



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

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	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) Room/suite 5025 WISCONSIN AVENUE, N.W. 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 \$ 134,230,864.
	F Name and address of principal officer WARREN S. GEORGE SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.ATU.ORG		K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b		Net unrelated business taxable income from Form 990-T, line 34		
Prior Year		Current Year		
8		Contributions and grants (Part VIII, line 1h)		
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses Subtract line 18 from line 12		
	Net Assets or Fund Balances	Beginning of Current Year		End of Year
		20	Total assets (Part X, line 16)	
21		Total liabilities (Part X, line 26)		
22	Net assets or fund balances Subtract line 21 from line 20			

Part II Signature Block

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: <i>Oscar Owens</i> OSCAR OWENS, INT'L SEC-TREAS Type or print name and title		Date: 5-13-11
Paid Preparer's Use Only	Preparer's signature: <i>John Woodson</i> Firm's name (or yours if self-employed), address, and ZIP + 4: CALIBRE CPA GROUP PLLC 1850 K STREET, N.W. WASHINGTON, DC 20006	Date: 5/13/11 Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions): EIN ▶ Phone no. ▶ (202) 331-9880

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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
- 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 501(c)(4) organizations and section 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 ► \$

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>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or 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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
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>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	If "Yes," enter the name of the foreign country CANADA 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	18	
b Enter the number of voting members that are independent	0	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b 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?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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?		X
b 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: **NONE**

18 Section 6104 requires an organization to make its Forms 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.
☐ Own website ☐ Another's website ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **OSCAR OWENS - 202-537-1645**
5025 WISCONSIN AVENUE, NW, WASHINGTON, DC 20016

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
RAFAEL RIVERA INTERNATIONAL VICE PRESIDE	40.00	X		X				122,914.	0.	87,291.
JOSEPH WELCH INTERNATIONAL VICE PRESIDE	40.00	X		X				160,293.	0.	108,675.
RODNEY RICHMOND INTERNATIONAL VICE PRESIDE	40.00	X		X				159,124.	0.	134,551.
DONALD T. HANSEN INTERNATIONAL VICE PRESIDE	40.00	X		X				159,398.	0.	156,379.
ROBERT H. BAKER INTERNATIONAL VICE PRESIDE	40.00	X		X				158,701.	0.	112,843.
LARRY R. KINNEAR INTERNATIONAL VICE PRESIDE	40.00	X		X				146,773.	0.	44,529.
JAVIER M. PEREZ, JR. INTERNATIONAL VICE PRESIDE	40.00	X		X				159,203.	0.	84,242.
RICHARD MURPHY INTERNATIONAL VICE PRESIDE	40.00	X		X				159,180.	0.	99,897.
BOB HYKAWAY INTERNATIONAL VICE PRESIDE	40.00	X		X				146,773.	0.	34,930.
CHARLES COOK INTERNATIONAL VICE PRESIDE	40.00	X		X				158,599.	0.	121,783.
WILLIAM MCLEAN INTERNATIONAL VICE PRESIDE	40.00	X		X				158,240.	0.	93,560.
JANIS BORCHARDT INTERNATIONAL VICE PRESIDE	40.00	X		X				158,629.	0.	49,757.
LAWRENCE HANLEY INTERNATIONAL VICE PRESIDE	40.00	X		X				159,365.	0.	69,275.
PAUL BOWEN INTERNATIONAL VICE PRESIDE	40.00	X		X				158,636.	0.	79,634.
KENNETH R KIRK INTERNATIONAL VICE PRESIDE	40.00	X		X				159,413.	0.	60,089.
GARY RAUEN INTERNATIONAL VICE PRESIDE	40.00	X		X				158,970.	0.	98,365.
W.RANDALL GRAHAM INTERNATIONAL VICE PRESIDE	40.00	X		X				146,773.	0.	43,653.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
MARCELLUS BARNES INTERNATIONAL VICE PRESIDE	40.00	X		X				149,268.	0.	74,045.
WARREN GEORGE INTERNATIONAL PRESIDENT	40.00			X				252,446.	0.	36,424.
RONALD HEINTZMAN INTERNATIONAL EXECUTIVE VICE PRESID	40.00			X				183,497.	0.	76,588.
OSCAR OWENS INTERNATIONAL SECRETARY-TR	40.00			X				229,353.	0.	86,627.
BENETTA MANSFIELD CHIEF OF STAFF	40.00				X			199,361.	0.	136,505.
LEO WETZEL GENERAL COUNSEL	40.00				X			173,321.	0.	124,192.
MATTHEW KURKJIAN DIRECTOR OF DATA PROCESSIN	40.00					X		123,949.	0.	86,069.
SHAWN PERRY DIRECTOR OF COMMUNICATIONS	40.00					X		125,249.	0.	111,847.
NANCY TRUMBULL CONTROLLER	40.00					X		143,384.	0.	79,513.
JEFFERY ROSENBERG LEGISLATIVE DIRECTOR	40.00					X		121,383.	0.	55,541.
1b Total								4,639,153.	0.	2,564,615.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **35**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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
HELIx CONSTRUCTION SERVICES, INC., 1131 BENFIELD BOULEVARD, SUITE F, MILLERSVILLE, KELLY PRESS ASSOCIATES, INC 1701 CABIN BRANCH ROAD, CHEVERLY, MD 20785	CONSTRUCTION	2,129,216.
HUGHES SOCOL PIERS RESNICK & DYM LTD, 70 WEST MADISON STREET SUITE 4000, CHICAGO, TORRAY LLC, 7501 WISCONSIN AVE SUITE 1100, BETHESDA, MD 20814	PRINTING	417,374.
	ATTORNEY	226,648.
	INVESTMENT CONSULTANT	144,922.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	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	2 a	PER CAPITA TAX	Business Code 900099	20,931,839.	20,931,839.		
	b	REGISTRATION & REINSTA	900099	112,067.	112,067.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			21,043,906.		
	3	Investment income (including dividends, interest, and other similar amounts)			3276777.		3,276,777.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties			344,955.		344,955.	
Other Revenue	6 a	Gross Rents	(i) Real 275957.				
	b	Less rental expenses	109454.				
	c	Rental income or (loss)	166503.				
	d	Net rental income or (loss)		166,503.		166,503.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 109,175,550.	(ii) Other			
	b	Less cost or other basis and sales expenses	119,880,775.				
	c	Gain or (loss)	-10,705,225.				
	d	Net gain or (loss)		-10,705,225.		-10,705,225.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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			
	11 a	REIMB BONDING PREMIUMS	900099	81,555.	81,555.		
	b	MISC. INCOME	900099	32,164.	32,164.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d			113,719.			
12	Total revenue. See instructions.			14,240,635.	21,157,625.	0.	-6,916,990.

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	30,632.			
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	1,863,824.			
5 Compensation of current officers, directors, trustees, and key employees	3,251,989.			
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	3,610,646.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,261,959.			
9 Other employee benefits	3,203,832.			
10 Payroll taxes	1,709,750.			
11 Fees for services (non-employees)				
a Management				
b Legal	787,662.			
c Accounting	51,875.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	285,545.			
g Other	18,510.			
12 Advertising and promotion				
13 Office expenses	499,168.			
14 Information technology	42,955.			
15 Royalties				
16 Occupancy	730,548.			
17 Travel	1,491,033.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,191,188.			
20 Interest				
21 Payments to affiliates	1,537,777.			
22 Depreciation, depletion, and amortization	423,726.			
23 Insurance	125,734.			
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 PUBLICATION & DISTRIBUTION	639,785.			
b MISCELLANEOUS	583,922.			
c DONATIONS	239,995.			
d ARBITRATION AND FINANCIAL	106,163.			
e COPE EXPENSES	94,411.			
f All other expenses	120,246.			
25 Total functional expenses. Add lines 1 through 24f	26,902,875.			
26 Joint costs. Check here <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	2,202,632.	1	3,496,572.
	2 Savings and temporary cash investments	16,013,029.	2	1,631,602.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	64,130.	4	73,745.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	212,505.	9	125,177.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 16,902,443.		
	b Less accumulated depreciation	10b 9,851,685.	10c	7,050,758.
	11 Investments - publicly traded securities	94,147,234.	11	77,168,253.
	12 Investments - other securities. See Part IV, line 11	5,342,920.	12	21,992,374.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,500.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	124,335,406.	16	111,538,481.	
Liabilities	17 Accounts payable and accrued expenses	190,294.	17	60,057.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	5,971,108.	25	5,966,660.
	26 Total liabilities. Add lines 17 through 25	6,161,402.	26	6,026,717.
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	118,174,004.	27	105,511,764.
	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	118,174,004.	33	105,511,764.
	34 Total liabilities and net assets/fund balances	124,335,406.	34	111,538,481.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other **MODIFIED CASH**

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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 ► \$ _____

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

3 Using the organization's acquisition, 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 Escrow and Custodial Arrangements. Complete if 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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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) Accumulated depreciation	(d) Book value
1a Land		390,987.		390,987.
b Buildings		8,709,669.	6,991,372.	1,718,297.
c Leasehold improvements		5,719,298.	1,511,317.	4,207,981.
d Equipment		74,438.	34,223.	40,215.
e Other		2,008,051.	1,314,773.	693,278.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,050,758.

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. See Form 990, Part X, line 12
-----------------	--

(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		
Closely-held equity interests		
Other		
AFL CIO HOUSING INVESTMENT TRUST		
	21,773,290.	COST
PIEDMONT OFFICE REALTY TRUST	219,084.	COST
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	21,992,374.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX	Other Assets. See Form 990, Part X, line 15
----------------	--

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

Part X	Other Liabilities. See Form 990, Part X, line 25
---------------	---

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	ACCRUED FUNERAL BENEFITS	5,966,660.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	5,966,660.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,240,635.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,902,875.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,662,240.
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-12,662,240.

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	13,788,587.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,788,587.
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	285,545.
b	Other (Describe in Part XIV)	4b	166,503.
c	Add lines 4a and 4b	4c	452,048.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,240,635.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	26,450,827.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	26,450,827.
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	285,545.
b	Other (Describe in Part XIV)	4b	166,503.
c	Add lines 4a and 4b	4c	452,048.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	26,902,875.

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 IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET RENTAL INCOME REPORTED ON LINE 6: 166503.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

NET RENTAL INCOME REPORTED ON LINE 6: 166503.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

Employer identification number

53-6014540

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

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 for region
NORTH AMERICA	1	4	PROGRAM SERVICES	REPRESENT MEMBERS, ORGANIZING ACTIVITIES	2,219,557.
Totals	1	4			2,219,557.

Schedule F (Form 990) 2009

2009

Open to Public Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

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?

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" to 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 (Form 990) 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	(f) Method of valuation (book, FMV, appraisal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--	--	------------------------------------

[illegible]

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

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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) Retirement and other 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 reportable compensation				
RAFAEL RIVERA	(i) 108,444.	0.	14,470.	50,867.	36,565.	210,346.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOSEPH WELCH	(i) 143,825.	0.	16,468.	72,251.	14,488.	247,032.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RODNEY RICHMOND	(i) 143,825.	0.	15,299.	98,127.	36,565.	293,816.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DONALD T. HANSEN	(i) 143,825.	0.	15,573.	138,167.	18,212.	315,777.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ROBERT H. BAKER	(i) 143,825.	0.	14,876.	76,419.	37,041.	272,161.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LARRY R. KINNENAR	(i) 143,825.	0.	2,948.	41,378.	3,151.	191,302.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAVIER M. PEREZ, JR.	(i) 143,825.	0.	15,378.	47,818.	37,221.	244,242.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RICHARD MURPHY	(i) 143,825.	0.	15,355.	63,473.	617.	223,270.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BOB HYKAWAY	(i) 143,825.	0.	2,948.	31,779.	3,151.	181,703.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
CHARLES COOK	(i) 143,825.	0.	14,774.	85,359.	37,041.	280,999.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
WILLIAM MCLEAN	(i) 143,825.	0.	14,415.	57,136.	15,105.	230,481.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JANIS BORCHARDT	(i) 143,825.	0.	14,804.	35,268.	15,284.	209,181.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LAWRENCE HANLEY	(i) 143,825.	0.	15,540.	32,851.	37,377.	229,593.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
PAUL BOWEN	(i) 143,825.	0.	14,811.	43,210.	37,221.	239,067.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KENNETH R KIRK	(i) 143,825.	0.	15,588.	23,665.	37,439.	220,517.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
GARY RAUEN	(i) 143,825.	0.	15,145.	61,941.	37,377.	258,288.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

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.

PART I, LINE 1A: FIRST CLASS TRAVEL IS ALLOWED FOR EXECUTIVE OFFICERS.

COUNTRY CLUB DUES ARE PROVIDED FOR CERTAIN EXECUTIVE OFFICERS.

**PART I, LINE 1B: SALARY AND BENEFITS ARE PROVIDED TO THE EXECUTIVE OFFICERS
PURSUANT TO THE INTERNATIONAL CONSTITUTION AND GENERAL LAWS. SALARY AND
BENEFITS ARE PROVIDED TO THE EMPLOYEES AS DIRECTED BY THE EXECUTIVE
OFFICERS AND A COLLECTIVE BARGAINING AGREEMENT FOR COVERED EMPLOYEES.**

Continuation Sheet for Schedule J (Form 990)
▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
▶ See instructions for Schedule J (Form 990).

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)								(F) Compensation reported in prior Form 990 or Form 990-EZ
	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
W. RANDALL GRAHAM	(i)	143,825.	0.	2,948.	40,502.	3,151.	190,426.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	134,744.	0.	14,524.	37,621.	37,221.	224,110.	0.	
MARCELLUS BARNES	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	221,778.	0.	30,668.	0.	36,424.	288,870.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
WARREN GEORGE	(i)	165,985.	0.	17,512.	40,164.	37,221.	260,882.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	197,135.	0.	32,218.	50,203.	14,489.	294,045.	0.	
OSCAR OWENS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	185,264.	0.	14,097.	100,081.	13,335.	312,777.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
BENETTA MANSFIELD	(i)	160,196.	0.	13,125.	87,768.	4,203.	265,292.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	108,499.	0.	15,450.	49,645.	37,377.	210,971.	0.	
LEO WETZEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	109,624.	0.	15,625.	75,423.	37,221.	237,893.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
SHAWN PERRY	(i)	130,754.	0.	12,630.	43,089.	37,478.	223,951.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	115,356.	0.	6,027.	19,117.	38,687.	179,187.	0.	
NANCY TRUMBULL	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	118,636.	0.	1,291.	57,988.	5,490.	183,405.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
JEFFERY ROSENBERG	(i)	113,857.	0.	73,174.	135,425.	36,424.	358,880.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
MICHAEL J. SIANO	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
53-6014540

(A)
Name and title

(B)
Average
hours
per
week

(C)
Position
(check all that apply)

Individual trustee or director
Institutional trustee
Officer
Key employee
Highest compensated employee
Former

(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

CANADIAN DIRECTOR

40.00

MICHAEL J. SIANO

40.00

INTERNATIONAL EXECUTIVE VICE PRESID

x

119,927.

187,031.

0.

0.

61.139.

156.672.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

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)

Complete if the organization 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.

Complete if the organization 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 Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization 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 T	59,585.	STEPHEN IS		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 EVERYWHERE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 EVERYWHERE.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

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.

FORM 990, PART VI, SECTION A, LINE 7B: PURSUANT TO THE ATU CONSTITUTION
CERTAIN MATTERS ARE REFERRED TO THE CONVENTION DELEGATES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM IS REVIEWED BY THE
INTERNATIONAL PRESIDENT, INTERNATIONAL SECRETARY-TREASURER AND CONTROLLER.

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.

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.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
CONSTITUTION AVAILABLE ON ITS WEBSITE.

FORM 990, PART XI, LINE 1

METHOD OF ACCOUNTING - THE FINANCIAL STATEMENTS ARE PRESENTED ON A
MODIFIED CASH BASIS OF ACCOUNTING. GENERALLY, REVENUE IS RECOGNIZED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

WHEN RECEIVED RATHER THAN WHEN EARNED AND EXPENSES ARE RECOGNIZED WHEN
PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED. HOWEVER, ACCRUALS OF
REVENUE AND EXPENSES ARE RECORDED FROM TIME TO TIME TO ACCOUNT FOR
CERTAIN TRANSACTIONS WITH LOCAL UNIONS, FUNERAL BENEFITS AND OTHER
ITEMS.

NET ASSETS ARE GENERALLY REPORTED AS UNRESTRICTED UNLESS ASSETS ARE
RECEIVED WITH EXPLICIT DONOR STIPULATIONS THAT LIMIT THE USE OF THE
ASSET. THE UNION DOES NOT HAVE ANY TEMPORARILY OR PERMANENTLY
RESTRICTED NET ASSETS.

THE ORGANIZATION USES A MODIFIED CASH BASIS

FORM 990, PART XI, LINE 2C

THE GENERAL EXECUTIVE BOARD ACCEPTS RESPONSIBILITY FOR THE AUDIT AND
THE FINANCIAL STATEMENTS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEPHEN GEORGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

STEPHEN GEORGE IS THE SON OF WARREN GEORGE, INT'L PRESIDENT.

(D) DESCRIPTION OF TRANSACTION: STEPHEN IS EMPLOYED BY THE ORGANIZATION.

FORM 990, PART XI, LINE 1

THE UNION PREPARES THE FORM 990 USING THE MODIFIED CASH BASIS OF
ACCOUNTING. THIS IS UNCHANGED SINCE LAST YEAR.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

Name of the organization

AMALGAMATED TRANSIT UNION

Employer identification number
53-6014540.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

[illegible]

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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, DC 20016	PROVIDE PENSION BENEFITS	DISTRICT OF COLUMBIA	401(A)	N/A	N/A
ATU DISASTER RELIEF FUND - 52-2344872					
5025 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)(I)	N/A
ATU JERRY FUND - 52-1445945					
5025 WISCONSIN AVENUE, NW WASHINGTON, DC 20016	RESEARCH FOR MULTIPLE SCLEROSIS	DISTRICT OF COLUMBIA	501(C)(3)	170(B)(1)(A)(V)	N/A
ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO. 002 - 53-6014540, 5025 WISCONSIN AVENUE, NW WASHINGTON DC 20016	PROVIDE PENSION BENEFITS	DISTRICT OF COLUMBIA	401(K)		N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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 or (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)**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) 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	4,261,959.
(4) ATU DISASTER RELIEF FUND	K	0.
(5) ATU DISASTER RELIEF FUND	M	0.
(6) ATU JERRY FUND	K	0.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(7)	ATU JERRY FUND	M	0.
(8)	ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO. 002	K	0.
(9)	ATU LOCAL UNION OFFICERS AND EMPLOYEES 401(K) PLAN NO. 002	M	0.
(10)	ATU NATIONAL 401(K) PLAN NO. 001	K	0.
(11)	ATU NATIONAL 401(K) PLAN NO. 001	M	0.
(12)	OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN	K	0.
(13)	OLD DOMINION (GRTC) TRANSIT SECTION 457 DEFERRED COMPENSATION PLAN	M	0.
(14)	THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN	K	0.
(15)	THE TRI-STATE AUTHORITY SECTION 457 DEFERRED COMPENSATION PLAN	M	0.
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2009

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	AMALGAMATED TRANSIT UNION		53-6014540
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	5025 WISCONSIN AVENUE, N.W.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	WASHINGTON, DC 20016		

Check type of return to be filed (file a separate application for each return):

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

OSCAR OWENS

• The books are in the care of **5025 WISCONSIN AVENUE, NW - WASHINGTON, DC 20016**

Telephone No. **202-537-1645**

FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**.
 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Glenn Woodson** Title **CPA** Date **2/1/11**

Form 8868 (Rev. 4-2009)