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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMALGAMATED TRANSIT UNION LOCAL 1179 Number and street (or P O box, if mail is not delivered to street address) Room/suite 147-12 ARCHER AVENUE City or town, state or country, and ZIP + 4 JAMAICA, NY 11435	D Employer identification number 11-0476094
			E Telephone number (718) 736-1179
			F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: ATULOCAL1179@AOL.COM
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): 501(c)(5) (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 **\$** 449,707

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

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)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,774	22 26,146
23 Land and buildings		23
24 Other assets (describe)	143,607	24 85,639
25 Total assets	185,381	25 111,785
26 Total liabilities (describe)	3,064	26 5,073
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	182,317	27 106,712

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses
What is the organization's primary exempt purpose? LABOR ORGANIZATION		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 NA (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) . . . <input type="checkbox"/>		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

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: ***** Date: 2010-11-10

Type or print name and title: BENNIE CAUGHMANN FINANCIAL SEC

Paid Preparer's Use Only

Preparer's signature: STANLEY STAHL CPA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BRINSTER & BERGMAN LLP, 100 MERRICK RD STE 320E, ROCKVILLE CENTRE, NY 115704883

EIN: _____ Phone no: (516) 766-4800

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMALGAMATED TRANSIT UNION LOCAL 1179

Employer identification number 11-0476094

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF OUTTING</u> (event type)	<u>DINNER DANCE</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	12,417	11,681		24,098
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	12,417	11,681		24,098
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	18,242	21,624		39,866
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,866
11 Net income summary Combine lines 3, column d, and line 10. ▶				-15,768	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Other Assets Schedule

Name: AMALGAMATED TRANSIT UNION
 LOCAL 1179

EIN: 11-0476094

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	800	
Notes and Loans Receivable	142,069	
EXCHANGES	738	2,647
DUE FROM AFFILIATE		82,992

TY 2009 Other Expenses Schedule

Name: AMALGAMATED TRANSIT UNION

LOCAL 1179

EIN: 11-0476094

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
TELEPHONE	11,182
SUPPLIES	1,835
SEMINARS	912
REFUNDS	360
PUBLIC RELATIONS	2,020
PER CAPITA - LOCAL	6,805
PER CAPITA - INT'L	91,102
OFFICER'S EXPENSE	4,315
Office Expenses	5,378
MISCELLANEOUS	377
MEMBERSHIP ACTIVITIES	10,011
MEETING EXPENSE	8,075
EQUIPMENT RENTAL	1,593
CONTRIBUTIONS	1,810
Conferences, Conventions, and Meetings	661
BIBLES	504
BANK CHARGES	275
AUTO LEASE	6,879
AUTO EXPENSE	5,414
ARBITRATION	18,937

TY 2009 Other Liabilities Schedule

Name: AMALGAMATED TRANSIT UNION
 LOCAL 1179

EIN: 11-0476094

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	3,064	5,073

Additional Data**Software ID:****Software Version:****EIN:** 11-0476094**Name:** AMALGAMATED TRANSIT UNION
LOCAL 1179**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RALPH ESPOSITO 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	SHOP STEWARD 2 00	0		900
ANGELO BOSQUES 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	BOARD MEMBER 2 00	6,574		376
ANTHONY LONGO 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	WARDEN 2 00	2,643		188
BARRY MITCHELL 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	SHOP STEWARD 2 00	299		900
RICHARD SIMMONS 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	BOARD MEMBER 2 00	5,937		376
JAMES BERRY 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	BOARD MEMBER 2 00	4,879		376
KENNETH HAANRAADTS 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	REC SEC 2 00	8,045		392
JOHN LYONS 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	Vice President 2 00	8,194		1,618
JOHN LUCCHESI 214-53 JAMAICA AVE 5 QUEENS VILLAGE, NY 11428	BOARD MEMBER 2 00	6,283		1,756
BENNIE CAUGHMANN 214-53 JAMAICA AVE QUEENS VILLAGE, NY 11428	FINANCIAL SEC 7 00	17,533		2,902
JOHN LONGO 3480 ANCHOR PLACE OCEANSIDE, NY 11572	President 35 00	108,386		17,977