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

OMB No 1545-1150

2011Department 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.

Open to Public Inspection**A For the 2011 calendar year, or tax year beginning , 2011, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
AMALGAMATED TRANSIT UNION-DIVISION 1547
P.O. BOX 1313
BROCKTON, MA 02303-1313

D Employer identification number

23-7167350

E Telephone number

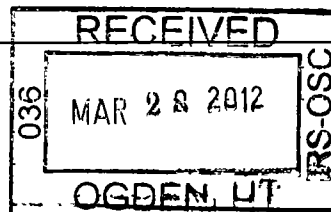
508-588-1000

F Group Exemption Number

► 0155

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck 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 or a section 527 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. ► \$ 124,763.**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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	124,763.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 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	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,763.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	50,373.
13	Professional fees and other payments to independent contractors	13	39,062.
14	Occupancy, rent, utilities, and maintenance	14	2,846.
15	Printing, publications, postage, and shipping	15	1,310.
16	Other expenses (describe in Schedule O)	16	46,760.
17	Total expenses. Add lines 10 through 16	17	140,351.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,588.
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	31,503.
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	15,915.



SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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		X
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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 300.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter.		
39a Initiation fees and capital contributions included on line 9 39a N/A		
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A ; section 4955 N/A		
40b 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		
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
40e 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		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of DIANE MASSARONI Telephone no 508-588-1000 Located at P.O. BOX 1313 BROCKTON MA ZIP + 4 02303-1313	Yes	No
42b 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		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

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 <input type="checkbox"/> N/A	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b 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)		X

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

e 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

e 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	Signature of officer <i>Diane M Massaroni</i>	Date <i>3-22-12</i>	
	Type or print name and title <i>DIANE M MASSARONI</i>		
Paid Preparer Use Only	Print/Type preparer's name DONNA NEELY	Preparer's signature <i>Donna Neely</i> Date <i>2/18/12</i>	Check <input type="checkbox"/> if self-employed PTIN P00002679
	Firm's name ▶ ORGA, LLP		Firm's EIN ▶ 04-3564919
	Firm's address ▶ 1410 PROVIDENCE HWY		Phone no (781) 551-0040
	NORWOOD, MA 02062		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

AMALGAMATED TRANSIT UNION-DIVISION 1547

Employer identification number

23-7167350

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

TO PROMOTE THE IDEALS AS STATED IN THE CONSTITUTION

AMALGAMATED TRANSIT UNION-DIVISION 1547

23-7167350

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

DONATIONS	\$	950.
MISCELLANEOUS		12,483.
PER CAPITA TAX		26,596.
TELEPHONE		2,389.
TRAVEL		4,024.
WORKERS' COMPENSATION		318.
TOTAL	\$	46,760.

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAXES WITHHELD	\$ 131.	\$ 1,059.
TOTAL	\$ 131.	\$ 1,059.

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT & OTHER ALLOWANCES</u>
PETER O'CONNOR 60 VERA DRIVE BRIDGEWATER, MA 02324	BOARD MEMBER 1	\$ 1,050.	\$ 0.	0.
DAVID RIENKS 39 HILLBERG AVE BROCKTON, MA 02301	BOARD MEMBER 1	1,336.	0.	0.
OLGA SOUSA 380 LONDON STREET FALL RIVER, MA 02723	BOARD MEMBER 1	1,203.	0.	0.
ROBERT WILLS 100 GLEN CHARLIE ROAD EAST WAREHAM, MA 02538	BOARD MEMBER 1	1,251.	0.	0.
DEBRA SPRINGER 718 BURT STREET TAUNTON, MA 02780	BOARD MEMBER 1	1,265.	0.	0.
JOSEPH BELAND 100 SHAWOMET AVE APT 4 SOMERSET, MA 02726	BOARD MEMBER 1	1,622.	0.	0.

AMALGAMATED TRANSIT UNION-DIVISION 1547

23-7167350

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
JAMES DOMBROWSKI 28 TEMPLE STREET ABINGTON, MA 02351	BOARD MEMBER 1	\$ 1,050.	\$ 0.	\$ 0.
TIMOTHY SULLIVAN P.O. BOX 1954 BROCKTON, MA 02303	BOARD MEMBER 1	4,940.	0.	0.
EDMUND CAPOZZI 54 TAUNTON STREET LAKEVILLE, MA 02347	BOARD MEMBER 1	5,071.	0.	0.
RICHARD O'FLAHERTY 31 HOBART STREET EAST BRIDGEWATER, MA 02333	PRESIDENT 6	12,738.	0.	0.
JANICE BOUCHER 78 SOMERSET AVENUE #1 TAUNTON, MA 02780	BOARD MEMBER 1	1,777.	0.	0.
DIANE MASSARONI 98 REGENT ROAD BROCKTON, MA 02302	TREASURER 2	4,286.	0.	0.
SUSAN WEDGE 11 MAPLE AVENUE EAST BRIDGEWATER, MA 02333	BOARD MEMBER 1	850.	0.	0.
MARY KAMINSKI 152-8 NO. MAIN STREET RAYNHAM, MA 02767	BOARD MEMBER 1	1,353.	0.	0.
CHARLES JORDAN 35 LONGWORTH AVENUE BROCKTON, MA 02301	BOARD MEMBER 1	1,050.	0.	0.
CATHERINE JACOBSON 573 TREMONT STREET TAUNTON, MA 02780	BOARD MEMER 1	4,191.	0.	0.
	TOTAL	\$ 45,033.	\$ 0.	\$ 0.