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Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For th	the 2009 calendar year, or tax year beginning , 2009, and ending				=	, 20			
В	Check if				D Employ	er ident	tification number			
	Address	s change use IRS label or	use IRS Amalgamated Transit Union Local 1765				35-2304439			
$\Box$	Name o	change print or	Number and street (or P O box, if mail is not deliver	red to street address)	Room/suite	E Telepho	ephone number			
7	Initial re		120 State St. Po Box # 1410				360-539-4671			
⊨	Termina	Specific	City or town, state or country, and ZIP + 4		L	F 0		<del></del>		
┝	<b>i</b>	led return Instruc-	Olympia, wa. 98501-1131				oup Exemption mber ▶			
<u>_</u>		portor y								
	• Se		izations and 4947(a)(1) nonexempt charitable impleted Schedule A (Form 990 or 990-EZ).	trusts must attach	l l	_		Cash		
_		a co:	Impleted Schedule A (Form 990 or 990-EZ).			(specify) I				
		•	مي				If the organization is not			
	Webs				<u> </u>		tach Schedule B (Form 990,			
<u>J</u>	Tax-ex		only one) — 🗹 501(c) ( 🔏 ) 🖣 (insert no.) 🔲			Z, or 990-	<del></del>			
K	Check		ization is not a section 509(a)(3) supporting orgar							
_			eturn is not required, but if the organization cho				e returr	<u> </u>		
			ne 9 to determine gross receipts; if \$500,000 or mor				\$			
L	Part I	Revenue, Exp	penses, and Changes in Net Assets	or Fund Balanc	es (See the	instruct	ions fo	or Part I.)		
	1	Contributions, gif	fts, grants, and similar amounts received.			L	1	0		
	-2	Program-service	revenue เกิดในปฏิทยายาการ fees and co	ntrācts .			2	O		
	3	Membership due	sand assessments			Г	3	205,773.49		
	4	Investment incom				[	4	322.86		
	5a	a Gross amount fro	m sale of assets other than inventory .	5a	1 o					
	l b	Less: cost or other	er basis and sales expenses	5b	0					
	0		n sale of assets other than inventory (Subt	ract line 5b from I	ne 5a)	!	5c	0		
9	6		tivities (complete applicable parts of Schedule G) If ar							
Dovod	a			ntributions		_				
á		reported on line 1	-	6a	٥					
_	-   b	•	, ,, ,, ,	6b	0					
	ءَ ا		iss) from special events and activities (Sub				ic i	0		
	7a	•	ventory, less returns and allowances	1	n	· ·  -				
	b		-	7b	0					
	٦		oss) from sales of inventory (Subtract line 7			<del></del>	rc r	0		
	8	Other revenue (de	• •	biloniille raj .			8			
	9	•	add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			— ′ <b>–</b>	9	206,096.35		
_	10		ar amounts paid (attach schedule)	•		<del></del>	0	0		
	11	Benefits paid to d	· · · · · · · · · · · · · · · · · · ·			· · ·	11	<del></del>		
ú	ł	•	empensation, and employee benefits			_	2	85,811.95		
9	13		and other payments to independent contr			<u> </u>	3	11,020.40		
Fynoncoc	14					<b>—</b>	14	13,470.61		
Š	15	•	Occupancy, rent, utilities, and maintenance				5	2117.43		
_	16	Other expenses (	describe ► Gifts (Various throughout the					4120.62		
	17		Add lines 10 through 16				7	116,866.87		
_	40	Evoce or (deficit)	) for the year (Subtract line 17 from line 9)	· · · · · · ·			8	89231.48		
4	19		nd balances at beginning of year (from line					09231.40		
Ü			e reported on prior year's return)							
4	5						9			
Net Assets	20		net assets or fund balances (attach explan				20	<del></del>		
	21   21   1		d balances at end of year. Combine lines 1				21	of Form 000 57		
	en t									
_	n ~	<u> </u>			inning of ye		(B) End of year			
		Cash, savings, and investments				22				
		Land and buildings					23			
	24 (	Jiner assets (describ			_) <del> </del>	<del></del>	24			
		Total assets					$\overline{}$	25		
	26 T	Total liabilities (describe ►)  Net assets or fund balances (line 27 of column (B) must agree with line 21)						26		
2	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)						127	89.231.48		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses			
Wha		Support Union Members in				ured for section			
	ribe what was achieved in carrying out the org				501(c)(3) and 501(c)(4) organizations and section				
	ner, describe the services provided, the number o	of persons benefited, and of	other relevant info	rmation for		(a)(1) trusts, optional			
each	program title.					hers.)			
28									
					Ì				
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a				
29									
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a				
30		****							
				•••••					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a				
31	Other program services (attach schedule)								
		includes foreign grants, ch	eck here	<u>. ▶ □</u>	31a				
	Total program service expenses (add lines 28a t			<b>&gt;</b>	32				
Par	List of Officers, Directors, Trustees, and Key					<del></del>			
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expenseaccount and_			
		- devoted to position -	enter -0)	deferred comper	rsation	other allowances			
Kare	n Stites	President/BA 65+ per/Wk							
509 1	2th Ave Se #10	Tresident DA GO: pentitik	\$4055-per-mont	. ;	\$5235	\$1200			
Olyn	pia, Wa 98501								
	y Caldwell	Vice-President							
	2th Ave se #10		\$23.37perUnionH						
Olym	npia, wa 98501								
	d Plummer	Secretary/Treasurer							
	2th Ave Se #10		\$465.00permonth						
Olym	npia, Wa 98501								
_			d,						
R	ab Cleveland	Executive	91213,29						
	509 12th SE #10	Board Officer							
	Olympi . Wa 98501								
	D 1	<i>F</i> *							
	Fite meyer	Executive	1811.53						
	204/512 25 #10	Board Officer	1811.53						
	Pete Meyer 509/24 SE #10 Olympia, Wa 9850)								
		Executive	2226, 48						
	Tim Rowsey 1 12+ Air #10 Olympia Wa	Board Officer	2626, 98						
<u> </u>	Gua Hull	Executive	1012,65						
	1 12th Ave #10 Olympia Wa	Boord Offices	1012,63	,					
30	matt makes	Board Officer Executive	1101100						
Matt McReg 509 12th Ave #10 Olympic Wa Dan Faber		Board Officer	1184.08						
Don Faken		Executive	h /						
Don Faber 509 12 n Ave #10		Boord Officer	156.40						
7 - 1 - 110.		200101 011/00	= -						
			}						
			-			<u> </u>			
		-							

Part	Other Information (Note the statement requirements in the instructions for Part V.)					
			Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.					
а	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?	35a		✓		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<u>-</u>		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a					
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b					
39	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 491.1 ▶ = 0; section 4912 ▶ = 0; section 4955 ▶ = 0					
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		<b>√</b>		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,					
	4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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				
41	List the states with which a copy of this return is filed. ▶ Wa					
42a	The organization's books are in care of ▶ David Plummer Telephone no. ▶					
		98501-1132				
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		Yes	No		
	account)?	42b		✓		
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
	and Financial Accounts.	L		ا لـــــ		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country:	42c				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	<b>▶</b> □		
			Yes	Nο		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44		1		
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		1		
	., '''		)-EZ	(2000)		

P	ane	4

Here Signature of officer Date David Plummer Secretary/Treasurer Type or print name and title  Date Date  Date Preparer's ylentifying number (See instructions)	T Care	501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt ch	nexempt cnarit aritable trusts m	able trusts only. A Just answer question	ns 46	tion 5–49b	)	
Dot the organization engage in lobbying activities? If "Yes," complete Schedulc C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedulc E 48	46						Yes	No	
to the organization a school as described in section 170(b)(1)(A)(b)? If "Yes," complete Schedule E. 48		•				46		<u>√</u>	
Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization is section 527 organization?  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (c) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each mode pendent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation of the independent contractors each receiving over \$100,000 of compensation of the best of my knowledge and belief, it is true, correct, and complete the paid to the best of my knowledge and belief, it is true, correct, and complete the paid to the paid to the best of my knowledge and belief, it is true, correct, and complete the paid to the paid to the best of my knowledge and belief, it is true, correct, and complete the paid to the paid to the best of my knowledge and belief, it is true, correct, and complete the paid to the pai	47		•	•		47		✓	
b If Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustless 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 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each employees paid more than \$100,000 of compensation and employee benefit plans a deferred compensation. If there is none, enter "None."  (b) Name and address of each employees paid over \$100,000 of compensation from the organization. If there is none, enter "None."  (c) Complete this table for the organization is 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 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each independent contractor paid more than \$100,000 of compensation.  None  d Total number of other independent contractor paid more than \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation.  None  d Total number of other independent contractors each receiving over \$100,000 by of service (c) Compensation of the best of my toverledge and statements, an	48							<u>√</u>	
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 of compensation from the organization is the position of the position o		•	•	ated organization?	' · · · · · ·	-		<u> </u>	
employees) who each received more than \$100,000 of compensation from the organization. If (a Complexions to left Complexions to than \$100,000 of than \$100,000 of the service devoted to position of the position of the service devoted to position of the service devoted to position of the service devoted to position of the service of the									
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(a) Name and address of each employee paid more than \$100,000   Description between the present plans a second and other allowances of devoted to position   Description			· · · · · · · · · · · · · · · · · · ·		<del></del>			Se.	
# Total number of other employees paid over \$100,000			hours per week		employee benefit plans 8	àc	count ar	nd	
f Total number of other employees paid over \$100,000 ▶	None		devotes to position		,	Other	anowa	1003	
f Total number of other employees paid over \$100,000 ▶ 0  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  Under penalties of penury, 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 prepare (other than officer) is based on all information of which prepare has any knowledge  Sign  Here  Date  Preparer's  Signature of officer  Date  Preparer's  Preparer's  B Oct 2010  Preparer's signature  Firm's name (or your if self-employed), address, and 2P + 4  Proton on. ▶  Proton on. ▶  Ziges No			1						
f Total number of other employees paid over \$100,000 ▶									
f Total number of other employees paid over \$100,000 . ▶ 0  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  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  Under penalties of penjury, 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 (either than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Date  Proparer's  Date  Check if   Preparer's dentifying number (See instructions)  Firm's name for your's self-employed, address, and ZiP + 4  May the IRS discuss this return with the preparer shown above? See instructions  ▶ ☑ Yes □ No									
f Total number of other employees paid over \$100,000 ▶								-	
f Total number of other employees paid over \$100,000 ▶						ļ			
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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  d Total number of other independent contractors each receiving over \$100,000   Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Here  Paid  Preparer's  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Preparer's  Signature of officer  Date  Check if self-employed, self-employed, address, and 2P+4  Firm's name (or yours if self-employed, address, and 2P+4  Phone no. ▶  May the IRS discuss this return with the preparer shown above? See instructions						<u> </u>			
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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				<del></del>	Type of service	(c) Cor	npensa	tion	
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									
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And belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign	d	Total number of other independent contractors e	each receiving over \$100	,000▶	0	_		<u> </u>	
Here    Signature of officer   Date	<del></del>	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer)	panying schedules and is based on all informati	statements, and to the be tion of which preparer has	st of my any kno	knowle wiedge	dge	
Type or print name and title  Paid Preparer's Use Only  Date  Check if self-employed ▶ □  Preparer's identifying number (See instructions)  Self-employed ▶ □  EIN ▶ 35-2304439  Phone no. ▶  May the IRS discuss this return with the preparer shown above? See instructions	Sign Here				Date	20	10	<u>}</u>	
Preparer's signature  Preparer's Use Only  Preparer's valentifying number (See instructions)  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed ▶ □  Preparer's identifying number (See instructions)  Self-employed ▶ □  Preparer's identifying number (See instructions)  ### 35-2304439  Phone no. ▶  May the IRS discuss this return with the preparer shown above? See instructions					8 Oct 2010				
Way the IRS discuss this return with the preparer shown above? See instructions    Firm's name (or yours if self-employed), address, and ZIP + 4   Phone no. ▶   ✓ Yes □ No	Paid	Preparer's	Date	self-	Preparer's identifying nur	number (See instructions)			
Use Only yours it self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions	•	Firm's name (or		employed P	FIN P 3	5-2304	139		
May the IRS discuss this return with the preparer shown above? See instructions	Use On								
	May th		above? See instruction	s	▶ 🗸				