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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED TRANSPORTATION UNION UTU 0195**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

883 N CHERRY ST

City or town, state or province, country, and ZIP or foreign postal code

GALESBURG, IL 61401**D** Employer identification number**23-7178718****E** Telephone number**(309) 368-7065****F** Group ExemptionNumber ▶ **2025****G** Accounting Method:☒ Cash☐ Accrual

Other (specify) ▶

I Website: ▶**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization:☐ Corporation☐ Trust☐ Association☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶

\$ **147236****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	142617
	4	Investment income	4	0
	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	4619
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	147236
	10	Grants and similar amounts paid (list in Schedule O)	10	1488
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	89010
	13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	12001	
15	Printing, publications, postage, and shipping	15	2304	
16	Other expenses (describe in Schedule O)	16	7399	
17	Total expenses. Add lines 10 through 16 ▶	17	112202	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35034
	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	56944
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	91978

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

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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	56944	22 91978
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	56944	25 91978
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)	56944	27 91978

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, optional for others.)
28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT E BEIL VLC 406 N CHERRY ST, ABINGDON, IL 61401		144		0
JOEL M DIXON VLC 191 N PRAIRIE ST, GALESBURG, IL 61401		0		0
DEBRA M DOCKSTADER TRUSTEE 1901 KNOX HIGHWAY 40, GALESBURG, IL 61401		0		0
MARK C DONAHUE LOCAL CHAIRMAN RR#1 BOX 131C, CARMAN, IL 61425		1891		603
MAC A ENGLISH LEGISLATIVE REP 140 KNOLL DR., KIRKWOOD, IL 61447		1265		815
ZACHARY T GRACE VICE LOCAL CHAIRMAN 1244 140TH AVE., MONMOUTH, IL 61462		0		448
TONY L GRAY LOCAL CHAIRMAN PO BOX 141, ABINGDON, IL 61410		2372		0
ERIC L HART VICE LOCAL CHAIRMAN 318 90TH ST., ROSEVILLE, IL 61473		2550		12
STEVEN C MOTT VICE LOCAL CHAIRMAN 263 PHILLIPS ST., GALESBURG, IL 61401		72		373
BARRY R REHLING VICE LOCAL CHAIRMAN 106 KNOX RD 850 N., GALESBURG, IL 61401		144		0
BRYAN R ROBERTS LOCAL CHAIRMAN 241 W PRAIRIE ST., WATAGA, IL 61488		7057		547
KRISTY J ROCK VICE LOCAL CHAIRMAN 213 S FULTON ST., AVON, IL 61415		0		0

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 significant 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)		✓
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)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c 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		
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		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ RICHARD L SAGE JR Telephone no. ▶ 309-368-7065 Located at ▶ 883 N CHERRY ST, GALESBURG, IL ZIP + 4 ▶ 61401		
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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b 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)		✓
45b		

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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) 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

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 business address of each independent contractor	(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 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 ▶ Richard L Sage Jr Signature of officer Date 8-11-15
 ▶ RICHARD L SAGE JR, 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

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

UTU Local : 0195

Form 990ez or 990: 2014

Tax ID No : 23-7178718

Payee (A)	Description(B)	Amount (C)
GALESBURG FLOWER COMPA	INV.#13263-STEVE CERVANTEZ	81
OQUAWKA BOY SCOUT TROO	JARID GUYTON(PLAYGROUND EQUIPMENT) PROJECT	100
BIG BROTHERS/BIG SISTE		150
GALESBURG FLOWER COMPA	INV.#12698 (BROKEN WHEEL) DANNY SAMMONS	81
17TH DISTRICT COMMITTE	1/2 PAGE	150
MARLA MCGINN	ST. JUDES	150
PYPER YOUNG	FUNDRAISER(ST. JUDES)	150
GALESBURG FLOWER COMPA	INV.#012906	81
GALESBURG FLOWER COMPA	INV.#012949(THOMAS LEE CRAIG)	81
GALESBURG FLOWER COMPA	INV.#012966 & 012977	196
GALESBURG LEGION BASEB	AMERICAN LEGION POST #285 BASEBALL	150
KNOX COUNTY DEMOCRATIC	48TH ANNUAL P.O. BOX 2 GALESBURG, IL 61401	30
GALESBURG FLOWER COMPA	INV.#013627	86
10. Total		1,488

Attachment for Form 990 or Form 990ez

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

Year 2014

EIN : 23-7178718

Local 0195

Name (A)	Title Hours Worked (B)	Compensation (C)	Allowances (E)
ROBERT E BEIL 406 N CHERRY ST ABINGDON IL 61410	VICE LC	144	0
JOEL M DIXON 191 N PRAIRE ST-APT GALESBURG IL 61401	VICE LC	0	0
DEBRA M DOCKSTADER 1901 KNOX HIGHWAY 40 GALESBURG IL 61401	TRUSTEE	0	0
MARK C DONAHUE RR#1 BOX 131C CARMAN IL 61425	LOCAL CHAIRMAN	1,891	603
MAC A ENGLISH 140 KNOLL DR. KIRKWOOD IL 61447	LEGIS REP	1,265	815
ZACHARY T GRACE 1244 140TH AVE MONMOUTH IL 61462	VICE LC	0	448
TONY L GRAY PO BOX 141 ABINGDON IL 61410	LOCAL CHAIRMAN	2,372	0
ERIC L HART 318 90TH ST ROSEVILLE IL 61473	VICE LC	2,550	12
STEVEN C MOTT 263 PHILLIPS ST GALESBURG IL 61401	VICE LC	72	373
BARRY R REHLING 106 KNOX RD. 850 N. GALESBURG IL 61401	VICE LC	144	0

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

Year 2014

EIN : 23-7178718

Local 0195

Name (A)	Title - Hours Worked (B)	Compensation (C)	Allowances (E)
BRYAN R ROBERTS 241 W PRAIRE ST. WATAGA IL 61488	LOCAL CHAIRMAN	7,057	547
KRISTY J ROCK 213 S. FULTON ST. AVON IL 61415	VICE LC	0	0
RICHARD L SAGE JR 883 N CHERRY ST GALESBURG IL 61401	SECRETARY	2,605	1,065
JERROD C SAMMONS 387 KINGS CANYON BLVD. GALESBURG IL 61401	LOCAL CHAIRMAN	13,243	3,424
MARK A SHIPP 1774 BRENTWOOD AVE GALESBURG IL 61401	VICE LC	1,200	0
GREGORY H SPRINKLE 1411 E FIFTH ST-APT#22 GALESBURG IL 61401	TRUSTEE	0	0
BEAU S TREGO 217 S. 10TH ST. MONMOUTH IL 61462	LOCAL CHAIRMAN	10,072	808
KEVIN C WALLACE 1999 BAIRD AVE. GALESBURG IL 61401	VICE LC	900	0
GERALD E WHITMORE 3386 WEST LAKE STOREY ROAD GALESBURG IL 61401	TREASURER	16,297	1,206
JOSH P WILLIAMS 208 S MAIN ST PO BOX 235 HENDERSON IL 61439	TRUSTEE	0	0
THOMAS G WORDEN JR 607 E MAIN ST KNOXVILLE IL 61448	PRESIDENT	768	6

Treasurer GERALD E WHITMORE

08/11/2015

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