



Form 990-EZ

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2018

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service05
00

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

1812

A For the 2018 calendar year, or tax year beginning		, 2018, and ending	, 20
B Check if applicable	C Name of organization 23		
<input type="checkbox"/> Address change	Enid, Oklahoma, City Employees Local #1136 of AFSCME ALF-CIO		
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) 23		
<input type="checkbox"/> Initial return	215 W Owen K Garriott		
<input type="checkbox"/> Final return/terminated	Room/suite 23		
<input type="checkbox"/> Amended return	Suite 4		
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code 23		
Enid, OK 73701		05	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
I Website: ►			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) 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) **21**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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 38048
	4 Investment income	4 578
	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:	
	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
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	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)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 731
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits 21	12
	13 Professional fees and other payments to independent contractors 21	13 342
	14 Occupancy, rent, utilities, and maintenance	14 9463
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O) 21	16 16457
	17 Total expenses. Add lines 10 through 16	17 26993
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11633
	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 106396
	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 118029

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2018)

96

22/22

DT 990-EZ
SCANNED APR 22 2021 APR 29 '21
5990910

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	104338	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2059	24
25	Total assets	106396	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	106396	27
			118029

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

.....

28a **(Grants \$)** If this amount includes foreign grants, check here ► **29 Negotiated contracts**

.....

29a **(Grants \$)** If this amount includes foreign grants, check here ► **30 Handled grievances**

.....

30a **(Grants \$)** If this amount includes foreign grants, check here ► **31 Other program services (describe in Schedule O)**

.....

31a **(Grants \$)** If this amount includes foreign grants, check here ► **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

28 (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 Humphries	10	0	0	0
President				
Joey Breeze	5	0	0	0
Vice President				
Alyson Burrow	5	0	0	0
Secretary/Treasurer				
Angela Langham	2	0	0	0
Recording Secretary				
Tom Buckley	2	0	0	0
Executive Board				
Phillip Runco III	2	0	0	0
Executive Board				
Michael Roberts	2	0	0	0
Executive Board				
Todd Felber	1	0	0	0
Trustee				
Joe Lechltler	1	0	0	0
Trustee				
.....				
.....				
.....				

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

	Yes	No
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	✓
35b	✓
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**

37a	✓
37b	✓

b Did the organization file Form 1120-POL for this year?

37b	✓
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?

38a	✓
-----	---

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

38b	✓
-----	---

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

39a	✓
39b	✓

a Initiation fees and capital contributions included on line 9

39b	✓
-----	---

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

40b	✓
-----	---

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), 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

40e	✓
-----	---

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

40e	✓
-----	---

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40e	✓
-----	---

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**

40e	✓
-----	---

42a The organization's books are in care of ► **Frank Sweet**

Telephone no. ► (580) 242-1698

Located at ► **215 W Owen K Garriott, Suite 4 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)?

42b	✓
-----	---

If "Yes," enter the name of the foreign country ►

42c	✓
-----	---

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42c	✓
-----	---

c At any time during the calendar year, did the organization maintain an office outside the United States? 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**

42c	✓
-----	---

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

44a	✓
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44a	✓
-----	---

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

44a	✓
-----	---

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

44a	✓
-----	---

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

	Yes	No
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

1

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		?
49a		
49b		

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

48		?
49a		
49b		

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 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

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

Form 990-EZ (2018)

**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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

Enid, Oklahoma, City Employees Local #1136 AFSCME, ALF-CIO

Employer identification number

51-0671277

Part 1 - Expenses: Line 10 - Grants and similar amount paid (Charitable Contributions/Projects) - Total \$731

AFSCME Local 1136 - Donated framed picture of Martin Luther King to City of Enid \$442

AFSCME Local 1136 - Donated Halloween candy for City of Enid community haunted house \$289

Part 1 - Expenses: Line 16 - Other Expenses - Total \$16457

Dues - International 12328

Good & Welfare 618

Meeting Expense 363

Membership Promotion 1880

Office Supplies 640

Surety Bond 194

Training 241

Travel 193

Part H - Line 24 - Other Assets - Total: \$2517

Office Equipment 2267

Rental Deposit 250