

**Return of Organization Exempt From Income Tax**

**2016**

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

**Open to Public Inspection**

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** , 2016, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **2**  
**AMALGAMATED TRANSIT UNION 1563**  
 Number and street (or P O box, if mail is not delivered to street address) **2** Room/suite  
**4700 OAKLAND ST. 152**  
 City or town, state or province, country, and ZIP or foreign postal code  
**DENVER CO 80239**

**D** Employer identification number **2**  
**51-0154843**

**E** Telephone number  
**303-881-3267**

**F** Group Exemption Number ▶ **2**

**G** Accounting Method  Cash  Accrual  Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B **2** (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

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

**K** Form of organization  Corporation  Trust  Association  Other **LABOR UNION**

**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 **▶ \$1,186,038.86**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **2**  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21															
Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .																																										
	<b>2</b>	Program service revenue including government fees and contracts . . . . .																																										
	<b>3</b>	Membership dues and assessments . . . . .																																										
	<b>4</b>	Investment income . . . . .																																										
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .																																										
	<b>b</b>	Less cost or other basis and sales expenses . . . . .																																										
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																																										
	<b>6</b>	Gaming and fundraising events																																										
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																																										
	<b>b</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) . . . . .																																										
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .																																											
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																																											
Revenue	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .																																										
	<b>b</b>	Less cost of goods sold . . . . .																																										
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																										
Expenses	<b>8</b>	Other revenue (describe in Schedule O) . . . . .																																										
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																										
	<b>10</b>	Grants and similar amounts paid (list in Schedule O)																																										
	<b>11</b>	Benefits paid to or for members . . . . .																																										
	<b>12</b>	Salaries, other compensation, and employee benefits <b>2</b>																																										
	<b>13</b>	Professional fees and other payments to independent contractors <b>2</b>																																										
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .																																										
	<b>15</b>	Printing, publications, postage, and shipping . . . . .																																										
	<b>16</b>	Other expenses (describe in Schedule O) <b>2</b>																																										
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16																																										
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)																																										
	<b>19</b>	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)																																										
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)																																										
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20																																										

DEC 1 2017

RECEIVED  
 NOV 24 2017  
 OGDEN, UT

174

**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	161.00	161.00
23 Land and buildings	0.00	0.00
24 Other assets (describe in Schedule O)	0.00	0.00
25 Total assets	0.00	0.00
26 Total liabilities (describe in Schedule O)	0.00	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	161.00	161.00

**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? MEMBER REPRESENTATION

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 ONGOING ADVICE REPRESENTATION AND ARBITRATION ON BEHALF OF UNION MEMBERS IN DISPUTES WITH DENVER PUBLIC SCHOOLS.

	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
28a		
29		
29a		
30		
30a		
31		
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
John Adams PRESIDENT	40.00	0.00	0.00	0.00
Dom's Studland FINANCIAL SECRETARY	2.00	0.00	0.00	0.00
Rafael Cerda Hilltop STEWARD	1.00	0.00	0.00	0.00
ANN Diaz Northeast STEWARD	4.00	0.00	0.00	0.00
Theodore Nelson Northeast STEWARD	2.00	0.00	0.00	0.00
Philip Hilltop Faustlin Hilltop STEWARD	2.00	0.00	0.00	0.00

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. [X]

Table with columns for question numbers (33-45a/b), descriptions, and Yes/No columns. Includes handwritten entries like 'N/A', '0', 'NONE', 'The ORGANIZATION', '4700 OAKLAND ST #152', '303-3267', '80239'.

	Yes	No
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		X

**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

	Yes	No
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		
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 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
N/A				

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." N/A

(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: *John Adams* Date: 11/14/17

Type or print name and title: John Adams President / Business Agent

Paid Preparer Use Only

Print/Type preparer's name: PATRICIA JONES Preparer's signature: *Patricia Jones* Date: 11/15/2017 Check  if self-employed PTIN: 1278437

Firm's name: Firm's EIN: Phone no:

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2017

Open to Public  
Inspection

Name of the organization

AMAGAMATED TRANSIT UNION LOCAL 1563

Employer identification number

51-0154843

Form 990-EZ Part I Line 8 other REVENUE:

Description of other REVENUE:

	AMOUNT
TRANSFERS \$, + SAMINA HURD RESTITUTION.	14,300.45
DIVIDENDS, AUTO - OWNER INSURANCE,	
ATU CONVENTION REIMBURSEMENT	

Form 990-EZ Part I Line 12-16 other EXPENSES:

Description of EXPENSES:

	AMOUNT
John Adams SALARY	45,717.03
INTERNATIONAL PER CAPITA AFFILIATE DUES	32,417.39
AFL-CIO	2,233.00
FOOD REIMBURSEMENT	285.09
DEVRA COURT FILING FEE	83.02
AUTO OWNER INSURANCE	621.54
OFFICE DEPOT PENS / FOR MEMBERS	1,255.55
TORONTO SHERIDAN HOTEL	953.22
CONVENTION REIMBURSEMENT	1,353.79
Quill.com	147.01
Misc	2307.01

Affiliate Name: AMAGAMATED TRANSIT UNION INTERNATIONAL

Affiliate Address: 5025 WISCONSIN AVENUE, NW WASHINGTON, DC

200164139

Purpose of Payment: Affiliate DUES

Form 990-EZ Part V, THE ORGANIZATION DID NOT RECEIVE FUNDS DIRECTLY OR INDIRECTLY OR PAY PREMIUMS ON PERSONAL BENEFIT.

Name of the organization

Employer identification number

Lined area for providing organization details.

