

2009

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: American Federation of Government Employees AFGE Local 2505 AFL-CIO City or town: Magda Mashburn, Sec-Treas AFGE Local 2505 3837 Highpoint Ct Norman OK 73072

D Employer identification number: 73-6108724 Telephone number: (405) 364-6950 F Group Exemption Number: 0194

G Accounting Method: X Cash Accrual Other (specify)

H Check X 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) 253 (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$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.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for interest, refunds, and total revenue of 57,564.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

Table with 7 rows for Balance Sheets. Includes handwritten entries for total assets of 34,048 and total liabilities of 44,128.



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
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 . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
b	Did the organization file Form 1120-POL for this year? . . . . .		
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 period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
39	Section 501(c)(7) organizations. Enter:	<b>39a</b>	
a	Initiation fees and capital contributions included on line 9 . . . . .	<b>39b</b>	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 . . . . .		
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <b>Magda Mashburn, Sec-Treas</b> Telephone no. ▶ <b>(405) 364-6950</b> Located at ▶ <b>AFGE Local 2505</b> ZIP + 4 ▶ _____ <b>3837 Highpoint Ct</b> <b>Norman OK 73072</b> or other authority or other financial		
b	At any time during the calendar year, did _____ or other authority over a financial account in a foreign cour or other financial account)? . . . . .		X
	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 of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
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. ▶ <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

2009

Other Expenses

Member Per Capita Payments to AFGE National and Council 220	\$34,024
Bond Insurance	72
Training/Conferences/Conventions	3,434
Membership Incentives	675
Reimbursement to Officers*	8,979
<b>TOTAL</b>	<b>\$47,184</b>

\*None of the officers received compensation. Contributions to employee benefit plans & deferred compensation is also none for all officers.

Amounts paid to officers represent reimbursement for travel and other expenses related to organizing, arbitration and representation.

Breakdown:

DeJuliis	\$5635.83
Lewis	62.00
Mashburn	1703.54
Brooks	371.45
Roberts	1206.07

Addresses for officers:

Ralph DeJuliis, President  
1715 North Country Club Road, Muskogee, OK 74403

Carol Lewis, Executive Vice President  
P O Box 163, McAlester, OK 74501

Magda Mashburn, Secretary-Treasurer  
3837 Highpoint Ct, Norman, OK 73072

Mitzi Brooks, 1<sup>st</sup> Vice President  
110 Stull Ct, Enid, OK 73703

Mary Roberts, 2<sup>nd</sup> Vice President  
424 Bannister, Norman, OK 73072

Hours per week devoted to position:

DeJuliis 38, Lewis 2, Mashburn 20, Brooks 1, Roberts 2

**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 46-49b and complete the tables for lines 50 and 51.

- |  | Yes        | No |
|--|------------|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |    |

**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 . . . . . ▶

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: *Magda Mashburn*

Date: *2-23-10*

**Magda Mashburn, Sec-Treas**  
**AFGE Local 2505**  
**3837 Highpoint Ct**  
**Norman OK 73072**

**Paid Preparer's Use Only**

Prepare signature  
 Firm's name, address, and phone number

Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
EIN		Phone no.

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

Yes  No