

**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** 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 ▶

**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

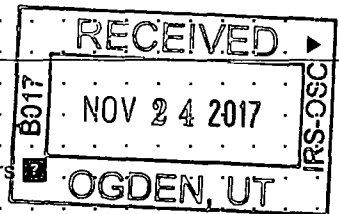
**K** Form of organization  Corporation  Trust  Association  Other LABOR UNION

**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	1																1												
	2																2												
	3																3	104303.41											
	4																4												
	5a																5a												
	b																5b												
	c																5c												
	6																6												
	a																6a												
	b																6b												
c																6c													
d																6d													
7a																7a													
b																7b													
c																7c													
8																8	14300.45												
9																9	118603.86												
Expenses	10																10												
	11																11												
	12																12	45717.03											
	13																13	100.00											
	14																14	7437.32											
	15																15	1795.00											
	16																16	41656.62											
	17																17	96705.97											
Net Assets	18																18	21897.89											
	19																19	161.00											
	20																20												
	21																21	161.00											

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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	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			

**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'.

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

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
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?
49b 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."

Table with 5 columns: (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. Row 1 contains '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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows are empty.

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

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

May the IRS discuss this return with the preparer shown above? See instructions

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.

