sheets, using the same column headings used on the schedule and enter the totals on the line provided for additional listings on the schedule.

SCHEDULE 1 – LOANS RECEIVABLE

List below outstanding loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans, regardless of amount, made to business enterprises. (A)	Loans Outstanding at Start of the Period (B)	Loans Made During the Period (C)	Repayments Received During the Period		Balance at the End of the Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. (Name) _____ (Purpose) _____ (Security) _____ (Terms of Repayment) _____	\$	\$	\$	\$	\$
2. (Name) _____ (Purpose) _____ (Security) _____ (Terms of Repayment) _____	\$	\$	\$	\$	\$
3. Totals from Additional Listings, if any.					
4. Totals of Loans not Listed above.					
5. Totals of Lines 1 through 4.	\$	\$	\$	\$	\$

Enter the Totals from Line 5 in _____ Item 25 _____ Item 65 _____ Item 51 _____ Item 22 _____ Item 25 _____
Column A. with Explanation Column B

SCHEDULE 2 – INVESTMENTS OTHER THAN U.S. TREASURY SECURITIES AND MORTGAGE INVESTMENTS

SCHEDULE 3 – OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
<u>Marketable Securities</u>		1.	\$
1. Total Cost	\$	2.	
2. Total Book Value		3.	
3. Itemize each Marketable Security holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 2.		4.	
(a) _____		5. Total from Additional Listings, if any	
(b) _____		6. Total of Lines 1 through 5	\$
(c) _____		Enter the Total of Line 6 in _____ Item 30, Column B	
(d) _____		SCHEDULE 4 – OTHER LIABILITIES	
<u>Other Investments</u>		Description (A)	Amount at End of Period (B)
4. Total Cost		1.	\$
5. Total Book Value		2.	
6. Itemize each Other Investment holding which is valued at over \$1000 and which is also greater than 20% of the amount given in Line 5. Also itemize each subsidiary for which separate reports are attached.		3.	
(a) _____		4.	
(b) _____		5.	
(c) _____		6.	
(d) Total from Additional Listings, if any		7.	
7. Total of Lines 2 and 5.		8. Total from Additional Listings, if any	
		9. Total of Lines 1 through 8	\$
Enter the Total from Line 7 in _____ Item 20, Column B		Enter the Total of Line 9 in _____ Item 35, Column B	

SCHEDULE 5 – FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation (if any) or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (Give Location):	\$		\$	\$
2. Totals from Additional Listings, if any				
3. Buildings (Give Location):		\$		
4. Totals from Additional Listings, if any				
5. Automotive Equipment				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Total of Lines 1 through 7.	\$	\$	\$	\$
Enter the Total from Line 8, column D in _____ Item 29, Column B				

ENTER AMOUNTS IN DOLLARS ONLY

SCHEDULE 6 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description of Assets (If land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.	\$	\$	\$
2.			
3.			
4.			
5. Total from Additional Listings, if any			
6. Totals of Lines 1 through 5.	\$	\$	\$

Enter the Total from Line 6, Column D in Item 68

7. Assets Traded in on Assets Purchased: Description of Asset Traded in (A)	Cost (B)	Book Value (C)	Trade-in Allowance (D)
(a)	\$	\$	\$
(b)			

SCHEDULE 7 – SALE OF INVESTMENTS AND FIXED ASSETS

Description of Assets Sold (If land or building, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.	\$	\$	\$	\$
2.				
3.				
4. Totals from Additional Listings, if any				
5. Total of Lines 1 through 4.	\$	\$	\$	\$

Enter the Total from Line 5, Column E in Item 50

SCHEDULE 8 – LOANS PAYABLE

Source of Loans Payable at any Time During the Reporting Period (A)	Terms for Repayment (B)	Balance at Start of Period (C)	Loans Obtained During Period (D)	Repayment of Loans During Period		Balance at End of Period (F)
				Cash (E)(1)	Other than Cash (E)(2)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Total from Additional Listings, if any						
6. Totals of Lines 1 through 5.		\$	\$	\$	\$	\$

Enter the Totals from Line 6 in Item 33 Item 49 Item 72 Item 22 Item 33
Column C with Explanation Column D

SCHEDULE 9 – LIST OF ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Name <i>(Important: List all persons who held office during the period)</i> (A)	Title (B)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Other Direct and Indirect Disbursements		Total (H)
					Expenses Including Reimbursed Expenses (F)	Disbursements (G)	
1.			\$	\$	\$	\$	\$
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10. Total from Additional Listings, if any,							
11. Totals of Lines 1 through 10.			\$	\$	\$	\$	\$

Code for Column C, "Status": past officer-P; continuing officer-C; new officer during this reporting period-N.
 Enter the Total of Line 11, Column H in Item 59(a)
 NOTE: If any officer was not elected at a regular election in accordance with the constitution and bylaws, explain in Item 22.

ENTER AMOUNTS IN DOLLARS ONLY

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES

List below all employees who received more than \$10,000 in gross salary, allowances, and other direct and indirect disbursements from this labor organization and any affiliate.

(A)	Position (B)	Name of Affiliated Organization (if applicable) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Other Direct and Indirect Disbursements		Total (H)
					Expenses Including Reimbursed Expenses (F)	Other (G)	
1.			\$	\$	\$	\$	\$
2.							
3.							
4.							
5.							
6. Total from Additional Listings, if any							
7. Total for all employees who, during the reporting period, received \$10,000 or less gross salary, allowances, and other direct and indirect disbursements.							
8. Totals of Lines 1 through 7.			\$	\$	\$	\$	\$

Enter the Total to Line 8, Column H in Item 60(a)

SCHEDULE 11 – BENEFITS

SCHEDULE 12 – CONTRIBUTIONS, GIFTS AND GRANTS

Type of Benefit (A)	To Whom Paid (B)	Amount (C)	Type (A)	Amount (B)
1.		\$	1.	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	
9.			9.	
10. Total from Additional Listings, if any			10. Total from Additional Listings, if any	
11. Total of Lines 1 through 10.			11. Total of Lines 1 through 10. \$	

Enter the Total from Line 11 in Item 64

Enter the Total from Line 11 in Item 66

SCHEDULE 13 – OTHER RECEIPTS

SCHEDULE 14 – OTHER DISBURSEMENTS

Other Sources (A)	Amount (B)	Other Purposes (A)	Amount (B)
1.	\$	1.	\$
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10. Total from Additional Listings, if any		10. Total from Additional Listings, if any	
11. Total of Lines 1 through 10.		11. Total of Lines 1 through 10. \$	

Enter the Total from Line 11 in Item 53

Enter the Total from Line 11 in Item 73

PURSUANT TO RULE 4.2, PERB RULES AND REGULATIONS, THIS FINANCIAL STATEMENT SHALL BE FILED WITH THE PHOENIX EMPLOYMENT RELATIONS BOARD ON OR BEFORE THE 30TH DAY OF JUNE OF EACH YEAR BY ALL CERTIFIED AUTHORIZED REPRESENTATIVES.