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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 January 1, 2009, and ending December 31, 20 09

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 United Transportation Union- Local 1532		D Employer identification number 48 6084635
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number 913 322 1415
		P. O. Box 6068		F Group Exemption Number ▶ 2025
		City or town, state or country, and ZIP + 4 Kansas City, Kansas 66106-0068		

• 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: ▶

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) () ◀ (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 ▶ \$ **39,348**

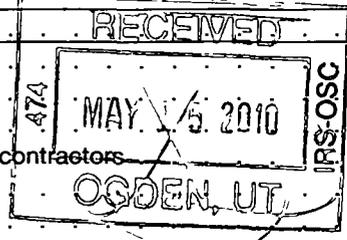
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0				
2	Program service revenue including government fees and contracts	2	0				
3	Membership dues and assessments	3	37,754				
4	Investment income	4	208				
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	0				
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	0				
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	0				
8	Other revenue (describe ▶ _____)	8	1,386				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	39,348				
10	Grants and similar amounts paid (attach schedule)	10	112				
11	Benefits paid to or for members	11	0				
12	Salaries, other compensation, and employee benefits	12	27,136				
13	Professional fees and other payments to independent contractors	13	0				
14	Occupancy, rent, utilities, and maintenance	14	1,724				
15	Printing, publications, postage, and shipping	15	616				
16	Other expenses (describe ▶ Office Supplies Bank charges Refunds)	16	2,197				
17	Total expenses. Add lines 10 through 16	17	31,785				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,563				
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	44,452				
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	52,015				

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	22	44,452	22	52,015
23	Land and buildings	23	0	23	0
24	Other assets (describe ▶ _____)	24	0	24	0
25	Total assets	25	44,452	25	52,015
26	Total liabilities (describe ▶ _____)	26	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	44,452	27	52,015

SCAN: JUN 01 2010



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
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?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ Robert J.lugo Telephone no. ▶ 913-322-1415 Located at ▶ 5218 Garnett St. Shawnee Ks, ZIP + 4 ▶ 66203-1449		
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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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.

- 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- b** If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Robert J. Lugo | 5-5-2010
 Signature of officer | Date

▶ Robert Lugo Sec/Treas Utah Local 1532 | 5-5-2010
 Type or print name and title | Robert Lugo Secretary/Treasurer

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no ▶ _____

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

990EZ
2009

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

C United Transportation Union - Local 1532
P O BOX 6068
KANSAS CITY KS 66106

D Employer ID Number (EIN) 48-6084635

I Type of Organization

Exempt under section 501(c)(5)

Part III - Statement of Program Service Accomplishments

Do not complete Part III. Ignore and leave blank. Part III is not for a 501(C)(5) organization

Part IV - List of Officers, Director, Trustees, and Key Employees

(A) Name and address	(B) Title	(B) Average hours per week devoted to position	(C) Compensation - (If not paid enter -0-)	(E) Expenses
TIMOTHY A ALEXANDER 9901 ROSEHILL RD LENEXA	Asst Legis Rep KS		307	0
TONY Z BOGGIO 5411 NW ROANRIDGE RD KANSAS CITY,	Trustee MO		231	0
WILLIAM J BURMAN III 4501 W 62ND TER FAIRWAY	President KS		454	0
EDWARD M EGAN 12730 EDINBURGH OLATHE	Vice LC KS		240	0
MARSHALL C GIER 19568 178TH ST TONGANOXIE	Asst Legis Rep KS		0	0
GEORGE M LEUTY 18301 HIDDEN VALLEY RD INDEPENDENCE	Vice LC MO		240	0
JOE M LOPEZ 301 W 66TH KANSAS CTY	Vice Pres MO		9,977	2,055
ROBERT J LUGO 5218 GARNETT ST SHAWNEE	Sec & Treas KS		6,150	1,767
GLEN T STANEK 1651 SOUTH 104TH ST. EDWARDSVILLE	Trustee KS		231	0

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2009

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C United Transportation Union - Local 1532
P O BOX 6068
KANSAS CITY KS 66106

D Employer ID Number (EIN) 48-6084635

I Type of Organization

Exempt under section 501(c)(5)

STEVEN A VOLTS	Trustee	1,340	214
13153 DELAWARE CT			
KANSAS CITY,	KS		

Part V - Other Information

Normally, checked "NO " Note that Question 34 asks if there were any bylaw changes If your local did make bylaw changes, you are required to attach a copy of the changes

Sign and date the report, make a copy for your files and a copy for the International Please mark your local number on the upper left-hand corner of the International's copy Mail the original form to the IRS by certified mail with a requested return receipt

Department of the Treasury
Internal Revenue Service Center
Ogden UT 84201-0027

Three Copies of the Proper Form (Not Worksheet) Sign all copies!

- 1, Copy 1 - To the IRS
2. Copy 2 - To UTU for file (Send with Monthly Billing)
3. Copy 3 - Local Copy