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990-EZDepartment of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public
Inspection**Under 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.

A For the 2012 calendar year, or tax year beginning , 2012, 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**

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

Room/suite

215 W Owen K Garriott

Suite4

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

Enid, OK 73701

D Employer identification number

51-0671277

E Telephone number

(580) 231-2085

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527**H Check** ► if the organization is not required to attach Schedule B (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	23
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	54954
	4 Investment income	4	319
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	9330
	c Less: direct expenses from gaming and fundraising events	6c	4782
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4548
	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)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59844
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	7668
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1904
	14 Occupancy, rent, utilities, and maintenance	14	8021
	15 Printing, publications, postage, and shipping	15	61
	16 Other expenses (describe in Schedule O)	16	25731
Net Assets	17 Total expenses. Add lines 10 through 16	17	43385
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16459
	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)	19	87818
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	104277

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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	86127	22
23	Land and buildings	23	102586
24	Other assets (describe in Schedule O)	1691	24
25	Total assets	87818	25
26	Total liabilities (describe in Schedule O)	26	104277
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	87818	27
		104277	

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? Member Services

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	Organized new members			
	(Grants \$ <input type="text"/> N/A) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a	N/A
29	Negotiated contracts			
	(Grants \$ <input type="text"/> N/A) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a	N/A
30	Handled grievances			
	(Grants \$ <input type="text"/> N/A) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a	N/A
31	Other program services (describe in Schedule O)			
	(Grants \$ <input type="text"/> N/A) 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 title	(b) 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				
President	20	0	0	0
Frank Sweet				
Vice-President/Former Trustee	10	0	0	0
Thomas Buckley				
Secretary-Treasurer/Former Vice-President	10	0	0	0
Juanita Gates				
Former Secretary-Treasurer	10	0	0	0
Nicci Groom				
Secretary/Former Executive Board	5	0	0	0
Cindy Blaser	5	0	0	0
Former Secretary				
Frank Haley	2	0	0	0
Executive Board				
Chris Mochon	2	0	0	0
Executive Board				
Tim Schultz	2	0	0	0
Executive Board				
Steve Straw, Trustee/Former Executive Board				
Tim Hess, Former Executive Board	2	0	0	0
Randy Gee, Trustee				
Gene Robertson, Trustee	1	0	0	0
Tom Hight, Former 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

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? 38a

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? 38b 39a 39b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 40a

39 Section 501(c)(7) organizations. Enter: 40b

a Initiation fees and capital contributions included on line 9 40c

b Gross receipts, included on line 9, for public use of club facilities 40d

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40e

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 40f

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 40g

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40h

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 40i

41 List the states with which a copy of this return is filed ► Oklahoma

42a The organization's books are in care of ► Thomas Buckley Telephone no. ► (580) 231-2085 Located at ► 215 W Owen K Garriott Enid, OK ZIP + 4 ► 73701 42b

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)? 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**. 42c

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: ► 43

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 

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

		Yes	No
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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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"		

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.

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	<i>Tom Buckley</i>		<i>5-13-13</i>		
	Signature of officer		Date		
	Thomas Buckley, Secretary/Treasurer				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			
May the IRS discuss this return with the preparer shown above? See instructions.					

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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: \$7668

AFSCME Local 1136 held our Third Annual Car/Truck/Bike Show. The net proceeds were donated to YWCA - Women Crisis Center \$4500

AFSCME Local 1136 donated funds to the Vietnam Memorial Wall Project: \$1000

AFSCME Local 1136 participated in a "Thunder in the Outfield" Fund raiser - net proceeds were donated to Booker T Washington. \$754

AFSCME Local 1136 participated in the "Cherokee Strip Parade" where members marched in the parade and handed out candy: \$170

AFSCME Local 1136 participated in the United Way Campaign: \$286

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. Due to lack of availability of Helium, balloons were not handed out this year: \$398

AFSCME Local 1136 adopted a family through the Salvation Army "Spruce Up A Life" program. \$560

Expenses: Line 16 - Other Expenses - Total: \$25731

Annual Member Picnic 2684

Awards/Recognition 131

Bank Charges 5

Dues - International 20801

Good & Welfare 168

Meals/Entertainment 315

Mileage Reimbursement 170

Office Supplies 830

Surety Bond 194

Training 190

Travel 243

Part II - Line 24 - Other Assets - Total: \$1691

Office Equipment 1441

Rental Deposit 250