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)

2016

OMB No 1545-1150

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.

Open to Public Inspection

A For the 0046 extender year or tay year horizoning							
_		2016 calendar year, or tax year beginning	, 2016, and ending	3 ~ -	, 20		
	heck if ap	りいかし こうかかくりい せいかれてって	14-AN 12/7	D Empl	oyer identification number		
=		Idress change HITAL CHMATE) TRANSTT UNION 15(63)			-0154843		
=	Name cha nitial retur				hone number		
=		Manager 11100 ORKLAND JT.	152		3-881-3267		
	Amended	Orty or town, state or province country, and ZIP or foreign postal code return	e		up Exemption		
	Application	n pending DENUEC 10 80239			nber ▶ 😰		
		ing Method ☐ Cash ☐ Accrual Other (specify) ►	H		► ☐ If the organization is not		
	/ebsite			•	I to attach Schedule B		
		npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐		(Form 9	90, 990-EZ, or 990-PF).		
		organization Corporation Trust Association	Other LAB		MITOM		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$		al assets	10 carati		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			· \$118603.86		
Pa	art (Revenue, Expenses, and Changes in Net Assets or Fun					
		Check if the organization used Schedule O to respond to any			<u> </u>		
?	1	Contributions, gifts, grants, and similar amounts received			1		
?	2	Program service revenue including government fees and contracts	3		2		
3	3	Membership dues and assessments		'	3 104303, 41		
?	4	Investment income		. , .	4		
	5a	Gross amount from sale of assets other than inventory			[m.] - [
	b	Less cost or other basis and sales expenses			* 11.		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line Gaming and fundraising events	e 5b from line 5a) .		5c		
	a	Gross income from gaming (attach Schedule G if greater t	than		の ¹⁰ で な 第 で		
Revenue		\$15,000)	6a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ver	b	Gross income from fundraising events (not including \$	of contribution	ns			
æ		from fundraising events reported on line 1) (attach Schedule G if			X		
		sum of such gross income and contributions exceeds \$15,000).	· 6b		売 続す		
	С	Less direct expenses from gaming and fundraising events	6c	l	1		
	d	Net income or (loss) from gaming and fundraising events (add li	nes 6a and 6b and s	ubtract			
		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		
3	8	Other revenue (describe in Schedule O)	· · DECENIE		8 1430045		
<u>. </u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	RECEIVE	<u>.</u>	9 118603.86		
-I -7	10	Grants and similar amounts paid (list in Schedule O)			10		
	11	<u> </u>	S NOV 2 4 201		11 10 10 10 10		
es,	12	Salaries, other compensation, and employee benefits 2		RS .	12 45 717.03		
Éxpenses.	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	OGOEKI II	7	13 00.00		
	14	, ,, ,, ,, ,			14 743732		
	15	Printing, publications, postage, and shipping			15 . 1795.00		
	16	Other expenses (describe in Schedule O) 2		• •	16 2 65 6		
	17	Total expenses. Add lines 10 through 16	<u> </u>	. •	17 46 705 9T		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 21.897.89		
Net Aśsets .	19	Net assets or fund balances at beginning of year (from line 27, or			11 1 1		
					19 6.00		
Net	20	Other changes in net assets or fund balances (explain in Schedule			20		
	41	Net assets or fund balances at end of year. Combine lines 18 through		<u> </u>	21 [6]		
C	Danon	work Paduction Act Notice see the congrete instructions	Cat No. 100401		Form 990-F7 (2016)		

_		MSIT U	NION LOCE	1563 51	-() 54 84 3 Page 2
2	Part II Balance Sheets (see the instructions for Check if the organization used Schedule		ay augetion in this D	art II	П
	22 Cash, savings, and investments			A) Beginning of year 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(B) nd of year 12 0 0 0 13 0 0 14 0 0 15 0 0 16 0 0 17 0 0 18 0
	27 Net assets or fund balances (line 27 of column				7 61.00
	Part III Statement of Program Service Accompose Check if the organization used Schedule What is the organization's primary exempt purpose? Describe the organization's program service accomplis as measured by expenses. In a clear and concise mapersons benefited, and other relevant information for each concise of the control of the con	O to respond to an MEM DEC Inhiments for each or anner, describe the ch program title.	ny question in this P EOME SENTA f its three largest pro	art III	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
2	28 ONGOING HOME KECKESTE STATE OF LINE TON MEMORIAL SCHOOL	ATON AND ERS TN I OOLS Includes foreign gra	ints, check here		28a 🖸
	30		ints, check here .		29a
	31 Other program services (describe in Schedule O)	ncludes foreign gra	nts, check here	▶ 🗆 3	32 32
	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions to				tructions for Part IV)
	Check if the organization used Schedule (a) Name and title	O to respond to ar (b) Average hours per week devoted to position	(c) Reportable ?	(d) Health benefits,	(e) Estimated amount of other compensation
	Dohn Holams HESI DENT	40.00	0.00	0.00	0.00
	Poris Studdard Financial Secretary	200	0.00	0.00	0.00
	RAFAEL CEYCLA H. Iltop Steward	1.00	0.00	0.00	0.00
	MONTHERST STEWARD	4.00	0.00	0.00	0.00
	Theodore Nielson Northeast Steward	2.00	0,00	Ø. 00	0.00
	Philip Hillop Faustin	2.60	0.00	0.00	0.00

	10-EZ (2016) MAICAMATED TRANSET WITCH (5163 51-615/843	- loc 33		age (
Part				162
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		_ X
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	Yes	Nο
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)			Ý
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)?	34 35a		X
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c	N,	AV
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		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] O, Did the organization file Form 1120-POL for this year? 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?	37b 38a	1 T T T T	γ
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶ 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	N	/A
d	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 mm
е	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	المالية المراكبة المراكبة	γ
11 2a	List the states with which a copy of this return is filed \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	<u> </u>)/_ /	\ \
-		33	Yes	
	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).		122.7	\$ 7
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		<u> </u>
13	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	__\/	Yes	► [
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		χ
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		X,
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	۰	X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	3 4 2.	X

orm 99	90-EZ (2016) HILLY Y HILL) IKHWA	MI UNITON	LUCHE	Page 4
6	Did the organization engage, directly or indirectly, in political of	rampaign activities on	hehalf of or in oppo	Yes No
0	to candidates for public office? If "Yes," complete Schedule C		· · · · ·	46 X
irt	VI Section 501(c)(3) organizations only	,		40 1 1
	All section 501(c)(3) organizations must answer que	estions 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 t	nis Part VI	<u> </u>
_		50441		Yes No
7	Did_the_organization_engage_in_lobbying-activities_or_have-a- year? If "Yes," complete Schedule C, Part II	section 501(h) electio		!!!
8	Is the organization a school as described in section 170(b)(1)(A)(i			47 48
9a	Did the organization make any transfers to an exempt non-cha	•		<u> </u>
b	If "Yes," was the related organization a section 527 organization			
0	Complete this table for the organization's five highest compen			
	employees) who each received more than \$100,000 of compet	nsation from the organ		,
	(a) Name and title of each employee fours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe	
	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferre	ed other compensation
_		 		+
	N-1+			
_				
		 		
	Total number of other employees paid over \$100,000	<u></u>	<u> </u>	
1 —-	Complete this table for the organization's five highest compe- \$100,000 of compensation from the organization. If there is no (a) Name and business address of each independent contractor		J/H	(c) Compensation
	ta) Name and Scottess address of Cast Mosponiotic Contractor	(2) 1) po o o o o		(b) compondation
		-	Í	
		 	-	
		-		
_				
		-	1	
				·
		-}		
,d	Total number of other independent contractors each receiving	over \$100,000		
2 2	Did the organization complete Schedule A? Note: All se		nizations must atta	
_	completed Schedule A	· · · · · · · ·		.▶∏ Yes ☐ No
	penalties of perjury, I declare that I have examined this return, including accompan	lying schedules and stateme		
, co	orrect, and complete Declaration of preparer (other than officer) is based on all info	ormation of which preparer h	as any knowledge	, , , ,
) hom Coloma		11/	14/17
gn	· · · · · · · · · · · · · · · · · · ·	· A	Date	•
		siness Agen	au	
ere				
	Type or print name and title Print/Type preparer's name Preparer's signature	// Da	te ,	NCT PTIN
aid	Preparer's signature	Marel 199	Check self-em	Allinanoun
aid ep	parer Preparer's name JOLES Preparer's signature	Japel II	500/ self-em	Allinanoun
•	Preparer's signature	Japen il	Check self-em	Allinanoun

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Inspedion
Name of the organization HMAGAMATED TRANSTT UNTON LOCAL 1563 Employer identification number 51-0154843
Form 990 EZ Part 2 LINE 8 other REVENUE:
Description of other Revenue.
Amount
Transfers 19, & SAMINA HULD MESTITION. 14,300.45
DIVIDENIX, AUTO = DUNIER INSURANCE.
DIVIDENDS, AUTO: DWNET INSUPANCE, ATU Convention REIMBURSEMENT
Form 990 EZ PART 1 Line 12-16 other expenses:
DESCRIPTION OF EXPENSES: Amount
John HDAMS SALAMY 45,717.03
INTERNATIONAL PER CAPITA AFFILIATE DUES 30, 417.39
AFL-CIO 2,233.00
food Reimberment 285.09
DENTA COURT FILING FEE 83.02
Auto OWNER INSURANCE 621.54
Office Depot Pens/For Members 1,255,55
Toronato Sheridan Hotel 953.22
CONVENTION REIMBURSEMENT 1,353.79
Quill. com 147.01
Misc 2307.01
AFFILIATE NAME: AAMAGAMETED TEANSET UNION INTERNATIONAL
Affiliate ADDMESS: 5025 WISCONSTA AVENUE, NW WAShINGTON, DC
200164139
fur pose of Hayment: Attiliate Dues
Purpose of Payment: Affiliate DUES Form 990-EZ Part V, The organization Did Not receive
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Cat No 51056K Schedule O (Form 990 or 990-EZ) (2017)
1 Of 1 about the graduation were facilities and managements for 1 of 11 and 01 about 210000 Schedule O (Lotti and 01 and 15 (5011)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
	-
	•
' . , · · · · · · · · · · · · · · · · · ·	

