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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Enid, Oklahoma, City Employees Local #1136 of AFSCME, AFL-CIO

D Employer identification number

51-0671277

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

215 W Owen K Garriott

Suite 4

City or town, state or country, and ZIP + 4

E Telephone number

580-747-7401

Enid, OK 73701

F Group Exemption

Number ► 1381

G Accounting Method Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ►

required to attach Schedule B

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ► (insert no) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

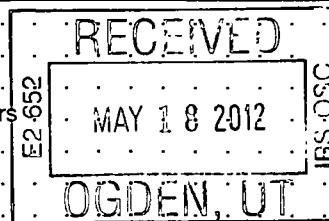
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	65
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	60562
	4 Investment income	4	434
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events	5c	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5760
	c Less: direct expenses from gaming and fundraising events	6c	2979
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2781
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)	7c	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	8	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	9	63842
	11 Benefits paid to or for members	10	4621
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	1065
	15 Printing, publications, postage, and shipping	14	8059
	16 Other expenses (describe in Schedule O)	15	818
	17 Total expenses. Add lines 10 through 16 ►	16	29819
		17	44382
		18	19460
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	68358
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►		87818



8P

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	66339	22 86127
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2019	24 1691
25	Total assets	68358	25 87818
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	68358	27 87818

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

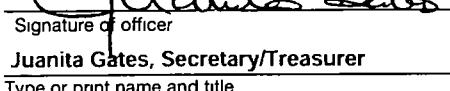
28	-----			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	N/A	
29	-----			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	N/A	
30	-----			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	N/A	
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	N/A	
32	Total program service expenses (add lines 28a through 31a) ►	32	N/A	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Goodpasture 628 N Malone Enid, OK 73701	President - 20	0	0	0
Thomas Buckley 921 N 10th Enid, OK 73701	Vice-President - 10	0	0	0
Juanita Gates 7107 W Southgate Enid, OK 73703	Sec/Treas - 10	0	0	0
Cindy Blaser 4410 Bunker Hill Enid, OK 73703	Secretary - 5	0	0	0
Steve Straw 1810 W Locust Enid, OK 73703	Executive Board - 2	0	0	0
Tim Hess 901 Briar Ridge Road Enid, OK 73703	Executive Board - 2	0	0	0
Clay Robinson 468 E Ohio Enid, OK 73701	Executive Board - 2	0	0	0
Tom Hight 2711 Yucca Drive Enid, OK 73701	Trustee - 1	0	0	0
Randy Gee 1415 N Jackson Enid, OK 73701	Trustee - 1	0	0	0
Frank Sweet 2216 E Maple Enid, OK 73701	Trustee - 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	40b	
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► Oklahoma		
42a The organization's books are in care of ► Juanita Gates	Telephone no. ► 580-747-7401	
Located at ► 7107 W Southgate Enid, OK	ZIP + 4 ► 73703	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? _____ If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes	No
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>				
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	Yes	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	Yes	No
b	If "Yes," was the related organization a section 527 organization?	49b	Yes	No
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			
(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation
f	Total number of other employees paid over \$100,000 ►			
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			
(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service	(c) Compensation	
d	Total number of other independent contractors each receiving over \$100,000 ►			
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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				
Sign Here				Date 05/15/12
	Signature of officer			
	Juanita Gates, Secretary/Treasurer			
Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	Firm's name ►		Firm's EIN ►	
	Firm's address ►		Phone no	
May the IRS discuss this return with the preparer shown above? See instructions ►				

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

Enid, Oklahoma, City Employees Local #1136 of AFSCME, AFL-CIO

Employer identification number

51-0671277

Part I

Expenses: Line 10 - Grants and similar amounts paid (Charitable Contributions/Projects) - Total \$4621

AFSCME Local 1136 held our Second Annual Car/Truck Show. The net proceeds were donated to Enid Mobile Meals: Total Donation \$2700

AFSCME Local 1136 donated funds to our Local American Red Cross Heros Campaign: Total Donation \$500

AFSCME Local 1136 participated in our Community wide "Scare-on-the-Square" to help promote a safe Halloween Members were present to hand out candy and balloons. Total cost of project: \$686

AFSCME Local 1136 adopted a family through the Salvation Army "Spruce Up A Life" program. Total cost of project: \$735

Expenses. Line 16 - Other Expenses - Total: \$29819

Advertising 159

Annual Member Picnic 2786

Yard Signs 1161

Dues - International 22924

Good & Welfare 132

Meals/Entertainment 104

Mileage Reimbursement 601

Office Supplies 1132

Surety Bond 194

Training 626

Part II

Line 24 - Other Assets - Total \$1691

Office Equipment 1441

Rental Deposit 250