foundations)

TIN: 20-5478191

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.IRS.gov/form990.

		<u> </u>		2010		
	ck if applicable:	C Name of organization		2019	D Employer	identification number
Ad	dress change	AMERICAN ASSOCIATION OF AND TRANSPORTATION OFFI			53-0204	654
	me change tial return	Doing business as				
Fin	al n/terminated				E Telephone i	numher
l .	nended return plication pending	FEE 13TH CTREET NIM NO 10	pox if mail is not delivered to street address) Room	/suite	(202) 62	
	pheation penaling		ce, country, and ZIP or foreign postal code		(202) 02	.4 3010
		WASHINGTON, DC 20004			G Gross recei	pts \$ 100,533,086
		F Name and address of places of pl	principal officer:		s this a group retu	
		555 12TH STREET NW		H(b) [/]	subordinates? Are all subordinate	Yes V No
Tax	x-exempt status:	WASHINGTON, DC 200) ◀ (insert no.)		ncluded? f "No." attach a li:	st. (see instructions)
		VW.TRANSPORTATION.OF			Group exemption n	
	CDSICC. F WW	W.TRANSFORTATION.OF				
K Forn	n of organization	: Corporation Trust A	Association Other	L Yea	ar of formation: 1914	
	ate of legal domic					_
DC						
Pa	•	ımary	mission or most significant activities:			
Activities & Governance	DEVELOF SERVES PRACTIC	PMENT, OPERATION, AN AS A CATALYST FOR EXC	ATE HIGHWAY AND TRANSPORTATION D MAINTENANCE OF AN INTEGRATED CELLENCE IN TRANSPORTATION BY OF TION, TRAINING AND DATA; DIRECT T	NATIONAL FERING: S	TRANSPORTATION MART SOLUTION	ON SYSTEM. AASHTO IS AND PROMISING
ema						
NO.						
×	2			6 th	250/ -5:5	
ties		_	n discontinued its operations or disposed ogoverning body (Part VI, line 1a)			3 3
χĮ			nbers of the governing body (Part VI, line :			4
Ă	5 Total nu	mber of individuals employ	ved in calendar year 2018 (Part V, line 2a)			5
		•	ate if necessary)			6
			rom Part VIII, column (C), line 12 ome from Form 990-T, line 34			7a 170,
	D Net unite	nated business taxable inc	ome nom rorm 330 1, me 34	· · ·	Prior Year	Current Year
9	8 Contribu	tions and grants (Part VII	I, line 1h)		8,694,12	7 8,747,749
Revenue	_	•	I, line 2g)		68,704,19	0 69,675,749
æ		•	ımn (A), lines 3, 4, and 7d)		2,912,84	+
		•	(A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 11 (must equal Part VIII, column (A), lin	0 12)	3,718,90 84,030,06	
		_	Part IX, column (A), lines 1-3)	e 12)	30,00	
		, ,	art IX, column (A), line 4)			0 0
88			loyee benefits (Part IX, column (A), lines		14,021,32	7 15,694,248
Exp enses			IX, column (A), line 11e)			0 0
E		raising expenses (Part IX, column			64 000 13	7 65 955 211
			(A), lines 11a-11d, 11f-24e) must equal Part IX, column (A), line 25)		64,988,13 79,039,46	+
			ine 18 from line 12		4,990,59	
Net Assets or Fund Balances					ginning of Current Year	End of Year
Bala	20 Total ass	sets (Part X, line 16)			122,464,05	8 141,275,095
and a	21 Total lial	bilities (Part X, line 26) .			74,469,93	4 88,291,511
			act line 21 from line 20		47,994,12	4 52,983,584
		nature Block perjury, I declare that I ha	eve examined this return, including accomp	anying sch	edules and statem	ents, and to the best of
,	nowledge and irer has any ki		nd complete. Declaration of preparer (other	than office	r) is based on all i	nformation of which
<u>, -pu</u>		gnature of officer			2020-02-13 Date	
Sign	· /	1 TYMON EXECUTIVE DIRECTOR			2410	
Here	_	pe or print name and title				
	 	Print/Type preparer's name	Preparer's signature	Date	Chask T if PTI	
Paid	9	SARA SMITH	SARA SMITH			.332734
	narer 📑	Firm's name RSM US LLP Firm's address 2021 L STREET	NIW SHITE 400		Firm's EIN • 42-07	
	Only				Phone no. (202) 29	J-22UU
		WASHINGTON, I	DC 200JU		i	

Yes No

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\ \ \ \ \ \ \ \ \ \ \ \ \ $	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 📆	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		N o
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		0 (2010)
		F	orm 99	0 (2018)

Form	990 (2018)			Page 4
Par	t IV Checklist of Required Schedules (continued)			-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
			•	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20.		
l		28a		
No		1 1	1	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c 29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N o
		29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I •	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	0 (2018)
			-orm 44	

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliane Check if Schedule O contains a response or note to any line in this		V			. [
			•			Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	9 2			
	Entor	the number of Forms W. 2C included in line 15 Feter (L. if not applicable	1b	I o			
ь	Enter	the number of Forms W-2G included in line 1a.Enter -0- if not applicable .	10	0			
_	Did th	e organization comply with backup withholding rules for reportable payments	to ven	dors and reportable		[
·		g (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		catements, filed for the calendar year ending with or within the year covered so return	2a	143			
				-			
b		east one is reported on line 2a, did the organization file all required federal en			2b	Yes	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-fi	le (see	instructions)			
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	na the	vear?	3a	Yes	1
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanat.	-	·	3b	Yes	
		time during the calendar year, did the organization have an interest in, or a s					
		a financial account in a foreign country (such as a bank account, securities ac nt)?	count,	or other financial	4a		Νo
b		s," enter the name of the foreign country: >					140
-	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Ba	nk and	f Financial Accounts			
	(FBAR	.).					
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time dur	ing the	e tax year?	5a		Νo
b	Did an	ly taxable party notify the organization that it was or is a party to a prohibited	d tax s	helter transaction?	5b		Νo
c	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
62	Does t	the organization have annual gross receipts that are normally greater than \$:	100 00	O and did the	5c 6a		Νo
Va		zation solicit any contributions that were not tax deductible as charitable con		-	Va		NO
b		s," did the organization include with every solicitation an express statement t	hat su	ch contributions or gifts	C l-		
7		not tax deductible?			6b		
	Organ	izations that may receive deductible contributions under section 170(c).					
а	Did th	e organization receive a payment in excess of \$75 made partly as a contribut	ion an	d partly for goods and	7a		Νo
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal prope orm 8282?	rty for	which it was required to	7c		Νo
d		s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a	persoi	nal benefit contract?			
_					7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a per-			7f		Νo
g		organization received a contribution of qualified intellectual property, did the ed?	organ	ization file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, did	the organization file a			
		1098-C?			7h		
8	-	donor advised fund maintaining donor advised runds. donor advised fund maintained by the sponsoring organization have excess b	usines	s holdings at any time			
	during	the year?			8		
						ļ	
9a	 Did th	e sponsoring organization make any taxable distributions under section 496	6? .		9a	[
		e sponsoring organization make a distribution to a donor, donor advisor, or re			9b		
		n 501(c)(7) organizations. Enter:					
				'			
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	ciliti			ı			
11	Sectio	n 501(c)(12) organizations. Enter:					
	Gross	income from members or charabolders	11a	I			
a	GIUSS	income from members or shareholders	119				
b	Gross	income from other sources (Do not net amounts due or paid to other sources	:	I			
-		st amounts due or received from them.)	11b	ĺ			

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Fo	orm 990	(2018

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 5.2 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo Did the organization delegate control over management duties customarily performed by or under the direct Νo 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo 5 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ra Yes

a	The governing body:	Oa	163	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or Key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13

Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

6a	Νo
6b	

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed 17
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

organization's exempt status with respect to such arrangements?

- Own website Another's website Vpon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records:

DIRECTOR

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

organization, more than \$10,000 of reportable List persons in the following order: individual compensated employees; and former such per	trustees or dire	ctors;	instit	utic	nal	trust	ees;	; officers; key em	ployees; highest	
Check this box if neither the organization n (A) Name and Title	or any related of (B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W- 2/1099-MISC)				k an	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	e. (F) Estimated amount of other compensation from the organization and related organizations		
(4) CAN OF BRACERIC	1.00					ed				
(1) CARLOS BRACERAS PRESIDENT		Х		Х				0	0	0
(2) PATRICK MCKENNA VICE PRESIDENT	1.00	Х		х				0	0	0
(3) SCOTT BENNETT	1.00									
SECRETARY-TREASURER		Х		Х				0	0	0
(4) PAUL AJEGBA	1.00	Х						0	0	0
DIRECTOR	•••	^						· ·	0	
(5) PETER ALVITI DIRECTOR	1.00	Х						0	0	0
(6) MARGARET ANDERSON KELLIHER DIRECTOR	1.00	х						0	0	0
(7) JAMES BASS	1.00									
DIRECTOR	•••	Х						0	0	0
(8) DARIN BERGQUIST DIRECTOR	1.00	Х						0	0	0
(9) HENRY BRIGHT DIRECTOR	1.00							0	0	0
(10) JADE BUTAY DIRECTOR	1.00	Х						0	0	0
(11) JENNIFER COHAN DIRECTOR	1.00	Х						0	0	0
(12) CARLOS CONTRERAS DIRECTOR	1.00	Х						0	0	0
(13) JOHN COOPER DIRECTOR	1.00	Х						0	0	0
(14) MARIE THERESE DOMINGUEZ DIRECTOR	1.00	х						0	0	0
(15) JOE FLYNN DIRECTOR	1.00	х						0	0	0
(16) ROBERT FRANZOIA DIRECTOR	1.00	х						0	0	0
(17) TIM GATZ	1.00									
(17) 111 6(1)		Х			1		1	0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	Miscy	miscy	and related organizations	
(18) JOSEPH GIULIETTI DIRECTOR	1.00	ı x						0	0	0	
(19) DIANE GUTIERREZ-SCACCETTI	1.00	Х			Ī			0	0	0	
DIRECTOR (20) JOHN HALIKOWSKI	1.00										
DIRECTOR (21) CHRISTY HALL	1 00	^						0	0	0	
DIRECTOR		X						0	0	0	
(22) RON HENKE	1.00	х						0	0	0	
DIRECTOR (23) SHOSHANA LEW	1.00										
DIRECTOR (24) JULIE LORENZ	1.00	^						0	0	0	
DIRECTOR		X						0	0	0	
(25) MARK LOWE	1.00	х						0	0	0	
DIRECTOR (26) JOHN MACKINNON DIRECTOR	1.00	X						0	0	0	
(27) JACK MARCHBANKS	1.00	V						0	0	0	
DIRECTOR		X						0	0		
(28) JEFF MAROOTIAN DIRECTOR	1.00	×						0	0	0	
(29) PAUL MATHER DIRECTOR	1.00							0	0	0	
(30) MELINDA MCGRATH DIRECTOR	1.00	хх						0	0	0	
(31) JOE MCGUINNESS	1.00	Х						0	0	0	
DIRECTOR (32) RUSSELL MCMURRY	1.00							0	0		
DIRECTOR (33) ROGER MILLAR		^						0	0		
DIRECTOR	1.00	X						0	0	0	
(34) BRIAN NESS	1.00	ı x						0	0	0	
DIRECTOR (35) OMER OSMAN											
DIRECTOR	1.00	X						0	0	0	
(36) STEPHANIE POLLACK	1.00	x						0	0	0	
DIRECTOR (37) PETE RAHN	1.00	X						0	0	0	
DIRECTOR (38) L REINER	1.00								_		
DIRECTOR		X						0	0	0	
(39) LESLIE RICHARDS DIRECTOR	1.00	×						0	0	0	
(40) MICHAEL SANDOVAL DIRECTOR	1.00	хх						0	0	0	
(41) KYLE SCHNEWEIS		Х						0	0	0	
DIRECTOR		^						U	0		
(42) VICTORIA SHEEHAN DIRECTOR	1.00	ı x						0	0	0	
(43) KRISTINA SWALLOW	1.00	Х						0	0	0	
DIRECTOR (44) KEVIN THIBAULT											
DIRECTOR	1.00	X						0	0	0	
	•	•	•	•			•				

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	unless person is both an officer and a director/trustee)			an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	,	organizations
(45) GREG THOMAS	1.00	Х						0	0	0
DIRECTOR (46) CRAIG THOMPSON	1.00									
DIRECTOR	1.00	X						0	0	0
(47) MIKE TOOLEY	1.00	х						0	0	0
DIRECTOR (48) JAMES TROGDON	1.00									
DIRECTOR	1.00	×						0	0	0
(49) SHANNON VALENTINE	1.00	Х						0	0	0
DIRECTOR (50) BRUCE VAN NOTE										
DIRECTOR	1.00	×						0	0	0
(51) SHAWN WILSON	1.00	Х						0	0	0
(52) IIMMY WRISTON										
DIRECTOR	1.00	×						0	0	0
(53) FREDERICK WRIGHT	34.50			Х				416,405	0	24,613
EXECUTIVE DIRECTOR (54) JAMES TYMON								,		
CHIEF OPERATING OFFICER/DIRECTOR OF POLICY AND MAN	36.30			Х				319,263	0	17,764
(55) JENET ADEM	40.90			Х				211,698	0	41,737
DIRECTOR OF FINANCE AND ADMINISTRATION (56) KING W GEE DIRECTOR OF ENGINEERING AND TECHNICAL	41.50				х			258,352	0	13,891
SERVICES (57) LLOYD BROWN	35.00				.,			106 170		50.007
DIRECTOR OF COMMUNICATIONS					Х			186,179	0	50,897
(58) ERIN K GRADY DIRECTOR OF PUBLICATIONS PRODUCTION	35.00				х			160,237	0	36,845
(59) MONICA RUSSELL	37.60				х			162,109	0	33,566
DIRECTOR OF MEETINGS AND MEMBERSHIP SERVICES (60) JAN M EDWARDS	35.70					.,				-1
PROJECT DIRECTOR, AASHTOWARE (61) STEVEN LENKER						Х		225,839	0	54,532
DIRECTOR - CONSTRUCTION MATERIALS REFERENCE LABORA	41.60					Х		200,220	0	57,329
(62) JAMES MCDONNELL	37.80					X		196,515	0	45,168
PROGRAM DIRECTOR FOR ENGINEERING (63) JOUNG LEE						<u> </u>		150,515		75,100
POLICY DIRECTOR	35.30					Х		196,390	0	21,700
(64) MURTHY GUMMADA	35.30					Х		167,736	0	14,565
ASSOCIATE PROGRAM DIRECTOR, OPERATIONS Part VIII Section A. Officers, Directors			nlov	/ees	. a		iah	·		·
							.9		a Employees (ed	
1b Sub-Total					,	·				
d Total (add lines 1b and 1c)	•				•	•		2,700,943	0	412,607
2 Total number of individuals (including b \$100,000 of reportable compensation f					bov	e) wh	o re	ceived more than		
3 Did the organization list any former off				-	-		or h	nighest compensate	ed employee	Yes No
on line 1a? If "Yes," complete Schedule .) TOT SUCH INDIVIO	iudi •	•	•	•	•	•		3	
For any individual listed on line 1a, is the organization and related organizations individual										
<u> </u>	<u> </u>							<u>.</u> .	. 4	Yes

5		
	services rendered to the organization?If "Yes," complete Schedule J for such person	

5	

Nο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization. Report compensation for the calenda	n year ending with or within the organization	is tax year.
(A)	(B)	(C)
Name and business address	Description of services	Compensation
INFO TECH INC	CONSULTING/SERVICES	23,203,163
2970 SW 50TH TERRACE		
GAINESVILLE, FL 32608		
MICHAEL BAKER INTERNATIONAL INC	CONSULTING/SERVICES	4,378,118
PO BOX 536408		
PITTSBURGH, PA 15253		
CH2M HILL INC	CONSULTING/SERVICES	2,666,600
PO BOX 200991		
DALLAS, TX 75320		
IENGINEERING CORPORATION	CONSULTING/SERVICES	1,736,961
24805 PINEBROOK ROAD SUITE 204		
CHANTILLY, VA 20152		
APPLIED RESEARCH ASSOCIATES INC	CONSULTING/SERVICES	1,618,369
4300 SAN MATEO BLVD NE SUITE A-22		
ALBUQUERQUE, NM 87110		
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 5 3	listed above) who received more than	

Form **990** (2018)

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaig	ıns 1a					
	b Membership dues	1b					
w 98	c Fundraising events						
ant	d Related organization e Government grants (con			8,665,277			
Contributions, Gifts, Grants and Other Similar Amounts		ie ie	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
itib 1 Oth	f All other contributions,			82,472			
g g	and similar amounts no above 9 Noncash contributi in lines 1a-1f:\$		- 1				
1	h Total.Add lines 1a-1	lf		8,747,749			
nue			Business Code 900099	62,200,076	62,200,076		
e ve	2a TECHNICAL SERVICESb MEETING REGISTRATION		900099	62,389,076 4,427,488	62,389,076 2,853,913	136,450	1,437,125
ce	C MEMBERSHIP DUES	V	900099	2,859,185	2,859,185	150,150	171077120
ervi	d						
E	e						
Program Service Revenue	f All other program se		69,675,749				
Δ	g Total.Add lines 2a-2					Ī	<u> </u>
	3 Investment income (other	(including divider	nds, interest, and	4,164,90	13	33,662	4,131,241
	49incilareafrounitalestn	nent of tax-exem	pt bond proceeds	*			
	5 Royalties	(i) Real	1	•			
	6a Gross rents	(I) Kedi	(ii) Personal	_			
	b Less: rental expenses			4			
	c Rental income or						
	(loss)						
	d Net rental income	or (loss) (i) Securities					
	7a Gross amount from sales of assets other than inventory	13,424,3					
	b Less: cost or other basis and	11,402,3	363				
	sales expenses C Gain or (loss)	2,022,0	012	_			
	d Net gain or (loss)		•	2,022,01	2		2,022,012
en	8a Gross income from events (not includir of reported on line 1c)	ng \$ contributions	a				
Other Revenue	See Part IV, line 18 b Less: direct expens		ь				
æ	c Net income or (loss		ng events				
the	9a Gross income from	gaming activitie	s.				
0	See Part IV, line 19						
	b Less: direct expens	ses	а b				
	c Net income or (loss						
	10a Gross sales of invereturns and allowar						
	returns and anowar	ices	a 4,520,31	0			
	b Less: cost of goods	s sold	270,63				
	c Net income or (loss	s) from sales of in	nventory	4,249,67	4,249,674		
	Miscellaneous	s Revenue	Business Code				
	11a_	, revenue					
	b						
	С						
					<u> </u>		<u> </u>
	d All other revenue		-				
	e Total. Add lines 11	.a-110					

Dort TV	Statement	of Eugeti	onal Evnance

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraisingexpenses
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 30,000 30,000	<u> </u>	expenses	general expenses	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,958,481	1,165,467	793,014	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,151,692	4,803,639	3,348,053	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,790,952	3,046,256	1,744,696	
	Payroll taxes	793,123	260,597	532,526	
11	Fees for services (non-employees):			, , , , , , , , , , , , , , , , , , , ,	
a	Management				
b	Legal	124,828	58,482	66,346	
c	: Accounting	69,292	4,092	65,200	
c	1 Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	513,980		513,980	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,016,050	48,674,034	3,342,016	
12	Advertising and promotion	62,148	60,840	1,308	
	Office expenses	3,131,199	2,090,453	1,040,746	
	Information technology	2, 2, 22	, ,	72 27 2	
15	Royalties				
16	Occupancy	1,738,708	229,019	1,509,689	
17	Travel	3,681,796	3,187,220	494,576	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	3,772,384	460,431	3,311,953	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	366,664	176,959	189,705	
23	Insurance	147,361	62,346	85,015	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a UBI TAX	8,055		8,055	
	b TRAINING	47,166	26,158	21,008	
	c DUES PAID	46,899	4,881	42,018	
	d SPONSORSHIPS	45,746	10,783	34,963	
	e All other expenses	82,935	8,226	74,709	
25	Total functional expenses. Add lines 1 through 24e	81,579,459	64,359,883	17,219,576	C
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Dart Y	Ralance	Shoot

	art X	Balance Sheet								rage 11
		Check if Schedule O contains a response or note to an	y line in this Pa	art IX						\square
						(A)			(B	•
		<u>-</u>	ı	L	3,836,224	ing of y	ear	_	End of	f year
	1				3,030,224				3,431,412	
	Casn 2	-non-interest-bearing								
		gs and temporary cash investments			I	2				
	'3	· · · · · · · ·	_		5,094,719				4,978,486	
	Pleda	es and grants receivable, net				3				
	4	,			5,617,596				1,915,315	
	Acco	unts receivable, net				4				
	5									
		and other receivables from current and former officers,								
		ees, key employees, and highest compensated employee II of Schedule L	es. Complete			5				
	6									
		s and other receivables from other disqualified persons (a r section 4958(f)(1)), persons described in section 4958								
		ontributing employers and sponsoring organizations of s								
	` '	oluntary employees' beneficiary organizations (see instru elete Part II of Schedule L	uctions)							
	Comp	nete Fait II of Schedule L				6				
	7									
Assets		and loans receivable, net			ı	7				
SS	8	, and loans room as 6, not 1 1 1 1			140,668				128,379	
4		itories for sale or use				8				
	9				391,901				456,566	
	Prepa	iid expenses and deferred charges				9				
	10a	Land, buildings, and equipment: cost or			5 762 400					
		other basis. Complete Part VI of Schedule D			5,762,499					
		Less: accumulated depreciation 10b	_	1	5,025,415 04,238,227		1,065,592	10 c	129,157,966	737,084
	11	tments—publicly traded securities .			04,200,227	11			123, 107,300	
	12	intents—publicly traded securities .	_		2,020,467					
		tments—other securities. See Part IV, line 11				12				
	13				Į.					
	Inves	tments—program-related. See Part IV, line 11				13				
	14				•					
	Intan	gible assets				14				
	15				58,664				469,887	
		assets. See Part IV, line 11				15				
	16	· · · · · · · · · · · · · · · · · · ·			1					
		assets.Add lines 1 through 15 (must equal line 34)		1:	22,464,058	16		L	141,275,095	
	17	Accounts payable and accrued expenses				10,	478,469	17	-	11,308,943
	18 19	Grants payable				57	739,198	18		66,766,055
	20	Tax-exempt bond liabilities				57,	,7 39, 190	20	-	00,700,033
10		Escrow or custodial account liability. Complete Part IV	of Schedule D					21		
ije.	22	Loans and other payables to current and former officers								
ig		trustees, key employees, highest compensated employ	ees, and							
Liabilities		giengwalsfied mplete Part II of Schedule L						22	-	
	23	Secured mortgages and notes payable to unrelated thir	•	•				23		
	24	Unsecured notes and loans payable to unrelated third p						24	-	
	25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24		u				25		
		Complete Part X of Schedule D				6,	252,267			10,216,513
	26	Total liabilities. Add lines 17 through 25	_			74,	469,934	26	<u> </u>	88,291,511
Ses		Organizations that follow SFAS 117 (ASC 958), check he	ere 🕨 🔽 and							
and	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets				47,	994,124	27		52,983,584
Balances	28	Temporarily restricted net assets		Ī				28		
	29	Permanently restricted net assets						29		
Fu		Organizations that do not follow SFAS 117 (ASC 958), c	check here 🕨 🗌							
or	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		ŀ				30		
ets	<i>3</i> 0	Paid-in or capital surplus, or land, building or equipment	fund	-				30		
Assets or Fund	32	Retained earnings, endowment, accumulated income, or		•				32		
	33	Total net assets or fund balances		}		47.	994,124	33		52,983,584
Net	34	Total liabilities and het assets/fund balances		ŀ			464,058	34		141,275,095
ı				I		,	,		For	m 990 (2018

1

3

10 Part

990 (2018)		Page 12
XI Reconcilliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI		<u>v</u>
Total revenue (must equal Part VIII, column (A), line 12)	1	88,860,087
Total expenses (must equal Part IX, column (A), line 25)	2	81,579,459
Revenue less expenses. Subtract line 2 from line 1	3	7,280,628
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,994,124
Net unrealized gains (losses) on investments	5	2,546,416
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	
Other changes in net assets or fund balances (explain in Schedule O)	9	-4,837,584
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	52,983,584
XII ⁿ Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both:	wed on	
Separate basis Consolidated basis Both consolidated and separate basis		
Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepabasis, consolidated basis, or both:	ırate	2b Yes
✓ Separate basis		

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Yes

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

За Yes

Yes

2c

Form 990 (2018)

Form 990 (2018)	Page 13
Additional Data	Return to Form
Software ID:	
Software Version:	
Form 990, Special Condition Description:	
Special Condition Description	

efile Public Visual Render SCHEDULE A

ObjectId: 001 - Submission: 2015-01-16

Public Charity Status and Public Support

OMB No. 1545-0047

53-0204654

TIN: 20-5478191

Inspection

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990EZ)

AMERICAN ASSOCIATION OF STATE HIGHWAY AND TRANSPORTATION OFFICIALS

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

www.irs.gov/form990. Employer identification number Name of the organization

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii)EIN (iii) (iv) (vi) (i) (v) Name of supported organization Type of organization Is the organization listed in Amount of Amount of other (described on lines your governing document? monetary support support (see 1-9 above or IRC (see instructions) instructions) section (see instructions)) Yes No Total

	art II Support Schedule for		ns Described	in Sections 1	70(b)(1)(A)(iv) and 170(F	Page 2 (1)(1)(A)(vi)
	(Complete only if you c	hecked the box	on line 5, 7, o	or 8 of Part I or	if the organiza	ation failed to o	ualify under
	Part III. If the organiza	tion fails to qua	alify under the	tests listed bel	ow, please com	nplete Part III.)	
	ection A. Public Support	1					
	endar year fiscal year beginning in)	(a)2010	(b) 2011	(c)2012	(d)2013	(e) 2018	(f)Total
Ĺ	membership fees received. (Do not include any "unusual grants.")						
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 3						
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						
	ection B. Total Support		T	1	1	T	
	endar year fiscal year beginning in) 🕨	(a)2010	(b) 2011	(c)2012	(d) 2013	(e) 2018	(f)Total
•	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
LO	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
l1	Total support Add lines 7 through 10.						
12	Gross receipts from related activitie	s, etc. (see instri	uctions)			12	
L3	First five years. If the Form 990 is fo						
	organization, check this box and sto						
S	ection C. Computation of Pub						
14	Public support percentage for 2018 (line 6, column (f)	divided by line 1	11, column (f)) .		14	
15	Public support percentage for 2013	Schedule A, Part	II, line 14			15	
L6a	33 1/3% support test—2018. If the of and stop here. The organization qual	-		•		•	
b	33 1/3% support test—2013. If the	-					
	box and stop here. The organization	ı qualifies as a pu	iblicly supported	organization			▶□
L7a	10%-facts-and-circumstances test—is 10% or more, and if the organization Part VI how the organization mee	tion meets the "faets the "faets and	acts-and-circums -circumstances"	tances" test, che test. The organiz	ck this box and s	top here. Explain	rted
	organization						▶
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test, stances" test. Th	check this box a e organization qu	nd stop here. Ialifies as a publi	·
	supported organization						
18	Private foundation. If the organizati instructions				•		▶□

Schedule A (Form 990 or 990-EZ) 2018 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year **(b)**2011 (c)2012 (d)2013 (a)2010 (e)2018 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and 7,984,434 9,959,403 9,349,007 8,694,127 8,747,749 membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services

44,734,720 performed, or facilities furnished in 62.831.642 74,091,996 64.861.597 72.557.303 74,059,609 348,402,147 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 70,816,076 84,051,399 81,251,430 82,807,358 74,210,604 393,136,867 Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons. . . b Amounts included on lines 2 and 3 received from other than 17,633,385 4,978,617 12,677,565 8,644,097 12,682,310 56,615,974 disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 17,633,385 4,978,617 12,677,565 8,644,097 12,682,310 56,615,974 **c** Add lines 7a and 7b. . Public support (Subtract line 7c

(b)2011

84,051,399

3,188,671

3,188,671

623,414

87,863,484

(c)2012

74,210,604

3,154,180

47,376

3,201,556

77,412,160

Section B. Total Support

from line 6.)

Calelluai	yeai				
or fiscal	vear	beainning	in)	-	

(OI	iiscai	yeai	begiii	ıııııg		, ,	
9	Am	ounts	from	line	6.		
	_			_			

IUa	dioss income nom interest,
	dividends, payments received on
	securities loans, rents, royalties
	and income from similar sources

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.

c Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the

business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.) . .

Total support. (Add lines 9, 10c, 11, and 12.).

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

(a)2010

70,816,076

3,382,125

3,382,125

697,227

74,895,428

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2013 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17

Investment income percentage from 2013 Schedule A, Part III, line 17 . . .

17

(d)2013

81,251,430

3,802,321

48,772

3,851,093

85,102,523

(e)2018

82,807,358

4,164,903

30,302

4,195,205

87,002,563

15

16

4.290 %

336,520,893

393,136,867

17,692,200

126,450

17,818,650

1,320,641

81.630 %

81.030 %

4.320 %

(f)Total

19a 33 1/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

2

За

3b

3с

4a

4b

4c

5a

5b

5с

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of

was described in section 509(a)(1) or (2).

organization's organizing document?

"Yes," complete Part II of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

whether the organization had excess business holdings).

"Yes," answer b below.

you checked 11a or 11b in Part I, answer (b) and (c) below.

2

7

and (c) below.

made the determination.

Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I,

compi	ete Sections A and D, and complete Part v.)		
Sec	ction A. All Supporting Organizations		
		Yes	No
	Are all of the organization's supported organizations listed by pame in the organization's governing documents?		

Section A. An Supporting Organizations		
	Yes	No
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		

		 Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the

Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,

Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

	edule A (Form 990 or 990-EZ) 2018		P	age 5
Pa	rt IV Supporting Organizations (continued)	1		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
c		11c		
·	A 33 % controlled entity of a person described in (a) of (b) above: If the to a, b, of c, provide detail in tart v1.	110		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
5	ection D. All Type III Supporting Organizations			
	ection b. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
-	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
	The organization satisfied the Activities Test. Complete line 2 below.		- , -	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ΔIJ		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	to supported organizations. If Tes, describe in Fart VI the Fole played by the organization in this regard.	3b		

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		instructions. All other
	Type III non-functionally integrated supporting organizations must comple	te Sect	ions A through E.	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-inte	grated Type III support	ing organization (see

Page **7**

Schedule A (Form 990 or 990-EZ) 2018 Page 7				
Section D - Distributions			Current Year	
1 Amounts paid to supported organizations to accompli	ish exempt purposes			
2 Amounts paid to perform activity that directly furthers excess of income from activity	s exempt purposes of suppo	rted organizations, in		
3 Administrative expenses paid to accomplish exempt p	purposes of supported orgai	nizations		
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval requ	ired)			
6 Other distributions (describe in Part VI). See instruc	tions			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to	which the organization is re-	sponsivo (provido		
details in Part VI). See instructions	willer the organization is res	sponsive (provide		
9 Distributable amount for 2018 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
		Т		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
Distributable amount for 2018 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2018 (reasonable cause requiredsee instructions)				
3 Excess distributions carryover, if any, to 2018:				
a From 2009 X				
b From 2010 X				
c From 2011 X				
d From 2012 X e From 2013				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2018 distributable amount				
i Carryover from 2009 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Distributions for 2018 from Section D, line 7:				
a Applied to underdistributions of prior years				
b Applied to 2018 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.				
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)				
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7 Excess distributions carryover to 2015. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a From 2010 X				
b From 2011 X				
c From 2012 X				
d From 2013				
		Schedule A ((Form 990 or 990-EZ) (2018)	

Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5,

and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test**

Schedule A (Form 990 or 990-EZ) 2018

Return Reference INCOME FROM ACTIVITIES NOT NORMALLY RECURRING - 2014 AMOUNT: \$ 697,227, 2015

SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER AMOUNT: \$ 623,414.

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efile Public Visual R	ender Objectld: 001 - Submissio	n: 2015-01-16		TIN: 20-5478191		
Schedule B	Sched	ule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	or 990-PF) Department of the Treasury Attach to Form 990, 990-EZ, or 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizati	ON TION OF STATE HIGHWAY		Employer ide	ntification number		
AND TRANSPORTATION			53-0204654	1		
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) o	rganization				
	4947(a)(1) nonexempt chari	table trust not treated as a priva	te foundation			
	527 political organization					
Form 990-PF	501(c)(3) exempt private for	undation				
	4947(a)(1) nonexempt chari	table trust treated as a private fo	undation			
501(c)(3) taxable private foundation						
other property)	ation filing Form 990, 990-EZ, or 990-Pf from any one contributor. Complete Pa					
Special Rules						
under sections s received from a	ion described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that chechy one contributor, during the year, tota or (ii) Form 990-EZ, line 1. Complete Pa	ked Schedule A (Form 990 or 99 I contributions of the greater of (*	0-EZ), Part II, line 13, 16a,	or 16b, and that		
during the year,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, this box is check purpose. Do not	tion described in section 501(c)(7), (8), contributions exclusively for religious, oxed, enter here the total contributions the complete any of the parts unless the G ble, etc., contributions totaling \$5,000 c	charitable, etc., purposes, but no nat were received during the yea seneral Rule applies to this orga	such contributions totaled r r for an exclusively religious nization because it received	nore than \$1,000. If s, charitable, etc., i nonexclusively		
990-EZ, or 990-PF), but	on that is not covered by the General Ruit must answer "No" on Part IV, line 2, orm 990PF, Part I, line 2, to certify that it	of its Form 990; or check the box	on line H of its			
For Panerwork Reduction	Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	990-EZ, or 990-PF) (2018)		

for Form 990, 990-EZ, or 990-PF.

Name of organization

AMERICAN ASSOCIATION OF STATE HIGHWAY AND TRANSPORTATION OFFICIALS

Employer identification number

53-0204654

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	_
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			Noncasii
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,

Open to Public

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	ne of the organization RICAN ASSOCIATION OF STATE HIGHWAY			Employer identifica	ation number
	TRANSPORTATION OFFICIALS			53-0204654	
Par	Organizations Maintaining Don Complete if the organization answe			Funds or Accounts	5.
		(a) Donor advised fund	ls	(b) Funds and othe	er accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ı	Aggregate value at end of year				
5	Did the organization inform all donors and dono funds are the organization's property, subject t				Yes No
5	Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or dono	or advisor, or fo	r any other purpose	Yes No
Par	Conservation Easements. Comp	lete if the organization ar	nswered "Yes"	' to Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., red Protection of natural habitat Preservation of open space	reation or education)	Preservation of	an historically importar	
2	Complete lines 2a through 2d if the organizatio easement on the last day of the tax year.	n held a qualified conservatio	on contribution	in the form of a conserva	ation
			Held at the I	End of the Year	
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easem	ł	2b		
i	Number of conservation easements on a certifient ncluded in (a)	L I	2c		
	Number of conservation easements included in (and not on a historic structure listed in the Natio		2d		
3	Number of conservation easements modified, tr tax year	ansferred, released, extingui	shed, or termina	ated by the organization	during the
ı	Number of states where property subject to co	nservation easement is locat	ed 🕨		
5	Does the organization have a written policy reg- violations, and enforcement of the conservation				es No
5	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing o	conservation eas	sements during the year	
,	Amount of expenses incurred in monitoring, ins	pecting, and enforcing conse	rvation easeme	ents during the year	
3	Does each conservation easement reported on (B)(i) and section $170(h)(4)(B)(ii)$?	* *	•	` ' ' '	es No
•	In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the orga		'	
art	Organizations Maintaining Colle Complete if the organization answe	ections of Art, Historic		s, or Other Similar	Assets.
La	If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide, in Part XIII, the text of the fo	ar assets held for public exhi	bition, educatio	n, or research in further	
b	If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exhi			
(i	Revenue included in Form 990, Part VIII, line	1		> \$	
	Assets included in Form 990, Part X · · · · .				
	If the organization received or held works of art following amounts required to be reported undo	, historical treasures, or othe	er similar assets	s for financial gain, provi	ide the
а	Revenue included in Form 990, Part VIII, line	1		> \$	
b	Assets included in Form 990, Part X			> \$	

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tense (check all that apply): a	ontinued)
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rether than to be maintained as part of the organization's collection?	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance C Net investment earnings, gains, and losses Grants or scholarships Administrative expenses Grants or scholarships Part Y Endowment ► Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%. As Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) Carrenty year of the related organizations is listed as required on Schedule R? Description of property (a) Cost or other basis (short) (C)Accumulated depreciation (d)Book value (mestrett) (d)Carrentyled (c)Accumulated depreciation (d)Book value (mestrett) (d)Cost or other basis (short) (C)CAccumulated depreciation (d)Book value (mestrett) (d)Cost or other basis (short) (C)CAccumul	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part XV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance	
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Ves No Part XIII Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Additions during the year. Ig Finding balance. If Ending balance. If Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Fort Very explain the arrangement in Part XIII. For the explanation of year balance. If If "Yes," explain the arrangement in Part XIII. For the explanation of year balance. If If yes to be a balance (a) (a) (b) Prior year (b) Prior year (c) Prior year balance (a) Prior year (c) Prior year (c) Prior year (c) Prio	
Part VI Scrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In a decidence in the past XIII and complete the following table: Beginning balance	
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance. It d Additions during the year. Ite Ind Inding balance. Inding balance India balance In	າ 990,
Ending balance	
d Additions during the year	<u> </u>
e Distributions during the year	
f Ending balance	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance	
(a)Current year (b)Prior year (c)Two years back (d)Three years back (e)Four year (b) Prior year (c) Two years back (d) Three years back (e) Four years (c) Two years back (d) Three years back (e) Four years (d) Four years	
1a Beginning of year balance	
b Contributions	ars back
d Grants or scholarships	
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
a Board designated or quasi-endowment b Permanent endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
b Permanent endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	
organization by: (i) unrelated organizations	
(ii) related organizations	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value	
(investment)).
1a land	ie
1a Land	
b Buildings	
c Leasehold improvements 2,182,269 1,	,864,582 317
d Equipment	,160,833 419
e Other	

2c

2d

4a

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1

Total expenses and losses per audited financial statements . 1

Amounts included on line 1 but not on Form 990, Part IX, line 25:

2

Donated services and use of facilities 2a

2b

Other losses Other (Describe in Part XIII.)

. Add lines **2a** through **2d**

COST OF GOODS SOLD 270,636.

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Add lines 4a and 4b . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

3

Schedule D (Form 990) 2018

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

PART XII, LINE 2D - OTHER

ADJUSTMENTS:

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 270,636.

Page 4

81,336,115

270,636

270,636

513,980

513,980

81,579,459

81,065,479

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization AMERICAN ASSOCIATION OF STATE HIGHWAY 53-0204654 AND TRANSPORTATION OFFICIALS

Open to Public

Inspection

TIN: 20-5478191

Part I General Inform	nation on Gran	nts and Assistance					
Does the organization ma the selection criteria used	to award the gran	nts or assistance?				assistance, and	✓ Yes 🗌 I
Describe in Part IV the or	•					5 000 D 171/ II	21.6
Part II Grants and Other And that received more		_	Domestic Governments. additional space is need		anization answered "Yes" (on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LIVABLE BUCKHEAD INC 3340 PEACHTREE ROAD SUITE 1640 ATLANTA,GA 30326	27-2402209	501(C)(3)	10,000				2018 PEOPLE'S CHOICE WIN IN AMERICA'S TRANSPORTION
(2) SPECIAL CHILDREN'S CHARITIES 541 N FAIRBANKS 4TH FLOOR CHICAGO,IL 606113319	23-7026774	501(C)3	10,000				2018 GRAND PRIZE WIN AMERICA'S TRANSPORTATION AWARD
(3) UTAH DEPARTMENT OF TRANSPORTATION 4501 SOUTH 2700 WEST WEST VALLEY CITY,UT 84119		115	10,000				FRANCIS B. FRANCOIS AWARD WINNER PRIZE
3)							
4)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
2 Enter total number of sect	tion 501(c)(3) and	government organizati	ons listed in the line 1 t	able			3
B Enter total number of other	er organizations lis	ted in the line 1 table .					0
or Paperwork Reduction Act Noti	ce, see the Instruct	ions for Form 990.		Cat. No. 5005	55P	Scho	edule I (Form 990) 2018

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV Return Reference

PART I, LINE 2:

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22								
Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,				

be duplicated if additional space is needed.							
or assistance	(b) Number of recipients						

Explanation

CHOOSING.



cash grant

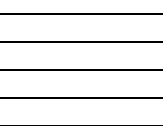
non-cash assistance

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AWARDS ARE MADE TO MEMBER AGENCIES WHO SUPPORT THE EXEMPT MISSION OF AASHTO OR TO IRS-VERIFIED CHARITIES OF THEIR

FMV, appraisal, other)

Schedule I (Form 990) 2018



(f) Description of non-cash assistance

Page 2

efi	le Public Visu	ual Render ObjectId: 001 -	Subn	nission: 2015-01-16	TI	N: 20-	5478	191
Sch	edule J			tion Information	01	1B No.	1545-	0047
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
	Compensated Employees Complete if the organization answered "Yes" to Form 990, Part IV, line 23.					2018		
			► Attac	h to Form 990.				
	ment of the Treasury I Revenue Service	► Information about Schedule J (Fo	rm 990) and its instructions is at <u>www.ir</u>	s.gov/form990.	Open i Inst	ectio	
	me of the organiz				Employer identifica			
	ERICAN ASSOCIATION TRANSPORTATION	N OF STATE HIGHWAY OFFICIALS			53-0204654			
Pa	rt I Questi	ions Regarding Compensation	1		133 0204034			
							Yes	No
1a		opiate box(es) if the organization prov Section A, line 1a. Complete Part III t						
		or charter travel		Housing allowance or residence f	•			
		companions		Payments for business use of per				
		ification and gross-up payments	H	Health or social club dues or initi				
	Discretion	ary spending account		Personal services (e.g., maid, cha	uffeur, chef)			
b	If any of the bo	oxes in line 1a are checked, did the ord	anizati	on follow a written policy regarding	payment or			
	•	or provision of all of the expenses de				1b	Yes	
2		 ation require substantiation prior to re	aimhur	sing or allowing expenses incurred	hv all	ĺ	I	l
_		ees, officers, including the CEO/Execu				2	Yes	
3	Indicate which,	if any, of the following the filing organ	nization	used to establish the compensatio	n of the			
	-	CEO/Executive Director. Check all tha		•				
	_ `	ed organization to establish compens	_	f the CEO/Executive Director, but e	explain in Part III.			
		tion committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	Form 990	of other organizations	V	Approval by the board or compen	sation committee			
4	During the year or a related org	r, did any person listed in Form 990, F ganization:	Part VII	, Section A, line 1a with respect to	the filing organization	n		
а	Receive a seve	rance payment or change-of-control ¡	oaymen	it?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	tal non	qualified retirement plan?		4b		Νo
С	•	or receive payment from, an equity-ba			- i- David III	4c		No
	ir resitually.	of lines 4a-c, list the persons and pro	iviue tii	e applicable allounts for each item	i iii Pait III.			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mı	ust complete lines 5-9.				
5	For persons list	ted in Form 990, Part VII, Section A,			e any			
	compensation o	contingent on the revenues of:						
а	-	on?				5a		Νo
b	Any related org	ganization? e 5a or 5b, describe in Part III.				5b		Νo
6	•	ted in Form 990, Part VII, Section A,	ine 15	did the organization have or access	anv			
Ū		contingent on the net earnings of:	ille 1a,	and the organization pay or accrus	z uny			
а	The organization	on?				6a		Νo
b	-	ganization?				6b		Νo
	If "Yes," to line	e 6a or 6b, describe in Part III.						
7		ted in Form 990, Part VII, Section A, I described in lines 5 and 6? If "Yes," d				7	Yes	
8	,	unts reported in Form 990, Part VII, p		•				
	•	initial contract exception described ir	_	. , . ,	"Yes," describe	_		l
_					Later Barrier	8		No
9		8, did the organization also follow the $58-6(c)$?			ped in Regulations	9		
For F		ction Act Notice, see the Instructions			. 50053T Sched ı	le J (Fo	rm 990) 2018

1FREDERICK WRIGHTEXECUTIVE

2JAMES TYMONCHIEF OPERATING

3JENET ADEMDIRECTOR OF FINANCE

OFFICER/DIRECTOR OF

4KING W GEEDIRECTOR OF

ENGINEERING AND TECHNICA

5LLOYD BROWNDIRECTOR OF

6ERIN K GRADYDIRECTOR OF

7MONICA RUSSELLDIRECTOR OF

8JAN M EDWARDSPROJECT DIRECTOR.

PUBLICATIONS PRODUCTION

MEETINGS AND MEMBERSHIP

9STEVEN LENKERDIRECTOR -

CONSTRUCTION MATERIALS RE

101AMES MCDONNELL PROGRAM

11JOUNG LEEPOLICY DIRECTOR

12MURTHY GUMMADAASSOCIATE

PROGRAM DIRECTOR, OPERATIO

DIRECTOR FOR ENGINEERING

AND ADMINISTRATI

COMMUNICATIONS

AASHTOWARE

DIRECTOR

(i) Base compensation

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364,035

0

286,550

0

197,883

0

241,745

0

177.579

0

151.760

0

151,405

0

208,902

0

184,434

0

190,595

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186,030

0

162,542

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Bonus & incentive

compensation

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30,000

0

30,000

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12,000

0

10,000

8,000

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8,000

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10,000

0

15,000

0

14,009

0

5,000

0

10,000

3,000

0



r each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (1) and from related organizations, described in the
structions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
te. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

a	I		,

structions, on ro	w (ii). Do not list an	ny individuals that are not li	sted on Form 99	00, Part VII.				
ote. The sum of	columns (B)(i)-(iii) f	or each listed individual mu	ist equal the tota	al amount of Form 990,	Part VII, Section A, li	ne 1a, applicable columi	n (D) and (E) amounts	for that
								1

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(ii)	(iii)	other deferred	benefits	(B)(i)-(D)	column(B) reported	

Other reportable

compensation

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22,370

0

2.713

0

1.815

0

6,607

0

600

0

477

0

704

0

1.937

n

1.777

0

920

0

360

0

2,194

0

compensation

24,223

14,609

0

38,463

0

13,891

21,060

0

27,870

0

24,591

0

45,525

0

29,005

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36,193

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20,304

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10.140

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Schedule J (Form 990) 2018

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2,441

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9,420

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7,353

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2,907

32,944

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12,835

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11.631

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12,723

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29,798

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11,064

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8,667

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6.881

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443,069

343,292

257,514

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275,150

240,183

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200,942

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198.331

284,087

259,023

0

243,772

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225,361

184,757

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art III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.						
Also complete this part for any addition	Also complete this part for any additional information.					
Return Reference	Explanation					
PART I, LINE 1A	CEO/EXECUTIVE DIRECTOR CONTRACT INCLUDES A SPOUSE TRAVEL REIMBURSEMENT FOR AASHTO MAJOR MEETINGS AND FOUR					

Page 3

REGIONAL MEETINGS, FREDERICK WRIGHT'S WIFE ATTENDED SEVERAL MEETINGS WITH MR. WRIGHT, ACCRUING \$10,783 OF TRAVEL EXPENSES PAID FOR BY AASHTO, JAMES TYMON'S WIFE ATTENDED SEVERAL MEETINGS WITH MR. TYMON, ACCRUING \$1.736 OF TRAVEL EXPENSES PAID FOR BY AASHTO.

Schedule J (Form 990) 2018

PART I, LINE 7

ALL EMPLOYEE BONUSES ARE AT THE DISCRETION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR'S BONUS IS AT THE

DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD.

Schedule J (Form 990) 2018

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

OMB No. 1545-0047

TIN: 20-5478191

Open to Public

Inspection

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE 0

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

AMERICAN ASSOCIATION OF STATE HIGHWAY AND TRANSPORTATION OFFICIALS

Employer identification number

AND TRANSPORTA	TION OFFICIALS 53-0204654
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IS COMPOSED ONLY OF INSTRUMENTALITIES OF GOVERNMENT. THE MEMBERSHIP OF THIS ASSOCIATION SHALL BE MEMBER DEPARTMENTS, WHICH ARE THOSE DEPARTMENT OF AGENCIES OF THE STATES OF THE UNITED STATES, PUERTO RICO AND THE DISTRICT OF COLUMBIA IN WHICH THE OFFICIAL HIGHWAY RESPONSIBILITY FOR THAT STATE OR TERRITORY IS LODGED, AND THE UNITED STATES DEPARTMENT OF TRANSPORTATION (WHICH SHALL BE AN EX-OFFICIO MEMBER).
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE EXECUTIVE COMMITTEE, THE PRESIDENT, VICE-PRESIDENT, SECRETARY-TREASURER ARE ELECTED FROM THE ACTIVE MEMBERS ROSTER AT THE ANNUAL MEETING OF THE ASSOCIATION. EIGHT REGIONAL REPRESENTATIVES ARE ALSO ON THE EXECUTIVE COMMITTEE AND ARE ELECTED BY THE MEMBER DEPARTMENTS OF THE RESPECTIVE REGIONS AT AN ANNUAL MEETING OF THE ASSOCIATION OR AT A MEETING OF THE CHIEF ADMINISTRATIVE OFFICERS OF THE REGION WHICH THEY HAVE ALL BEEN INVITED.
FORM 990, PART VI, SECTION A, LINE 7B	MATTERS INVOLVING THE ADOPTION OF VOLUNTARY GUIDES, TECHNICAL POLICIES AND STANDARDS SHALL SUBMITTED FOR A VOTE BY MEMBER DEPARTMENTS BY LETTER BALLOT AND APPROVAL BY A TWO-THIRDS FAVORABLE VOTE OF ALL MEMBER DEPARTMENTS, EXCLUSIVE OF THE U.S. DEPARTMENT OF TRANSPORTATION.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE, THE COO, AND THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND KEY EMPLOYEES MUST COMPLETE AN ANNUAL DISCLOSURE STATEMENT OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	AASHTO HIRES AN OUTSIDE COMPENSATION CONSULTANT TO REVIEW POSITION DESCRIPTIONS TO DETERMINE THE SALARY RANGE FOR EACH POSITION. IN ADDITION, THE COMPENSATION CONSULTANT USES COMPARABILITY DATA AND MARKET ANALYSIS TO ADVISE ON SALARY ACTIONS.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 48,674,034. MANAGEMENT AND GENERAL EXPENSES 3,342,016. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 52,016,050.
FORM 990, PART XI, LINE 9:	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC-PENSION COSTS -4,837,584.
FORM 990, PART XII, LINE 2C	THE EXECUTIVE COMMITTEE AND THE TREASURER HAS OVERSIGHT OF AUDIT, FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANT.

Additional Data Return to Form Software ID: Software Version: