



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990

Department of the Treasury
Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
AMALGAMATED TRANSIT UNION
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
5025 WISCONSIN AVENUE NW
Room/suite
City or town, state or country, and ZIP + 4
WASHINGTON, DC 20016

D Employer identification number
53-6014540

E Telephone number
(202) 537-1645

G Gross receipts \$ 78,568,815

F Name and address of Principal Officer
WARREN S GEORGE
5025 WISCONSIN AVENUE NW
WASHINGTON,DC 20016

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

H(b) Are all affiliates included?
☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number

I Tax-exempt status ☒ 501(c) (5) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: www.atu.org

K Type of organization ☐ Corporation ☐ trust ☒ association ☐ other

L Year of Formation 1892

M State of legal domicile DC

Part I Summary

Activities & Governance
1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 18
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0
5 Total number of employees (Part V, line 2a) 5 68
6 Total number of volunteers (estimate if necessary) 6 0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

Revenue
8 Contributions and grants (Part VIII, line 1h) 8 0
9 Program service revenue (Part VIII, line 2g) 9 19,295,845 20,407,221
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 23,572,687 -13,199,867
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 473,459 630,998
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 43,341,991 7,838,352

Expenses
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 26,604
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 1,395,931 2,131,519
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 15,340,288 16,010,614
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
16b (Total fundraising expenses, Part IX, column (D), line 25 0)
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 10,826,104 10,947,696
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 18 27,562,323 29,116,433
19 Revenue less expenses Subtract line 18 from line 12 19 15,779,668 -21,278,081

Net Assets or Fund Balances
20 Total assets (Part X, line 16) 20 146,030,278 124,335,406
21 Total liabilities (Part X, line 26) 21 6,578,193 6,161,402
22 Net assets or fund balances Subtract line 21 from line 20 22 139,452,085 118,174,004

Part II Signature Block

Please Sign Here
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
Signature of officer 2010-05-15 Date
OSCAR OWENS INTL SEC-TREAS Type or print name and title

Paid Preparer's Use Only
Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 CALIBRE CPA GROUP PLLC EIN
1850 K STREET NW Phone no (202) 331-9880
WASHINGTON, DC 20006

Part II

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission
SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

LABOR UNION ACTIVITIES INCLUDING MEMBERSHIP ADMINISTRATION AND REPRESENTATION, EDUCATION, ORGANIZING, AND CONTRACT ADMINISTRATION

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e















Total program service expenses \$

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | 4 | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | 5 | No |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  | 9 | No |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | 10 | No |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>  | 11 | Yes |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>  | 12 | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | Yes |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>  | 14b | Yes |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>  | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>  | 16 | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | No |
| 20 | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | 20 | No |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | 21 | Yes |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | 22 | Yes |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>  | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | 25b | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>  | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>  | 27 | No |

Part IV

Checklist of Required Schedules (Continued)

| | Yes | No |
|---|-----|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | | No |
| b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | Yes | |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | No |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | Yes | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | No |
| 36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | | |
|-----|---|-----|-------|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 1,165 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 68 | |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i> | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | 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)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country <u>CA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | |
| 1b | Enter the number of voting members that are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 | Does the organization have members or stockholders? | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | Yes | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | the governing body? | Yes | |
| 8b | each committee with authority to act on behalf of the governing body? | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | Yes | |
| 9b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | Yes | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | No |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies

| | | | |
|------------------------------------|--|-----|----|
| | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 | Yes | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 | Does the organization have a written whistleblower policy? | | No |
| 14 | Does the organization have a written document retention and destruction policy? | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | |
| 15a | The organization's CEO, Executive Director, or top management official? | Yes | |
| 15b | Other officers or key employees of the organization? | Yes | |
| Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 16b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed _____ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. OSCAR OWENS 5025 WISCONSIN AVENUE NW WASHINGTON, DC 20016 (202) 537-1645 |

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Total | | | | | | | | | 4,499,339 | 0 | 2,733,208 |

| | | Yes | No |
|----------|--|----------|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| KELLY PRESS ASSOCIATES INC 1701 CABIN BRANCH ROAD CHEVERLY, MD 20785 | PRINTING | 941,666 |
| CONVENTION SERVICES UNLIMITED 1701 CABIN BRANCH ROAD CHEVERLY, MD 20785 | CONVENTION SERVICES | 574,561 |
| K&R INDUSTRIES INC PO BOX 220690 CHANTILLY, VA 20153 | SUPPLIER | 222,051 |
| HELIX CONSTRUCTION SERVICES INC 1131 BENFIELD BOULEVARD SUITE F MILLERSVILLE, MD 21108 | CONSTRUCTION | 190,708 |
| THE HEISERMAN GROUP 4962 FAIRMONT AVENUE BETHESDA, MD 20814 | ENGINEERING | 155,026 |
| 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization | | 7 |

Part VIII

Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 | |
|---|--|---|--|--------------------------|--|---|--|-----------|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | | | |
| | b | Membership dues 1b | | | | | | |
| | c | Fundraising events 1c | | | | | | |
| | d | Related organizations 1d | | | | | | |
| | e | Government grants (contributions) 1e | | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h | Total (Add lines 1a-1f) | | | | | | |
| | Program Service Revenue | 2a | PER CAPITA TAX | Business Code 900,099 | 20,318,632 | 20,318,632 | | |
| b | | registration & reinsta | 900,099 | 88,589 | 88,589 | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f \$ 20,407,221 | | | | | | |
| Other Revenue | | 3 | Investment income (including dividends, interest other similar amounts) | | 2,791,519 | | | 2,791,519 |
| | | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross Rents | (i) Real 246,652 | (ii) Personal | | | | |
| | b | Less rental expenses | 89,627 | | | | | |
| | c | Rental income or (loss) | 157,025 | | | | | |
| | d | Net rental income or (loss) | | 157,025 | | | 157,025 | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 54,649,450 | (ii) Other | | | | |
| | b | Less cost or other basis and sales expenses | 70,640,836 | | | | | |
| | c | Gain or (loss) | -15,991,386 | | | | | |
| | d | Net gain or (loss) | | -15,991,386 | | | -15,991,386 | |
| | 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a | | | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a | | | | | | |
| | b | Less direct expenses b | | | | | | |
| | c | Net income or (loss) from gaming activities | | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | | |
| | b | Less cost of goods sold b | | | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | | |
| 11a | AFFINITY CARDS | 900,099 | 340,775 | | | 340,775 | | |
| b | REIMB BONDING PREMIUMS | 900,099 | 77,741 | 77,741 | | | | |
| c | MISC INCOME | 900,099 | 55,457 | 55,457 | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d \$ 473,973 | | | | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 7,838,352 | 20,540,419 | 0 | -12,702,067 | | |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 26,604 | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 2,131,519 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,127,596 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 3,536,625 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 4,878,468 | | | |
| 9 | Other employee benefits | 2,798,945 | | | |
| 10 | Payroll taxes | 1,668,980 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 308,760 | | | |
| c | Accounting | 81,290 | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 638,956 | | | |
| g | Other | 18,958 | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 550,483 | | | |
| 14 | Information technology | 52,632 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 667,386 | | | |
| 17 | Travel | 1,416,324 | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | 1,932,527 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 1,535,393 | | | |
| 22 | Depreciation, depletion, and amortization | 401,680 | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | LOSS ON CURRENCY ADJUST | 1,269,524 | | | |
| b | PUBLICATION & DISTRIBUTION | 658,634 | | | |
| c | MISCELLANEOUS | 423,461 | | | |
| d | DONATIONS | 411,519 | | | |
| e | COPE EXPENSES | 285,890 | | | |
| f | All other expenses | 294,279 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 29,116,433 | | | |
| 26 | Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|---|-----------------------|-----------------------|
| Assets | 1 | Cash—non-interest-bearing | 3,207,021 | 1 2,202,632 |
| | 2 | Savings and temporary cash investments | 21,856,500 | 2 16,013,029 |
| | 3 | Pledges and grants receivable, net | | 3 |
| | 4 | Accounts receivable, net | 119,377 | 4 64,130 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | 5 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | | 6 |
| | 7 | Notes and loans receivable, net | | 7 |
| | 8 | Inventories for sale or use | | 8 |
| | 9 | Prepaid expenses and deferred charges | 54,242 | 9 212,505 |
| | 10a | Land, buildings, and equipment cost basis | | |
| | | 10a 16,255,396 | | |
| | b | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | | |
| | | 10b 9,903,940 | 4,992,713 | 10c 6,351,456 |
| | 11 | Investments—publicly traded securities | 110,714,087 | 11 94,147,234 |
| | 12 | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> | 5,084,838 | 12 5,342,920 |
| | 13 | Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> | | 13 |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | 1,500 | 15 1,500 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 146,030,278 | 16 124,335,406 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 194,659 | 17 190,294 |
| | 18 | Grants payable | | 18 |
| | 19 | Deferred revenue | | 19 |
| | 20 | Tax-exempt bond liabilities | | 20 |
| | 21 | Escrow account liability <i>Complete Part IV of Schedule D</i> | | 21 |
| | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | | 22 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 | Unsecured notes and loans payable | | 24 |
| | 25 | Other liabilities <i>Complete Part X of Schedule D</i> | 6,383,534 | 25 5,971,108 |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,578,193 | 26 6,161,402 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | 139,452,085 | 27 118,174,004 |
| | 28 | Temporarily restricted net assets | | 28 |
| | 29 | Permanently restricted net assets | | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 |
| | 33 | Total net assets or fund balances | 139,452,085 | 33 118,174,004 |
| | 34 | Total liabilities and net assets/fund balances | 146,030,278 | 34 124,335,406 |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|---|---------------|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input type="checkbox"/> accrual <input checked="" type="checkbox"/> other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b Yes | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | No |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | |
|---|---|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate Contributions to (during year) | |
| 3 | Aggregate Grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|----|--|---------------|-------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

3b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------|----------------|
| 1a Land | | 390,987 | | 390,987 |
| b Buildings | | 8,709,669 | 6,742,525 | 1,967,144 |
| c Leasehold improvements | | 2,975,197 | 1,310,625 | 1,664,572 |
| d Equipment | | 70,704 | 33,194 | 37,510 |
| e Other | | 4,108,839 | 1,817,596 | 2,291,243 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 6,351,456 |

Schedule D (Form 990) 2008

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ | | |

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | |

| (a) Description of Liability | (b) Amount |
|--|------------|
| Federal Income Taxes | |
| ACCRUED FUNERAL BENEFITS | 5,971,108 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 5,971,108 |

Schedule D (Form 990) 2008

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 7,838,352 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 29,116,433 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -21,278,081 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -21,278,081 |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,772,847 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -1,269,524 |
| e | Add lines 2a through 2d | 2e | -1,269,524 |
| 3 | Subtract line 2e from line 1 | 3 | 7,042,371 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 638,956 |
| b | Other (Describe in Part XIV) | 4b | 157,025 |
| c | Add lines 4a and 4b | 4c | 795,981 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 7,838,352 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 27,050,928 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 27,050,928 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 638,956 |
| b | Other (Describe in Part XIV) | 4b | 1,426,549 |
| c | Add lines 4a and 4b | 4c | 2,065,505 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 29,116,433 |

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Part XII, Line 2d - Other Adjustments | | LOSS FROM CURRENCY EXCHANGE -1269524 |
| Part XII, Line 4b - Other Adjustments | | net rental INCOME reported on line 6 157025 |
| Part XIII, Line 4b - Other Adjustments | | NET RENTAL INCOME REPORTED ON LINE 6 157025 LOSS FROM CURRENCY EXCHANGE 1269524 |
| | | |
| | | |
| | | |
| | | |

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

| |
|---------------------------|
| Name of the organization |
| AMALGAMATED TRANSIT UNION |

Employer identification number

53-6014540

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance ☐ **Yes** ☐ **No**

2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|--------------------|-------------------------------------|---|--|--|----------------------------------|
| NORTH AMERICA | 1 | 4 | PROGRAM SERVICES | REPRESENT MEMBERS, ORGANIZING ACTIVITIES | 2,592,935 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ► | 1 | 4 | | | 2,592,935 |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule F (Form 990) 2008

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMALGAMATED TRANSIT UNION

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
53-6014540

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☒

| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e) Method of valuation (book, FMV , appraisal, other) | (f)Description of non-cash assistance |
|---|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| \$5,000 scholarships to five children of local members \$2,000 scholarship to one child of a local member | 6 | 27,000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule J

(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
AMALGAMATED TRANSIT UNION

Employer identification number

53-6014540

Part I

Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

☒ First class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☒ Tax idemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e g , maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☐ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes

No

1b

No

2

Yes

4a

No

4b

No

4c

No

5a

5b

6a

6b

7

8

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| See Additional Data Table | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

[illegible]

Software ID:

Software Version:

EIN: 53-6014540

Name: AMALGAMATED TRANSIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------------|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| TOMMY N MULLINS | (i) (ii) | 140,016 | | 13,267 | 55,744 | 28,441 | 237,468 | |
| JOSEPH WELCH | (i) (ii) | 140,016 | | 15,033 | 83,816 | 28,300 | 267,165 | |
| RODNEY RICHMOND | (i) (ii) | 140,016 | | 19,515 | 102,455 | 28,441 | 290,427 | |
| DONALD T HANSEN | (i) (ii) | 140,016 | | 14,643 | 94,995 | 28,300 | 277,954 | |
| ROBERT H BAKER | (i) (ii) | 140,016 | | 14,257 | 73,954 | 28,917 | 257,144 | |
| LARRY R KINNEAR | (i) (ii) | 132,105 | | 1,988 | 62,135 | 1,925 | 198,153 | |
| JAVIER M PEREZ JR | (i) (ii) | 140,016 | | 14,433 | 58,503 | 29,097 | 242,049 | |
| RICHARD MURPHY | (i) (ii) | 140,016 | | 15,784 | 74,234 | 28,917 | 258,951 | |
| BOB HYKAWAY | (i) (ii) | 132,105 | | 2,465 | 47,692 | 1,925 | 184,187 | |
| CHARLES COOK | (i) (ii) | 140,016 | | 13,580 | 103,367 | 28,917 | 285,880 | |
| WILLIAM MCLEAN | (i) (ii) | 140,016 | | 13,750 | 66,263 | 28,917 | 248,946 | |
| RONALD HEINTZMAN | (i) (ii) | 140,016 | | 14,680 | 47,633 | 29,097 | 231,426 | |
| JANIS BORCHARDT | (i) (ii) | 140,016 | | 14,250 | 58,431 | 12,062 | 224,759 | |
| LAWRENCE HANLEY | (i) (ii) | 140,016 | | 14,178 | 39,249 | 29,253 | 222,696 | |
| PAUL BOWEN | (i) (ii) | 140,016 | | 13,652 | 51,059 | 29,097 | 233,824 | |
| KENNETH R KIRK | (i) (ii) | 140,016 | | 14,889 | 26,993 | 29,315 | 211,213 | |
| GARY RAUEN | (i) (ii) | 140,016 | | 14,232 | 78,524 | 29,253 | 262,025 | |
| WRANDALL GRAHAM | (i) (ii) | 132,105 | | 2,465 | 60,751 | 1,925 | 197,246 | |
| MARCELLUS BARNES | (i) (ii) | 93,141 | | 12,646 | 42,679 | 29,253 | 177,719 | |
| WARREN GEORGE | (i) (ii) | 215,320 | | 31,400 | 53,506 | 28,300 | 328,526 | |
| MICHAEL J SIANO | (i) (ii) | 191,393 | | 32,537 | 59,903 | 28,300 | 312,133 | |
| OSCAR OWENS | (i) (ii) | 191,393 | | 27,936 | 57,439 | 28,300 | 305,068 | |
| BENETTA MANSFIELD | (i) (ii) | 180,464 | | 13,593 | 293,505 | 29,494 | 517,056 | |
| LEO WETZEL | (i) (ii) | 156,045 | | 12,568 | 106,385 | 30,151 | 305,149 | |
| KAREN HEAD | (i) (ii) | 105,871 | | 11,805 | 12,742 | 29,370 | 159,788 | |
| MATTHEW Kurkjian | (i) (ii) | 107,783 | | 11,963 | 55,313 | 29,253 | 204,312 | |
| SHAWN PERRY | (i) (ii) | 108,191 | | 12,127 | 80,854 | 29,097 | 230,269 | |
| NANCY TRUMBULL | (i) (ii) | 126,140 | | 12,130 | 41,571 | 29,354 | 209,195 | |
| CHARLES LESTER | (i) (ii) | 109,231 | | 12,046 | 18,222 | 12,320 | 151,819 | |

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

| | |
|---|--|
| Name of the organization AMALGAMATED TRANSIT UNION | Employer identification number 53-6014540 |
|---|--|

| Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). | | | |
|--|---------------------------------|--------------------------------|----------------|
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b | | | |
| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |
| | | | Yes No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|------|--|
| 2 | Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 | ▶ \$ | |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | ▶ \$ | |

| Part II Loans to and/or From Interested Persons | | | | | | | | | | |
|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a | | | | | | | | | | |
| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | \$ | | | | | | |

| Part III Grants or Assistance Benefitting Interested Persons | | |
|---|---|---|
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Part IV Business Transactions Involving Interested Persons | | | | | |
|---|---|---------------------------|---|---|----|
| To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. | | | | | |
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | Yes | No |
| STEPHEN GEORGE | STEPHEN GEORGE IS THE SON OF WARREN GEORGE, INT'L PRESIDENT | 57,873 | STEPHEN IS EMPLOYED BY THE ORGANIZATION | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number

53-6014540

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 6 | | THE THE ORGANIZATION HAS THE FOLLOWING CLASSES OF MEMBERS ACTIVE - RIGHTS PURSUANT TO THE ATU CONSTITUTION AND APPLICABLE FEDERAL AND STATE LAWS PENSION - RIGHTS PURSUANT TO THE ATU CONSTITUTION ACTIVE MEMBERS AT LARGE- RIGHTS PURSUANT TO THE ATU CONSTITUTION PENSION MEMBERS AT LARGE - RIGHTS PURSUANT TO THE ATU CONSTITUTION |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 7a | | Pursuant to the ATU Constitution members elect convention delegates at the local level Convention delegates elect the executive officers and the general executive board |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7b | | Pursuant to the ATU Constitution certain matters are referred to the convention delegates |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 10 | | The form is review ed by the International President, International Secretary-Treasurer and Controller |

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c | | Questionnaires regarding conflict of interest are required to be completed by current and former officers, directors and key employees on an annual basis The Ethics Committee is convened upon a complaint |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 15 | | EMPLOYEE SALARIES ARE DETERMINED BY THE EXECUTIVE OFFICERS OFFICERS COMPENSATION IS DETERMINED BY ACTION OF THE CONVENTION AND SET FORTH IN THE ORGANIZATION'S CONSTITUTION |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 | | THE ORGANIZATION MAKES ITS CONSTITUTION AVAILABLE ON ITS WEBSITE |

| Identifier | Return Reference | Explanation |
|---------------------------|------------------------------------|---|
| FORM 990, PART XI, LINE 1 | FINANCIAL STATEMENTS AND REPORTING | BOTH THE FINANCIAL STATEMENTS AND FORM 990 WERE PREPARED USING THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REVENUE IS RECOGNIZED WHEN RECEIVED OTHER THAN WHEN EARNED AND EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED |

| Identifier | Return Reference | Explanation |
|----------------------------|------------------------------------|---|
| FORM 990, PART XI, LINE 2C | FINANCIAL STATEMENTS AND REPORTING | THE ORGANIZATION HAS NOT CHANGED ITS PROCESS OF SELECTING AN INDEPENDENT ACCOUNTANT |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

Part I

Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II

Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|---------------------------------|--|----------------------------|---|----------------------------------|
| AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EE'S 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 401(A) | | N/A |
| ATU DISASTER RELIEF FUND 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-2344872 | DISASTER RELIEF | DC | 501(C)(3) | 170(B)(1)(A)(I) | N/A |
| ATU JERRY FUND 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-1445945 | RESEARCH FOR MULTIPLE SCLEROSIS | DC | 501(C)(3) | 170(b)(1)(A)(VI) | N/A |
| ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO 002 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 401(K) | | N/A |
| ATU NATIONAL 401(K) PLAN NO 001 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-2059290 | PROVIDE PENSION BENEFITS | DC | 401(K) | | N/A |
| OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 90-0258323 | PROVIDE PENSION BENEFITS | DC | 457 | | N/A |
| THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 457 | | N/A |

Part III

Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | (F) Share of total income | (G) Share of end-of- year assets | (H) Disproporionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|--|------------------------------|--|--|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

No

No

No

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|---|---------------------------------|------------------------|
| (1) See Additional Data Table | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 53-6014540

Name: AMALGAMATED TRANSIT UNION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal Domicile (State or Foreign Country) | (D) Exempt Code section | (E) Public charity status (if 501(c)(3)) | (F) Direct Controlling Entity |
|---|---------------------------------|---|----------------------------|--|----------------------------------|
| AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EE'S 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 401(A) | | N/A |
| ATU DISASTER RELIEF FUND 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-2344872 | DISASTER RELIEF | DC | 501(C)(3) | 170(B)(1)(A)(I) | N/A |
| ATU JERRY FUND 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-1445945 | RESEARCH FOR MULTIPLE SCLEROSIS | DC | 501(C)(3) | 170(b)(1)(A)(VI) | N/A |
| ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO 002 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 401(K) | | N/A |
| ATU NATIONAL 401(K) PLAN NO 001 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 52-2059290 | PROVIDE PENSION BENEFITS | DC | 401(K) | | N/A |
| OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 90-0258323 | PROVIDE PENSION BENEFITS | DC | 457 | | N/A |
| THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN 5025 WISCONSIN AVENUE NW WASHINGTON, DC20016 53-6014540 | PROVIDE PENSION BENEFITS | DC | 457 | | N/A |

Form 990, Schedule R, Part V - Transactions with Related Organizations

| (A) Name of other organization | | (B) Transaction type(a-r) | (C) Amount Involved (\$) |
|-----------------------------------|--|---------------------------------|--------------------------------|
| (1) | AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EE'S | K | 0 |
| (2) | AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EE'S | M | 0 |
| (3) | AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EE'S | Q | 4,878,468 |
| (4) | ATU DISASTER RELIEF FUND | K | |
| (5) | ATU DISASTER RELIEF FUND | M | |
| (6) | ATU JERRY FUND | K | |
| (7) | ATU JERRY FUND | M | |
| (8) | ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO 002 | K | |
| (9) | ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO 002 | M | |
| (10) | ATU NATIONAL 401(K) PLAN NO 001 | K | |
| (11) | ATU NATIONAL 401(K) PLAN NO 001 | M | |
| (12) | OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN | K | |
| (13) | OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN | M | |
| (14) | THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN | K | |
| (15) | THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN | M | |

Additional Data

Software ID:

Software Version:

EIN: 53-6014540

Name: AMALGAMATED TRANSIT UNION

Form 990, Part VII - Section Aaa

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|---------------------------------|--------|--|--|---|
| | | Individual Trustee or Director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| TOMMY N MULLINS , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 153,283 | 0 | 84,185 |
| JOSEPH WELCH , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 155,049 | 0 | 112,116 |
| RODNEY RICHMOND , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 159,531 | 0 | 130,896 |
| DONALD T HANSEN , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,659 | 0 | 123,295 |
| ROBERT H BAKER , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,273 | 0 | 102,871 |
| LARRY R KINNEAR , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 134,093 | 0 | 64,060 |
| JAVIER M PEREZ JR , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,449 | 0 | 87,600 |
| RICHARD MURPHY , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 155,800 | 0 | 103,151 |
| BOB HYKAWAY , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 134,570 | 0 | 49,617 |
| CHARLES COOK , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 153,596 | 0 | 132,284 |
| WILLIAM MCLEAN , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 153,766 | 0 | 95,180 |
| RONALD HEINTZMAN , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,696 | 0 | 76,730 |
| JANIS BORCHARDT , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,266 | 0 | 70,493 |
| LAWRENCE HANLEY , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,194 | 0 | 68,502 |
| PAUL BOWEN , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 153,668 | 0 | 80,156 |
| KENNETH R KIRK , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,905 | 0 | 56,308 |
| GARY RAUEN , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 154,248 | 0 | 107,777 |
| WRANDALL GRAHAM , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 134,570 | 0 | 62,676 |
| MARCELLUS BARNES , INTERNATIONAL VICE PRESI | 40 00 | X | | X | | | | 105,787 | 0 | 71,932 |
| WARREN GEORGE , INTERNATIONAL PRESIDENT | 40 00 | | | X | | | | 246,720 | 0 | 81,806 |
| MICHAEL J SIANO , INT'L EXECUTIVE VICE PRE | 40 00 | | | X | | | | 223,930 | 0 | 88,203 |
| OSCAR OWENS , INTERNATIONAL SECRETARY- | 40 00 | | | X | | | | 219,329 | 0 | 85,739 |
| BENETTA MANSFIELD , CHIEF OF STAFF | 40 00 | | | | X | | | 194,057 | 0 | 322,999 |
| LEO WETZEL , GENERAL COUNSEL | 40 00 | | | | X | | | 168,613 | 0 | 136,536 |
| KAREN HEAD , DIRECTOR OF POLITICAL AF | 40 00 | | | | | X | | 117,676 | 0 | 42,112 |
| MATTHEW Kurkjian , DIRECTOR of Data Process | 40 00 | | | | | X | | 119,746 | 0 | 84,566 |
| SHAWN PERRY , DIRECTOR OF COMMUNICATIO | 40 00 | | | | | X | | 120,318 | 0 | 109,951 |
| NANCY TRUMBULL , CONTROLLER | 40 00 | | | | | X | | 138,270 | 0 | 70,925 |
| CHARLES LESTER , ORGANIZING DIRECTOR | 40 00 | | | | | X | | 121,277 | 0 | 30,542 |

Software ID:
Software Version:
EIN: 53-6014540
Name: AMALGAMATED TRANSIT UNION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|

| Identifier | Return Reference | Explanation |
|--|--------------------------|---|
| FORM 990, PART I, LINE 1 AND PART III, LINE 1 | ORGANIZATIONS MISSION | The object of the International Union shall be to organize local unions To place our occupation on a higher plane of intelligence, efficiency and skill, encourage settlement of disputes between employees and employers, secure employment and adequate pay for our work To engage in such legislative, political, educational, cultural, social and welfare activities as will further the interests and welfare of the membership To seek the improvement of social and economic conditions in the United States and Canada and to promote the interests of labor everyw here |

| Identifier | Return Reference | Explanation |
|---|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 12C | | THE ORGANIZATION DOES NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY THE ORGANIZATION RETAINS ALL RECORDS CONSISTENT WITH THE RULES OF THE INTERNAL REVENUE SERVICE ICE AND THE DEPARTMENT OF LABOR |