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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 Suite 4
 City or town, state or province, country, and ZIP or foreign postal code
Enid, OK 73701

D Employer identification number
51-0671277

E Telephone number
(580) 231-3464

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, 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 ☐

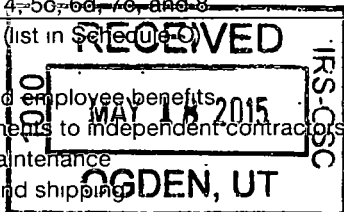
	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	Contributions, gifts, grants, and similar amounts received																											
	Program service revenue including government fees and contracts																											
	Membership dues and assessments		42123																									
	Investment income			143																								
	Gross amount from sale of assets other than inventory																											
	Less: cost or other basis and sales expenses																											
	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	Gaming and fundraising events																											
	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																											
	Less: direct expenses from gaming and fundraising events																											
	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
	Gross sales of inventory, less returns and allowances																											
	Less: cost of goods sold																											
	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	Other revenue (describe in Schedule O)																											
	Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8																											
Expenses	10	11	12	13	14	15	16	17	18	19	20	21																
	Grants and similar amounts paid (list in Schedule O)																											
	Benefits paid to or for members																											
	Salaries, other compensation, and employee benefits																											
	Professional fees and other payments to independent contractors			842																								
	Occupancy, rent, utilities, and maintenance			10919																								
	Printing, publications, postage, and shipping																											
	Other expenses (describe in Schedule O)			22795																								
	Total expenses. Add lines 10 through 16			36046																								
Net Assets	18	19	20	21																								
	Excess or (deficit) for the year (Subtract line 17 from line 9)			6220																								
	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)			90807																								
	Other changes in net assets or fund balances (explain in Schedule O)																											
	Net assets or fund balances at end of year. Combine lines 18 through 20			97027																								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

SCANNED JUN 11 2015



P21

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	88696	22 94916
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2111	24 2111
25 Total assets	90807	25 97027
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90807	27 97027

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, optional for others)

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

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
<u>Michael Goodpasture</u> President	10	0	0	0
<u>Larry Larue</u> Vice-President	5	0	0	0
<u>Frank Sweet</u> Secretary/Treasurer	5	0	0	0
<u>Nicci Groom</u> Recording Secretary	2	0	0	0
<u>Doris Todd</u> Executive Board	2	0	0	0
<u>Gene Robertson</u> Executive Board	2	0	0	0
<u>Ryan Stephenson</u> Executive Board	2	0	0	0
<u>Randy Gee</u> Trustee	1	0	0	0
<u>Bill Cooper</u> 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 0		
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		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ Frank Sweet Telephone no ▶ (580) 231-3464 Located at ▶ 215 W Owen K Garriott Enid, OK ZIP + 4 ▶ 73701		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	✓
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	✓
b 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 title of each employee	(b) 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	(e) Estimated amount of other 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"

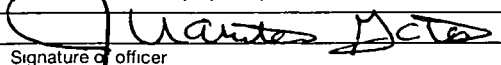
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 must attach a completed Schedule A

☐ Yes ☐ 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	Signature of officer 	Date <u>05/14/15</u>
	Juanita Gates, Member for Frank Sweet, Secretary/Treasurer	05/14/15
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	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 ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

51-0671277

Part 1 - Expenses Line 10 - Grants and similar amounts paid (Charitable Contributions/Projects) - Total: \$1490

AFSCME Local 1136 participated in the City of Enid Adopt-a-Highway Project - picking up trash each quarter: \$99

AFSCME Local 1136 adopted a family through the Salvation Army "Spruce Up A Life" program: \$1391

Part 1 - Expenses: Line 16 - Other Expenses - Total: \$22795

Members Annual Picnic 3054

Awards/Recognition 690

Dues - International 17215

Good & Welfare 324

Copies 1

Meeting Expense 735

Office Supplies 582

Surety Bond 194

Part II - Line 24 - Other Assets - Total: \$2111

Office Equipment 1861

Rental Deposit 250