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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

► 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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. AMALGAMATED TRANSIT UNION-DIVISION 1547 P.O. BOX 1313 BROCKTON, MA 02303-1313	D Employer identification number 23-7167350 E Telephone number 508-588-1000 F Group Exemption Number ► 0155
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• **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: ► N/A**J Tax-exempt status** (check only one) — ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527

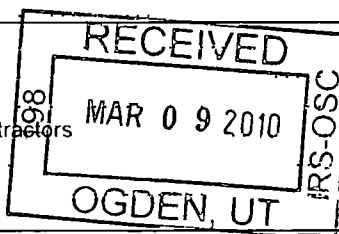
H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. ► \$ **111,172.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	111,172.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	111,172.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	30,784.
	13 Professional fees and other payments to independent contractors	13	34,567.
	14 Occupancy, rent, utilities, and maintenance	14	2,155.
	15 Printing, publications, postage, and shipping	15	1,652.
	16 Other expenses (describe ► <u>SEE STATEMENT 1</u>)	16	38,079.
	17 Total expenses. Add lines 10 through 16	17	107,237.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,935.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,099.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,034.

**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	14,417.	17,858.
23 Land and buildings		
24 Other assets (describe ► <u>SEE STATEMENT 2</u>)	682.	1,298.
25 Total assets	15,099.	19,156.
26 Total liabilities (describe ► <u>SEE STATEMENT 3</u>)	0.	122.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,099.	19,034.

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Part III	Statement of Program Service Accomplishments (See the instructions.)
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What is the organization's primary exempt purpose? SEE STATEMENT 4

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, or other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 DUES RECEIVED ARE USED TO CARRY OUT UNION BUSINESS AND TO PROMOTE
THE IDEALS AS STATED IN THE CONSTITUTION AND BYLAWS

(Grants \$) If this amount includes foreign grants, check here

28 a

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)
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[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **DIANE MASSARONI** Telephone no. **508-588-1000**
Located at **P.O. BOX 1313 BROCKTON MA** ZIP + 4 **02303-1313**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐ N/A ☐ N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

	Yes	No
44		X
45		X

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

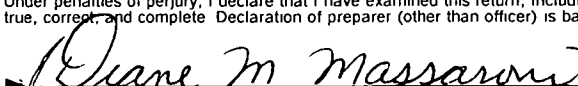
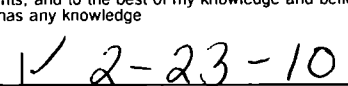
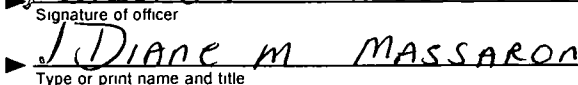
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	WILLIAM ALFORD	Date	2/15/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	ORGA, LLP 1410 PROVIDENCE HWY NORWOOD, MA 02062	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00002676
			EIN 04-3564919	Phone no (781) 551-0040

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

☒ Yes ☐ No

BAA

Form **990-EZ** (2009)

2009

FEDERAL STATEMENTS

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CLIENT AMA7350

AMALGAMATED TRANSIT UNION-DIVISION 1547

23-7167350

2/11/10

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STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION	\$	106.
DONATIONS		1,536.
MISCELLANEOUS		5,767.
PER CAPITA TAX		26,230.
TELEPHONE		1,577.
TRAVEL		1,826.
WORKERS' COMPENSATION		1,037.
TOTAL	\$	38,079.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
OTHER DEPRECIABLE ASSETS	\$ 106.	\$ 0.
P/R TAXES PAID IN ADVANCE-NET	576.	0.
TOTAL	\$ 682.	\$ 0.

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 122.
TOTAL	\$ 0.	\$ 122.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE THE IDEALS AS STATED IN THE CONSTITUTION

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROBERT LEEFE 100 ELIAB LATHAM WAY EAST BRIDGEWATER, MA 02303	VICE PRESIDENT 0	\$ 2,649.	\$ 72.	\$ 0.

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AMALGAMATED TRANSIT UNION-DIVISION 1547

23-7167350

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STATEMENT 5 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVID RIENKS 39 HILLBERG AVE BROCKTON, MA 02301	BOARD MEMBER 0	\$ 1,374.	\$ 219.	\$ 0.
OLIVER WILLIAMS 1801 MAIN STREET APT 2301 BRIDGEWATER, MA 02324	BOARD MEMBER 0	967.	11.	0.
JOHN TROXELL 25 BRAINTREE AVENUE BROCKTON, MA 02302	BOARD MEMBER 0	919.	0.	0.
DEBRA SPRINGER 718 BURT STREET TAUNTON, MA 02780	BOARD MEMBER 0	1,349.	170.	0.
JOSEPH BELAND 100 SHAWOMET AVE SOMERSET, MA 02726	BOARD MEMBER 0	1,248.	142.	0.
JAMES DOMBROWSKI 28 TEMPLE STREET ABINGTON, MA 02351	BOARD MEMBER 0	1,046.	0.	0.
ANNETTE MELLO 269 NORTH MAIN STREET MIDDLEBORO, MA 02346	RECORDING SEC 0	1,471.	0.	0.
EDMUND CAPOZZI 393 HODGES STREET TAUNTON, MA 02780	BOARD MEMBER 0	919.	0.	0.
RICHARD O'FLAHERTY 31 HOBART STREET EAST BRIDGEWATER, MA 02333	PRESIDENT 0	7,589.	650.	0.
JANICE BOUCHER 78 SOMERSET AVENUE TAUNTON, MA 02780	BOARD MEMBER 0	1,218.	0.	0.
DIANE MASSARONI 99 REGENT ROAD BROCKTON, MA 02302	TREASURER 0	2,773.	0.	0.
SUSAN WEDGE 11 MAPLE AVENUE EAST BRIDGEWATER, MA 02333	BOARD MEMBER 0	383.	0.	0.

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FEDERAL STATEMENTS

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CLIENT AMA7350

AMALGAMATED TRANSIT UNION-DIVISION 1547

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STATEMENT 5 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY KAMINSKI 243 GRAFTON STREET BROCKTON, MA 02303	BOARD MEMBER 0	\$ 1,056.	\$ 0.	\$ 0.
TOTAL		\$ 24,961.	\$ 1,264.	\$ 0.

STATEMENT 6

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO