

Form

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

OMB No. 1545-0047

2019**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning **JANUARY 1**, 2019, and ending **DECEMBER 31**, 20 **19****B** Check if applicable:

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

C Name of organization**AMALGAMATED TRANSIT UNION LOCAL 714**

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

Room/suite

PO BOX 979

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

PORTLAND, MAINE 04104**D** Employer identification number**01-0018605****E** Telephone number**207-929-6629****F** Group ExemptionNumber ▶ **155****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **NONE****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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ **86,929****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	83,949
	4	Investment income	4	3
	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
	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	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	2,977	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	86,929	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	26,382
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	41,526
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	18,344
	17	Total expenses. Add lines 10 through 16	17	86,252
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	677
	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	48,115
	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	48,792

For Paperwork Reduction Act Notice, see the separate instructions.

Internal Revenue Service

Cat No. 106421

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Form **990-EZ** (2019)

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Ogden, UT

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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	48,115	22 48,792
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	48,115	25 48,792
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)	48,115	27 48,792

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 ☒

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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.

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	0

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
SHANNON BACHELDER PRESIDENT	3	5,779	0	200
ED KNOTSON VICE-PRESIDENT	2	8,459	0	550
BRUCE WARD RECORDING SECRETARY	2	3,266	0	250
BRENDAN BURKE FINANCIAL SECRETARY	6	10,328	0	0
ROBERT COMEAU DRIVER STEWARD	1	1,065	0	0
KENNETH PALMER SHOP STEWARD	1	168	0	0
JOHN BUDROE DRIVER STEWARD	1	580	0	0
ANDREW CLEMENT SHOP STEWARD	1	900	0	0
SHAWNA MEROLA DISPATCHER STEWARD	1	810	0	0
DAVID LISTER DRIVER STEWARD	2	1,978	0	0
TIFFANY LISTER DRIVER STEWARD	2	2,097	0	0
JONATHAN CAIL DRIVER STEWARD	1	1,588	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	33	✓
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	34	✓
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)?	35a	✓
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	35b	✓
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	35c	✓
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	36	✓
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?	37b	✓
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?	38a	✓
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	775
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 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	40b	✓
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		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
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	40e	✓
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► BRENDAN BURKE, FINANCIAL SECRETARY Telephone no. ► 207-929-6629 Located at ► 18 MAIN STREET, HOLLIS CENTER, MAINE ZIP + 4 ► 04042		
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).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? 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	<input type="checkbox"/>
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	Signature of officer	Date
	BRENDAN T. BURKE, FINANCIAL SECRETARY	6/24/2020
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

AMALGAMATED TRANSIT UNION LOCAL 714 C/O BRENDAN BURKE

Employer identification number

01-0018605

FORM 990-EZ, PART 1, LINE 8, OTHER REVENUE

UNION T-SHIRTS SOLD AT COST: 48

VOLUNTARY COPE DONATIONS COLLECTED AND PAID TO ATU PARENT ORGANIZATION: 835

ANNUAL DIVIDEND PAYMENT, WORKER'S COMPENSATION INSURANCE CO: 74

REIMBURSEMENT- ATU PARENT ORGANIZATION- ANNUAL CONVENTION: 2000

TWO STALE DATED CHECKS REISSUED: 21

TOTAL INCLUDED ON FORM 990-EZ, PART 1, LINE 8, OTHER REVENUE: 2977 (ADJUSTED FOR FRACTIONS OF CENTS)

FORM 990-EZ, PART 1, LINE 10, GRANTS PAID TO AFFILIATES

AFFILIATE NAME/ADDRESS: AMALGAMATED TRANSIT UNION INTERNATIONAL, 10000 NEW HAMPSHIRE AVE., SILVER SPRING, MD 20903

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 23676

AFFILIATE NAME/ADDRESS: MAINE AFL/CIO, 21 GABRIEL DRIVE, AUGUSTA, ME 04330

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 1941

AFFILIATE NAME/ADDRESS: ATU CAN/AM CONFERENCE BOARD, 812 WILSON AVENUE, DOWNSVIEW, ONTARIO, CANADA M3K 1E5

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 139

AFFILIATE NAME/ADDRESS: NEW ENGLAND JOINT CONFERENCE BOARD, 59 WILLIAMS STREET, WORCESTER, MA 01609

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 360

AFFILIATE NAME/ADDRESS: EASTERN MAINE LABOR COUNCIL, 20 IVERS STREET, BREWER, ME 04412

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 53

AFFILIATE NAME/ADDRESS: SOUTHERN MAINE LABOR COUNCIL, PO BOX 1933, WINDHAM, ME 04062

PURPOSE OF PAYMENT/ AMOUNT OF PAYMENT: REGISTRATION FEES/ DUES: 213

TOTAL INCLUDED ON FORM 990-EZ, PART 1, LINE 10: 26382

FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES:

FEDERAL AND STATE OF MAINE PAYROLL AND UNEMPLOYMENT TAXES: 13915

WORKER'S COMPENSATION POLICY RENEWAL: 397

Name of the organization

AMALGAMATED TRANSIT UNION LOCAL 714 C/O BRENDAN BURKE

Employer identification number

01-0018605

SOLIDARITY HARVEST DONATION, EMLC: 700

BANK SERVICE CHARGES: 42

REISSUE OF STALE DATED CHECKS: 338

SOUTHERN MAINE LABOR COUNCIL BREAKFAST TABLE RENTAL: 175

SPLIT OF MEETING ROOM RENTAL FEES FOR CONTRACT NEGOTIATIONS AUG-NOV 2019: 259

POST OFFICE BOX RENEWAL: 250

PURCHASE OF NEW LAPTOP/ SOFTWARE FOR UNION LOCAL, JUNE 2019: 1724

PURCHASE OF MEMORIAL KEYCHAINS IN MEMORY OF UNION MEMBER: 500

BANK ERROR ON INCORRECTLY CLEARED DEPOSIT: 45

TOTAL INCLUDED ON FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES: 18345 (ADJUSTED FOR FRACTIONS OF CENTS- 18344)

FORM 990-EZ, PART 3, PRIMARY EXEMPT PURPOSE:

TO AID OUR (AT END OF REPORTING LAST YEAR) 109 ACTIVE MEMBERS WITH GRIEVANCE MATTERS BETWEEN THEM AND THE
TRANSIT DISTRICT. TO NEGOTIATE BARGAINING AGREEMENTS BETWEEN THE MEMBERS AND THE TRANSIT DISTRICT.

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

PART IV DOES NOT INCLUDE THE NAMES OR HOURS/ COMPENSATION FOR ONE OFFICER FOR WHOM THERE WAS NOT SPACE:

STEPHEN MCCLARY, DRIVER STEWARD, AVG. HOURS- 1, REPORTABLE COMPENSATION- 2685