

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public
Inspection

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

1912

A For the 2019 calendar year, or tax year beginning		, 2019, and ending	
B Check if applicable	C Name of organization AMER		
<input type="checkbox"/> Address change	Enid, Oklahoma, City Employees Local #1136 of AFSCME AFL-CIO		
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 215 W Owen K Garriott		
<input type="checkbox"/> Initial return	Room/suite Suite 4		
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code 05		
<input type="checkbox"/> Amended return	Enid, OK 73701		
<input type="checkbox"/> Application pending			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> 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) — <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) **?**Check if the organization used Schedule O to respond to any question in this Part I

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 36921
4 Investment income	4 818
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
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)	6d
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 37739
10 Grants and similar amounts paid (list in Schedule O)	10 1048
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 ?	13 510
14 Occupancy, rent, utilities, and maintenance	14 9133
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O) ?	16 16935
17 Total expenses. Add lines 10 through 16 ►	17 27626
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 10113
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 118029
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 128142

g6

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	115512	22 125625
23 Land and buildings		23
24 Other assets (describe in Schedule O)		2517 24 2517
25 Total assets	1	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)	118029	27 128142

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)**(Grants \$) If this amount includes foreign grants, check here ► **31a** **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
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				
Joe Lechliter	1	0	0	0
Trustee				
Todd Felber	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 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

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

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 ► 40b

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 40b

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

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 40b

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) 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)? If "Yes," enter the name of the foreign country ► 42b

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 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

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

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37a		
37b	✓	
38a	✓	
38b		
39a		
39b		
40b		
40e	✓	
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
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) whose compensation totals \$100,000 or more for the year. If the organization has fewer than five employees, list all employees.		

f Total number of other employees paid over \$100,000 ►

51	<p>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."</p> <table border="1" data-bbox="342 1146 1366 1211"> <thead> <tr> <th data-bbox="342 1146 788 1154">(a) Name and business address of each independent contractor</th><th data-bbox="788 1146 1150 1154">(b) Type of service</th><th data-bbox="1150 1146 1366 1154">(c) Compensation</th></tr> </thead> <tbody> <tr> <td data-bbox="342 1154 788 1163"></td><td data-bbox="788 1154 1150 1163"></td><td data-bbox="1150 1154 1366 1163"></td></tr> <tr> <td data-bbox="342 1163 788 1171"></td><td data-bbox="788 1163 1150 1171"></td><td data-bbox="1150 1163 1366 1171"></td></tr> <tr> <td data-bbox="342 1171 788 1180"></td><td data-bbox="788 1171 1150 1180"></td><td data-bbox="1150 1171 1366 1180"></td></tr> <tr> <td data-bbox="342 1180 788 1188"></td><td data-bbox="788 1180 1150 1188"></td><td data-bbox="1150 1180 1366 1188"></td></tr> <tr> <td data-bbox="342 1188 788 1196"></td><td data-bbox="788 1188 1150 1196"></td><td data-bbox="1150 1188 1366 1196"></td></tr> </tbody> </table>	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation															
(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		1-28-2021
	Signature of officer	Date
	Frank Sweet, Secretary/Treasurer	
	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.
► Go to www.irs.gov/Form990 for the latest information.

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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 amount paid (Charitable Contributions/Projects) - Total \$1048

AFSCME Local 1136 - Donated Halloween candy for City of Enid Community haunted house. \$298

AFSCME Local 1136 - Donated to Salvation Army for their "Spruce Up a Life" Program 750

Part 1 - Expenses Line 16 - Other Expenses - Total. \$16935

Bank Charges 59

Dues - International 13979

Good & Welfare 24

Meeting Expense 232

Membership Promotion 1700

Office Supplies 547

Surety Bond 194

Training 200

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

Office Equipment 2267

Rental Deposit 250