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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 20 10

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED TRANSPORTATION UNION-Local 0286

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
410 East Leota Ste 5 #137

City or town, state or country, and ZIP + 4
NORTH PLATTE NE 69101-7853

D Employer identification number
47-6007277

E Telephone number
308-532-9055

F Group Exemption Number ► **2025**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ► _____

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

I Website: ► _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☐

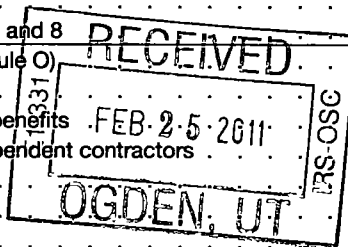
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	57,478
	4	Investment income	4	239
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	6,663
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,380
	10	Grants and similar amounts paid (list in Schedule O)	10	3,007
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	37,962
13		Professional fees and other payments to independent contractors	13	0
14		Occupancy, rent, utilities, and maintenance	14	2,992
15		Printing, publications, postage, and shipping	15	3,381
16		Other expenses (describe in Schedule O)	16	5,754
17		Total expenses. Add lines 10 through 16	17	53,096
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,284
	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	41,438
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,722

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,438	22 52,722
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	41,438	25 52,722
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,438	27 41,438

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MERLIN L BOLLING 51225 845 RD, CLEARWATER NE 68726	GI REPRESENTATIVE	0	0	284
TIMOTHY J BOURKE 814 RUSSIAN OLIVE RD, NORTH PLATTE NE 69101	TRUSTEE	0	0	0
JASON L CARR PO BOX 302, SUTHERLAND NE 69165	ALT DELEGATE	0	0	0
STEVEN P COLEMAN 410 EAST LEOTA STE 5 #137, NORTH PLATTE NE 69101	SEC/TRES/DELEGATE 30	5,940	0	1,165
JAMES N CREEL 407 NORTH ALLEN AVE., NORTH PLATTE NE 69101	ASST LEGIS REP	0	0	0
JAMES J DOWLING 19100 OSAGE COURT, NORTH PLATTE NE 69101	TRUSTEE	0	0	0
JAMES J JOHANSEN 620 SOUTH BARE AVE, NORTH PLATTE NE 69101	PRESIDENT 10	1,748	0	70
THEODORE K KEITH 1806 WEST PHILIP, NORTH PLATTE, NE 69101	LOCAL CHAIRMAN B/T 40	5,400	0	1,724
CHAD W MILLER 205 SOUTH JEFFERSON AVE, NORTH PLATTE NE 69101	VICE PRESIDENT	0	0	0
RICHARD S MOHR 921 S MCDONALD RD, NORTH PLATTE NE 69101	LOCAL CHAIRMAN 40	7,200	0	4,409
KIM L ROCKWELL 503 WEST 6TH, NORTH PLATTE NE 69101	TRUSTEE	0	0	0
STEVEN J SCHULTZ 1710 WEST C, NORTH PLATTE NE 69101	VICE-LOCAL 10	3,300	0	300
TERRY E SIGLER 3420 WEST F STREET, NORTH PLATTE NE 69101	LEGIS REP 10	1,650	0	52

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		☒
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 tax year 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 40a ; section 4912 40a ; section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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. 41		
42a The organization's books are in care of STEVEN P COLEMAN Telephone no. 308-532-9055 Located at 814 NORTH SHERMAN, NORTH PLATTE NE ZIP + 4 69101-7853		
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)?		☒
If "Yes," enter the name of the foreign country: 42b		
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.? 42c		☒
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 0		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		☒
c Did the organization receive any payments for indoor tanning services during the year? 44c		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		☒

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If "Yes," was the related organization a section 527 organization?	49b	☒

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

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

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

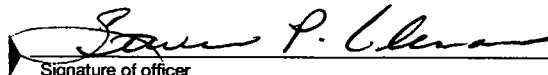
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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		2-18-11
	Signature of officer	Date
	STEVEN P. COLEMAN	SECRETARY / TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

Attachment for Form 990 or Form 990ez

Form 990-EZ (Part IV) or Form 990 (Part V)
List of Officers (Paid and Unpaid)

Year 2010

EIN : 47-6007277

Local 0286

Name (A)	Title Hours Worked (B)	Compensation (C)	Allowances (E)
MERLIN L BOLLING 51225 848 RD CLEARWATER NE 68726	GI REPRESENTATIVE	0	284
TIMOTHY J BOURKE 814 RUSSIAN OLIVE RD NORTH PLATTE NE 69101	TRUSTEE	0	0
JASON L CARR PO BOX 302 SUTHERLAND NE 69165	ALT DELEGATE	0	0
STEVEN P COLEMAN 410 EAST LEOTA, STE. 5 #137 NORTH PLATTE NE 69101	SEC & TREAS	5,940	1,165
JAMES N CREEL 407 NORTH ALLEN AVE NORTH PLATTE NE 69101	ASST LEGIS REP	0	0
JAMES J DOWLING 19100 OSAGE COURT NORTH PLATTE NE 69101	TRUSTEE	0	0
JAMES L JOHANSEN 620 S BARE AVE NORTH PLATTE NE 69101	PRESIDENT	1,748	70
THEODORE L KEITH 1806 WEST PHILIP NORTH PLATTE NE 69101	LOCAL CHAIRMAN	5,400	1,724
CHAD W MILLER 205 SOUTH JEFFERSON AVE NORTH PLATTE NE 69101	VICE PRES	0	0
RICHARD S MOHR 921 S MCDONALD RD NORTH PLATTE NE 69101	LOCAL CHAIRMAN	7,200	4,409

Form 990-EZ (Part IV) or Form 990 (Part V)
List of Officers (Paid and Unpaid)

Year 2010

EIN : 47-6007277

Local 0286

Name (A)	Title Hours Worked (B)	Compensation (C)	Allowances (E)
KIM L ROCKWELL 503 WEST 6TH NORTH PLATTE NE 69101	TRUSTEE	0	0
STEVEN J SCHULTZ 1710 WEST C NORTH PLATTE NE 69101	VICE LC	3,300	300
TERRY E SIGLER 3420 WEST F STREET NORTH PLATTE NE 691015899	LEGIS REP	1,650	52

Line 10 (990ez) or (990) Grants and Similar Amounts
Paid (attach schedule)

UTU Local : 0286

Form 990ez or 990: 2010

Tax ID No : 47-6007277

Payee (A)	Description(B)	Amount (C)
GOODFELLOW SHOE FUND	DONATION PER MOTION NOVEMBER 2010 LODGE MEETING	400
SALVATION ARMY	DONATION PER MOTION NOVEMBER 2010 MEETING	400
NORTH PLATTE YOUTH BAS	SPONSORSHIP LITTLE LEAGUE BASEBALL TEAM	200
PRARIE FRIENDS & FLOWE	WESSLUND FLOWERS	46
VELVET SPURS	DONATION	30
AMERICAN LEGION BASEBA	FOR OUTFIELD BILLBOARD UTU L-7, 200 & 286	300
PRARIE FRIENDS & FLOWE	BRUCE GREGG (33346)	59
ALUMNI ASSOCIATION UTU	HASENAUER, KING, RIESSLAND, RIVERA & WALKER	45
RANDY HARVEY MEMORIAL	RC HARVEY MEMORIAL	50
AMERICAN TIME	RECOGNITION CLOCK FOR JOHN HASENAUER	207
RONALD W LINEWEBER MEM	R LINEWEBER'S NEPHEWS MEMORIAL	50
CODY CRUISE	DONATED FOR THROPHY FOR CODY CRUISE, OKD BY PRE JOHANSEN	75
VIRGINIA SULLIVAN MEMO	MEMORIAL TOM SULLIVAN'S MOTHER	50
BARNETT FAMILY	MEMORIAL CK NOT THRU IN 2009	50
SUZIE SCHOLL	JEFFERY SCHOLL MEMORIAL OKD BY TRUSTEES 09/02/10	500
GAIL R POTTER MEMORIAL	SEDLACEK'S SISTER	50
JINGLE BELL WALK/RUN	DONATION RED CROSS, PER MOTION PASSED 11/2010 MEETING	400
ALUMNI ASSOCIATION UTU	JG HARVEY, DALLAS BAKER, GERALD ROBERTS, FRED VIEYRA & VONBEHREN MEMBERSHIP	45

Payee (A)	Description(B)	Amount (C)
JOHN MULLEN MEMORIAL	MEMORIAL FUND FOR JOHN MULLEN	50
10. Total		3,007