

**Section I. CASH** (List the balances of all checking and savings accounts, including trust fund accounts).

<u>Bank Name</u>	<u>Account Type</u>	<u>Account Number</u>	<u>Balance as of December 31,</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Section I. Total</b>			_____

\* See general instructions for more than four (4) accounts. Enter Bank Branch addresses below.

**Section II. INVESTMENTS** (Not including real estate).

<u>Name</u>	<u>Type</u>	<u>Account Number or Serial Number</u>	<u>Balance or Market Value as of December 31,</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Section II. Total</b>			\$ _____

\* See general instructions for more than four (4) investment line items. Enter address below, if different from Bank noted in Section I.

**Section III. RECEIPTS** (record total amounts received, including all amounts received for transmittal to others).

<b>Dues received during</b>	(if on central collection, record actual amount received by the local)	\$ _____
<b>Anticipated increase in</b>	(record only the additional amount of dues expected, NOT total dues expected in ) .....	\$ _____
<b>Other Receipts Handled During</b>	(Specify, e.g., insurance premiums, fund-raisers, interest, initiation fees, etc.)	
_____		\$ _____
_____		\$ _____
_____		\$ _____
<b>Section III. Total</b>		\$ _____
<b>GRAND TOTAL</b> (Sum of the amounts in Section I, Section II and Section III) .....		<b>Grand Total</b> \$ _____

Are any of the employers of the members of this local union Private Sector Employers (i.e., any employer that is not a state, county or municipality, or agency thereof)? ..... YES NO

If YES to the above, did the local file Department of Labor Form LM last year? ..... YES NO

Prepared by: \_\_\_\_\_ Council/Local # \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ If Local - Affiliated w/ Council \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ State: \_\_\_\_\_

Affiliate EIN (Employer ID # ): \_\_\_\_\_

**GENERAL INSTRUCTIONS  
FOR COMPLETING SURETY BOND REPORT**

The purpose of this report is to estimate the amount of funds that will be available to or “handled” by the council/local union during . The total amount of funds handled will determine if an increase in your Surety Bond Coverage is necessary. Please include all financial activities and balances of the council/local union, including chapters and committees. For locals, if your council handles receipts and disbursements of dues and/or other funds, only those funds forwarded from the council to the local should be reflected in this report.

**FAILURE TO FILE THIS REPORT MAY RESULT IN INSUFFICIENT BOND COVERAGE.**

**Date of the Surety Bond Report**

Prior years may be filed using the electronic version of this form. To change the year of filing, choose the year from the drop down menu at the top of the form. Dates on the electronic form will adjust to conform to the period of filing.

**Section I.**

Cash balances should be recorded using the reconciled balances as of December 31, . Show the account numbers of all bank accounts. Indicate the local's bank branch addresses in the space provided at the end of this section.

\* If the council/local has more than four (4) accounts, attach or email a separate list with the same information for all of the accounts and the total. Indicate “Total- See Attached” under the Bank column for any line in this section, and provide the total in the same line under the Balance as of December 31, column.

**Section II.**

Record the balances as of December 31, , on all certificates of deposit, money market accounts and the market value of stocks, bonds and other securities. Do not include real estate. Indicate financial institution addresses in the space provided.

\* If the council/local has more than four (4) investment line items, attach or email a separate list with the same information for all of the line items and the total. Indicate “Total- See Attached” under the Name column for any line in this section, and provide the total in the same line under the Balance or Market Value as of December 31, column.

**Section III.**

Dues and other receipts should be recorded using the actual amounts received during . If a council/local was not in operation for the full calendar year of , the additional amount that would have been received in a full year should be included with any anticipated increases on the “Anticipated Increase in ” line. An increase in dues and/or a projected increase in membership will probably result in more funds handled by the council/local union.

**Grand Total**

After completing all three sections, total all of the figures and record on the “Grand Total” line.

**Lower Section**

Please be sure that the lines for your council/local number, council affiliation (if local), and other requested information has been completed and that the report is signed by an officer. Councils/locals completing this form electronically should type the signatory officer's name in the signature line. The officer's name will be treated as an electronic signature.

**Where to file:**

Electronic filings to: The following email address: [suretybond@afscme.org](mailto:suretybond@afscme.org)

Paper filings to: **AFSCME- Attn: Auditing Department**

**1625 L Street, NW**

**Washington, DC 20036-5687**

**Additional item to include:**

Attach a copy of the last financial statement presented to your executive board and/or membership. Electronic filings should preferably include this item as an additional attachment to the email. Alternatively, this statement may be sent under separate cover to the paper filing address above.

**Due date: FORWARD TO THE INTERNATIONAL HEADQUARTERS NO LATER THAN MARCH 1, 2016.**