

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form 990 Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization: AMERICAN PUBLIC TRANSPORTATION ASSOCIATION. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1300 I STREET NW NO 1200 E. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 52-1007647. E Telephone number: (202) 496-4800. G Gross receipts \$ 25,519,789

F Name and address of principal officer: PAUL P SKOUTELAS, 1300 I STREET NW NO 1200 E, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

J Website: WWW.APTA.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 1974 M State of legal domicile: DC

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a: Summary statistics (voting members, employees, volunteers, revenue, income). 7b: Net unrelated business taxable income. 8-12: Revenue (Prior Year vs Current Year). 13-19: Expenses (Prior Year vs Current Year). 20-22: Net Assets or Fund Balances (Beginning of Current Year vs End of Year).

Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: PAUL P SKOUTELAS PRESIDENT AND CEO. Date: 2021-05-12

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Firm's name: GELMAN ROSENBERG & FREEDMAN, Firm's EIN: 52-1392008, Firm's address: 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 208142930

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SERVE AND REPRESENT ITS MEMBERS IN MAKING PUBLIC TRANSPORTATION AN EFFECTIVE PATH TO ECONOMIC OPPORTUNITY, PERSONAL MOBILITY AND IMPROVING THE QUALITY OF LIFE THROUGH PARTNERSHIPS, COMMUNICATIONS, TECHNOLOGY AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
TRAINING & DEVELOPMENT: HELD ELEVEN SPECIALIZED WORKSHOPS AND TRIANNUAL EXPO, THAT FOCUS ON SPECIFIC AREAS OF INTEREST IN THE TRANSIT INDUSTRY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
MAJOR MEETINGS: HELD SIX CONFERENCES FOCUSED ON RELEVANT INDUSTRY ISSUES WHILE PROVIDING INFORMATION AND TRAINING WHICH IS CRUCIAL TO PROFESSIONAL DEVELOPMENT.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
MEMBER SERVICES: INCLUDES MANAGEMENT OF MEMBER COMMITTEES, INDUSTRY STATISTICS AND FEDERAL LEGISLATIVE AND REGULATORY ADVOCACY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

| | | 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 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | |
| 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 | | |
| 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 | Yes | |
| 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 | | 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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 | | 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 | | 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. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 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 | | No |
| c | 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 | | No |
| d | 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? If "Yes," complete Schedule D, Part IX | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 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)? | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | 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 | Yes | |
| 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 | | 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 | | 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? If "Yes," complete Schedule G, Part I (see instructions) | | 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 | | 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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 | Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 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> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | 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? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 25b | 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? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| 28a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 28c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| 35b | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | Yes | |
| 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> | | |
| 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> | | No |
| 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. | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 10 columns: Question ID, Question Text, Answer Box, and three columns for Yes/No/Other responses. Rows include questions 2a through 16 regarding employee reporting, foreign country information, prohibited transactions, charitable contributions, and other IRS filings.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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. 19 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. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN HENRY 1300 I STREET NW NO 1200 E WASHINGTON, DC 20005 (202) 496-4800

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 tax year.

- 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) 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 organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) NURIA I FERNANDEZ CHAIR (BEG 10/12/2019) | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (2) JEFFREY A NELSON VICE CHAIR (BEG 10/12/2019) | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (3) FREDDIE C FULLER II SECRETARY/TREASURER | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (4) DAVID M STACKROW SR CHAIR TO PAST CHAIR (TRANS 10/19) | 5.00 | X | | X | | | | 0 | 0 | 0 |
| (5) DORVAL R CARTER JR EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) FRANCIS BUDDY COLEMAN EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) MICHAEL GOLDMAN EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) HUELON A HARRISON EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) KEVIN J HOLZENDORF EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) KAREN H KING EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) JEANNE KRIEG EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) THOMAS C LAMBERT EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) ADELEE MARIE LE GRAND EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) RICHARD J LEARY EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (15) HENRY LI EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) RAYMOND J MELLEADY EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) BRAD MILLER EXEC. COMMITTEE MBR | 1.00 | X | | | | | | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) 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 organizations |
|--|--|---|-----------------------|---------|--------------------------------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Highest compensated employee | | | |
| (18) ALLAN POLLOCK EXEC. COMMITTEE MBR | 1.00 | X | | | | 0 | 0 | 0 |
| (19) LEANNE P REDDEN EXEC. COMMITTEE MBR | 1.00 | X | | | | 0 | 0 | 0 |
| (20) CATHERINE A RINALDI EXEC. COMMITTEE MBR (BEG 02/18/2020) | 1.00 | X | | | | 0 | 0 | 0 |
| (21) WILLIAM T THOMSEN EXEC. COMMITTEE MBR | 1.00 | X | | | | 0 | 0 | 0 |
| (22) DOUG TISDALE EXEC. COMMITTEE MBR (BEG 02/11/2020) | 1.00 | X | | | | 0 | 0 | 0 |
| (23) MATTHEW O TUCKER EXEC. COMMITTEE MBR (BEG 10/29/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (24) THOMAS R WALDRON EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (25) MICHELE WONG KRAUSE EXEC. COMMITTEE MBR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (26) DEBRA R AVILA DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (27) PAUL J BALLARD DSGND TRNSIT SYS MBR DIR (BEG 02/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (28) ROBERTA BOOMER DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (29) ALICE N BRAVO DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (30) KEVIN S CORBETT DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (31) CLARELLE DEGRAFFE DSGND TRNSIT SYS MBR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (32) JAMES M DERWINSKI DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (33) KEVIN DESMOND DSGND TRNSIT SYS MBR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (34) PATRICK J FOYE DSGND TRNSIT SYS MBR DIR (BEG 01/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (35) ROB GANNON DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (36) JEFFREY GONNEVILLE DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (37) MICHAEL HURSH DSGND TRNSIT SYS MBR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (38) KATHARINE KELLEMAN DSGND TRNSIT SYS MBR DIR | 1.00 5.00 | X | | | | 0 | 0 | 0 |
| (39) DOUG KELSEY DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (40) JEFFREY A PARKER DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (41) GEMMA PIEMONTESE DSGND TRNSIT SYS MBR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (42) ROBERT POWERS DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (43) KEVIN B QUINN JR DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (44) LESLIE S RICHARDS DSGND TRNSIT SYS MBR DIR (BEG 03/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (45) GARY C THOMAS DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (46) PAUL J WIEDEFFELD DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (47) KIMBERLY J WILLIAMS DSGND TRNSIT SYS MBR DIR | 1.00 | X | | | | 0 | 0 | 0 |
| (48) RICHARD AMENT DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (49) ELISE BOGGS DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (50) JULIE DORAZIO DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (51) SUSANNAH KERR DSGND BUSINESS MMBR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (52) JENNIFER MCNEILL DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (53) JOE POLICARPIO DSGND BUSINESS MMBR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (54) ELLIOT G SANDER DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (55) ROBIN STIMSON DSGND BUSINESS MMBR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (56) EMMANUELLE TOUSSAINT DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (57) GREGORY R YATES DSGND BUSINESS MMBR DIR. (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (58) JOSEPH C AIELLO AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (59) MICHAEL A ALLEGRA AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (60) JOSE R BUSTAMANTE AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (61) RANDY S CLARKE AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (62) NATALIE F CORNELL AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (63) SAMUEL M DESUE JR AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (64) DAWN DISTLER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (65) SUE DREIER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (66) KIMBERLY A DUNHAM AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (67) RONALD L EPSTEIN AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (68) INEZ EVANS AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (69) STANLEY G FEINSOD AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (70) CAROLYN FLOWERS AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (71) RUSS FRANK AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (72) GARY S GIOVANETTI AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (73) JOSEPH J GIULIETTI AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (74) CAROLYN M GONOT AT LARGE DIRECTOR (BEG 12/05/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (75) KIM R GREEN AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (76) AREZOU C JOLLY AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (77) DOUGLAS LECATO AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (78) JACK MARTINSON AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (79) BACARRA SANDERSON MAULDIN AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 | X | | | | 0 | 0 | 0 |
| (80) MJ MAYNARD AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (81) ANGELA MILLER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (82) MARIE PARKER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (83) MICHAEL I SCHNEIDER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (84) SCOTT SMITH AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (85) WILLIAM TSUEI AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (86) JEFF WALKER AT LARGE DIRECTOR | 1.00 | X | | | | 0 | 0 | 0 |
| (87) JANNET M WALKER FORD AT LARGE DIRECTOR (BEG 10/12/2019) | 1.00 5.00 | X | | | | 0 | 0 | 0 |
| (88) JOHN O ADLER DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (89) JAMESON T AUTEN DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (90) ANDREW D BRENNAN DSGND COMMITTEE CHR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (91) DEE BROOKSHIRE DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (92) LOUIS J BROWN JR DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (93) BILL CARPENTER DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (94) SHAWN M DONAGHY DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (95) ALBRECHT P ENGEL DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (96) JANET R GONZALEZ TUDOR DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (97) SHARON GREENE DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (98) TODD HORSLEY DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (99) ANDREW JOHNSON DSGND COMMITTEE CHR DIR (BEG 01/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (100) CHRISTIAN T KENT DSGND COMMITTEE CHR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (101) KAREN LANDERS DSGND COMMITTEE CHR DIR (BEG 02/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (102) JACKLYN MONTGOMERY DSGND COMMITTEE CHR DIR (BEG 08/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (103) RONALD PAVLIK JR DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (104) JOANNE PETERSON DSGND COMMITTEE CHR DIR (BEG 02/20) | 1.00 | X | | | | 0 | 0 | 0 |
| (105) KIMBERLY SLAUGHTER DSGND COMMITTEE CHR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (106) ALLEN CLINTON SMITH III DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (107) AMY L SNYDER DSGND COMMITTEE CHR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (108) MANJIT KAUR SOOCH DSGND COMMITTEE CHR DIR (BEG 10/19) | 1.00 | X | | | | 0 | 0 | 0 |
| (109) PETER VARGA DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (110) EVE WILLIAMS DSGND COMMITTEE CHAIR DIR. | 1.00 | X | | | | 0 | 0 | 0 |
| (111) PAUL SKOUTELAS PRESIDENT AND CEO | 32.50 5.00 | | X | | | 635,864 | 0 | 36,536 |
| (112) MARY CHILDRESS CFO (UNTIL 08/19) | 35.00 2.50 | | X | | | 336,556 | 0 | 32,069 |
| (113) DAVID CAROL COO | 37.50 | | X | | | 296,354 | 0 | 57,934 |
| (114) WARD MCCARRAGHER VICE PRESIDENT - GOVERNMENT AFFAIRS | 37.50 | | X | | | 264,531 | 0 | 34,551 |
| (115) ARTHUR GUZZETTI VICE PRESIDENT POLICY | 37.50 | | X | | | 242,645 | 0 | 57,994 |
| (116) ROSEMARY SHERIDAN V.P. - COMMUNICATIONS/MARKETING | 37.50 | | X | | | 242,424 | 0 | 47,733 |
| (117) PETRA MOLLET V.P. - STRATEGIC/INTERNATIONAL PRGM | 37.50 | | X | | | 215,701 | 0 | 37,375 |
| (118) PAMELA BOSWELL V.P. - WORKFORCE DEVELOPMENT | 37.50 | | X | | | 213,486 | 0 | 43,749 |
| (119) LINDA FORD GENERAL COUNSEL | 37.50 | | X | | | 206,809 | 0 | 46,583 |
| (120) JEFFREY HIOTT V.P. - TECH SVCS & INNOVATION | 37.50 | | X | | | 176,921 | 0 | 42,716 |
| (121) SHELLEY KEE VICE PRESIDENT - HUMAN RESOURCES | 37.50 | | X | | | 172,209 | 0 | 22,972 |
| (122) JOHN HENRY CFO (FROM 1/2020) | 35.00 2.50 | | X | | | 0 | 0 | 0 |
| (123) ANASTASIA TIONGSON SR. DIRECTOR - GOVERNMENT AFFAIRS | 37.50 | | | X | | 180,980 | 0 | 23,909 |
| (124) JOHN GONZALEZ SR. DIRECTOR - MARKETING & SALES | 37.50 | | | X | | 160,512 | 0 | 51,124 |
| (125) POLLY HANSON SR. DIR. - TRANSIT SEC. & EMERGENCY MGMT | 37.50 | | | X | | 164,290 | 0 | 21,652 |
| (126) JOSEPH NIEGOSKI SR. DIR. EDUCATIONAL SERVICES | 37.50 | | | | X | 181,400 | 0 | 32,814 |
| (127) WILLIAM MARONI SR. STRATEGIST, EXECUTIVE COMM. | 37.50 | | | | X | 166,474 | 0 | 15,250 |
| (128) NARAYANA SUNDARAM SR. DIRECTOR COMMUTER RAIL OPS. | 37.50 | | | | X | 143,604 | 0 | 44,828 |
| (129) LENAY GORE SR. DIR. MEETINGS AND TRADESHOWS | 37.50 | | | | X | 153,294 | 0 | 29,299 |
| (130) KATHLEEN GOLDEN SR. DIR. - PUBS & PASSENGER TRANSPORT | 37.50 | | | | X | 147,949 | 0 | 28,660 |
| 1b Sub-Total | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | 4,302,003 | 0 | 707,748 |
| d Total (add lines 1b and 1c) | | | | | | | | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 32 | | | | | | | | |
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | | | | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | Yes | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | Yes | No |
| Section B. Independent Contractors | | | | | | | | |
| 1 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. | | | | | | | | |
| Name and business address | | | | | (B) Description of services | | (C) Compensation | |
| MARRIOTT PO BOX 402642 ATLANTA, GA 30384 | | | | | CONFERENCE/MEETING HOSTING | | 1,488,517 | |
| GOLINHARRIS INTERNATIONAL PO BOX 74008247 CHICAGO, IL 606748247 | | | | | ADVERTISING/PUBLIC RELATIONS | | 919,482 | |
| INFO & INFRASTRUCTURE TECH INC 13873 PARK CENTER ROAD 200 HERNDON, VA 20171 | | | | | CONSULTING SERVICE | | 888,179 | |
| NATIONAL TRADE PRODUCTION 313 SOUTH PATRICK STREET ALEXANDRIA, VA 22314 | | | | | TRADESHOW SERVICES | | 598,951 | |
| 805 15TH ST NW SUITE 300 WASHINGTON, DC 20005 | | | | | ADVERTISING/PUBLIC RELATIONS | | 294,763 | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 20 | | | | | | | | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 605,701 | | |
| g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | |
| h Total. Add lines 1a-1f | | | 605,701 | | |

| Program Service Revenue | | | Business Code | (A) | (B) | (C) | (D) |
|---|---------------------------|--------|---------------|-----------|-----------|-----|-----|
| | 2a MEMBERSHIP DUES | | 900099 | 9,065,262 | 9,065,262 | | |
| b RESEARCH & ADVOCACY | | 900099 | 4,457,899 | 4,457,899 | | | |
| c MEETING FEES | | 900099 | 4,299,130 | 4,299,130 | | | |
| d PROJECT REVENUE | | 900099 | 1,467,496 | 1,467,496 | | | |
| e ADVERTISING INCOME | | 541800 | 445,340 | | 445,340 | | |
| f All other program service revenue. | | | 17,863 | 17,863 | | | |
| g Total. Add lines 2a-2f. | | | 19,752,990 | | | | |

| | | | | | | | |
|---|--|---|-----------|-----------|--|---------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 442,221 | | | 442,221 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 53,861 | | | 53,861 | |
| | 6a Gross rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | 6b Less: rental expenses | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 4,540,498 | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 4,238,267 | | | |
| | c Gain or (loss) | 7c | 302,231 | | | | |
| | d Net gain or (loss) | | 302,231 | | | 302,231 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | 8a | | | | | |
| b Less: direct expenses | | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |

| | | | | | |
|--|---------------|------------|------------|---------|---------|
| 10a Gross sales of inventory, less returns and allowances . . . | 10a | | | | |
| b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of inventory . . . | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a HOTEL REBATES | 900099 | 56,758 | | | 56,758 |
| b SECONDMENT FEES | 900099 | 35,000 | | | 35,000 |
| c MISCELLANEOUS | 900099 | 17,760 | | | 17,760 |
| d All other revenue | | 15,000 | | | 15,000 |
| e Total. Add lines 11a-11d ▶ | | 124,518 | | | |
| 12 Total revenue. See instructions ▶ | | 21,281,522 | 19,307,650 | 445,340 | 922,831 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 345,064 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,833,972 | | | |
| 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 | 5,888,297 | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 760,709 | | | |
| 9 Other employee benefits | 995,606 | | | |
| 10 Payroll taxes | 668,470 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 6,583 | | | |
| c Accounting | 66,712 | | | |
| d Lobbying | 420,000 | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 234,665 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,947,307 | | | |
| 12 Advertising and promotion | 487,484 | | | |
| 13 Office expenses | 489,191 | | | |
| 14 Information technology | 385,615 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,715,186 | | | |
| 17 Travel | 426,714 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 3,095,149 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 599,933 | | | |
| 23 Insurance | 147,993 | | | |
| 24 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 JOURNAL PRODUCTION COST | 954,874 | | | |
| b DUES AND FEES | 178,658 | | | |
| c PUBLICATIONS & SUBS. | 73,764 | | | |
| d BAD DEBT EXPENSE | 20,641 | | | |
| e All other expenses | 3,975 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 24,746,562 | | | |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|----------------------|
| Assets | 1 Cash-non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 4,462,315 | 2 | 5,301,680 |
| | 3 Pledges and grants receivable, net | 367,698 | 3 | 473,737 |
| | 4 Accounts receivable, net | 705,936 | 4 | 559,969 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 742,145 | 9 | 1,392,636 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,430,573 | | |
| | b Less: accumulated depreciation | 10b 3,120,797 | 3,909,709 | 10c 3,309,776 |
| | 11 Investments—publicly traded securities | 13,690,150 | 11 | 13,816,266 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 599,210 | 15 | 372,836 |
| 16 Total assets: Add lines 1 through 15 (must equal line 34) | 24,477,163 | 16 | 25,226,900 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,276,597 | 17 | 3,594,082 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 9,914,499 | 19 | 13,912,848 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 1,851,591 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 4,166,452 | 25 | 3,675,827 |
| | 26 Total liabilities. Add lines 17 through 25 | 18,357,548 | 26 | 23,034,348 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 6,119,615 | 27 | 2,192,552 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 6,119,615 | 32 | 2,192,552 |
| 33 Total liabilities and net assets/fund balances | 24,477,163 | 33 | 25,226,900 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 21,281,522 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,746,562 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -3,465,040 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,119,615 |
| 5 | Net unrealized gains (losses) on investments | 5 | -462,023 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A)) | 10 | 2,192,552 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b | 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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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? 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? | | No |
| 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. | | |

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

| | |
|--|--|
| Name of the organization AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Employer identification number 52-1007647 |
|--|--|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 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.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number
52-1007647

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED | | \$ RESTRICTED | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Name of organization
 AMERICAN PUBLIC TRANSPORTATION
 ASSOCIATION

Employer identification number
 52-1007647

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |

| | |
|---|--|
| Name of organization AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Employer identification number 52-1007647 |
|---|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

| | | | |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |

Additional Data

Return to Form

Software ID:

Software Version:

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of the organization AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Employer identification number 52-1007647 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | | |
|----------|---|---|------------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | | |
| 2 | Political campaign activity expenditures (see instructions) | ▶ | \$ <u>20,000</u> |
| 3 | Volunteer hours for political campaign activities (see instructions) | | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | | |
|-----------|---|--|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV. | | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | | |
|----------|---|---|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ | \$ _____ |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... | | \$ _____ |
| 4 | Did the filing organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---------------------------------|---|------------|---|--|
| (1) CITIZENS FOR BETTER TRANSIT | 109 PICKENS STREET WENATCHEE, WA 98801 | 83-4708310 | 10,000 | 0 |
| (2) MOVING TO THE FUTURE PAC | 325 W 18TH STREET HOUSTON, TX 77008 | 84-1993027 | 10,000 | 0 |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|--------------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | No |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 Yes | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|------------|
| 1 Dues, assessments and similar amounts from members | 1 | 13,523,161 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | 1,355,000 |
| b Carryover from last year | 2b | 152,317 |
| c Total | 2c | 1,507,317 |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | 1,352,316 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | 155,001 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|-------------------|---|
| PART I-A, LINE 1: | DONATION TO ORGANIZATIONS THAT SUPPORT TRANSIT CAUSES |

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

Employer identification number

52-1007647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting collections of art, historical treasures, or other similar assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, 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? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** 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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** 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 on 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 4,123,149 | 1,594,082 | 2,529,067 |
| d Equipment | | 962,077 | 899,349 | 62,728 |
| e Other | | 1,345,347 | 627,366 | 717,981 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 3,309,776 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 3,675,827 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|----------|--|-----------|-----------|---------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 21,878,051 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -462,023 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 1,130,558 | |
| e | Add lines 2a through 2d | | | 2e 668,535 |
| 3 | Subtract line 2e from line 1 | | | 3 21,209,516 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 72,006 | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | | 4c 72,006 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 5 21,281,522 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | | |
|----------|---|-----------|-----------|---------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 25,798,048 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 1,123,492 | |
| e | Add lines 2a through 2d | | | 2e 1,123,492 |
| 3 | Subtract line 2e from line 1 | | | 3 24,674,556 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 72,006 | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | | 4c 72,006 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 24,746,562 |

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 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 X, LINE 2: | FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, THE ASSOCIATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | REVENUE OF NORTH AMERICAN TRANSPORTATION STANDARDS 1,130,558. ASSOCIATION INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FOR 990 REPORTING. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | EXPENSES OF NORTH AMERICAN TRANSPORTATION STANDARDS 1,123,492. ASSOCIATION INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FOR 990 REPORTING. |

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number

52-1007647

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) NORTH AMERICA | 0 | 0 | PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$442,083 | | |
| (2) EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$13,201 | | |
| (3) EUROPE | 0 | 0 | PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$95,686 | | |
| (4) CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$1,689 | | |
| (5) MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$563 | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 0 | 0 | | | 0 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 0 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number
52-1007647

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) INFRASTRUCTURE WEEK 1220 L STREET NW SUITE 100-294 WASHINGTON,DC 20005 | 82-3214908 | 501(C)(4) | 25,000 | | | | SPONSORSHIP |
| (2) CITIZENS FOR BETTER TRANSIT 109 PICKENS STREET WENATCHEE,WA 98801 | 83-4708310 | SECTION 527 | 10,000 | | | | GRASSROOTS ADVOCACY |
| (3) FRIENDS OF TRANSIT PO BOX 36916 PHOENIX,AZ 85067 | 86-1017492 | 501(C)(3) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (4) TRANSPORTATION FOR AMERICA 1152 15TH STREET NW SUITE 450 WASHINGTON,DC 20005 | 27-0038938 | 501(C)(3) | 15,000 | | | | SPONSORSHIP |
| (5) OKLAHOMA TRANSIT ASSOCIATION 5030 N MAY AVE 233 OKLAHOMA CITY,OK 73112 | 72-2129006 | 501(C)(4) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (6) TRANSIT CHOICES 516 NORTH CHARLES STREET SUITE 312 BALTIMORE,MD 21201 | 46-3220672 | 501(C)(3) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (7) FOUNDATION FOR REGIONAL TRANSIT 3921 E BAYSHORE PALO ALTO,CA 94303 | 94-3196927 | 501(C)(3) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (8) MOTOR CITY FREEDOM RIDERS 5667 N CAMPBELL STREET DETROIT,MI 48210 | 82-1186919 | 501(C)(3) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (9) SUSTAIN CHARLOTTE PO BOX 18201 CHARLOTTE,NC 28218 | 01-0975452 | 501(C)(3) | 5,000 | | | | GRASSROOTS ADVOCACY |
| (10) TRANSPORTATION CHOICES COALITION 1402 THIRD AVE SUITE 310 SEATTLE,WA 98101 | 94-3185639 | 501(C)(3) | 10,000 | | | | GRASSROOTS ADVOCACY |
| (11) NATIONAL ACADEMY OF SCIENCESTRB PO BOX 936803 ATLANTA,GA 31193 | 53-0196932 | 501(C)(3) | 83,540 | | | | SPONSORSHIP |
| (12) CONFERENCE OF MINORITY TRANSPORTATION OFFICIALS 100 M STREET SE SUITE 917 WASHINGTON,DC 20003 | 52-1333719 | 501(C)(3) | 20,000 | | | | SPONSORSHIP |
| (13) COUNCIL OF UNIVERSITY TRANSPORTATION CENTERS 250 E STREET SW SUITE 900 WASHINGTON,DC 20024 | 62-1147090 | 501(C)(3) | 5,000 | | | | SPONSORSHIP |
| (14) INTRODUCING YOUTH | 82-4854602 | 501(C)(3) | 70,000 | | | | SPONSORSHIP |

| | | | | | | | |
|---|------------|-------------|--------|--|--|--|---------------------|
| TO AMERICAN INFRASTRUCTURE INC 535 PIERCE STREET STE 5408 ALBANY,CA 94706 | | | | | | | |
| (15) KEEP WASHINGTON ROLLING - NO ON 1976 603 STEWART STREET SUITE 819 SEATTLE,WA 98101 | 20-2927862 | OTHER | 10,000 | | | | CONTRIBUTION |
| (16) KEEP HILLSBOROUGH MOVING INC 610 SOUTH BOULEVARD TAMPA,FL 33606 | 83-0867146 | 501(C)(4) | 10,000 | | | | CONTRIBUTION |
| (17) MOVING TO THE FUTURE PAC 325 W 18TH STREET HOUSTON,TX 77008 | 84-1993027 | SECTION 527 | 10,000 | | | | CONTRIBUTION |
| (18) AMERICAN PUBLIC TRANSPORTATION FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON,DC 20005 | 52-1616062 | 501(C)(3) | 10,000 | | | | ANNUAL CONTRIBUTION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
. ▶

3 Enter total number of other organizations listed in the line 1 table ▶ 6

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | APTA REQUIRES WRITTEN REPORTS TO VERIFY THAT PROJECTS ARE COMPLETED AS SPECIFIED BY GRANT. APTA REQUIRES THE ORGANIZATION TO SUBMIT 2 PROGRESS REPORTS, THE FIRST 6 MONTHS AFTER START OF PROJECT AND THE SECOND AT THE END. |

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number

52-1007647

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | Yes | |
| 2 | Yes | |
| 3 | | |
| 4a | Yes | |
| 4b | | No |
| 4c | | No |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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 other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 PAUL SKOUTELAS PRESIDENT AND CEO | (i) | 473,413 | 66,055 | 96,396 | 33,600 | 2,936 | 672,400 | 0 |
| | (ii) | - | - | - | - | - | - | 0 |
| 2 MARY CHILDRESS CFO (UNTIL 08/19) | (i) | 157,228 | 0 | 179,328 | 20,909 | 11,160 | 368,625 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 3 DAVID CAROL COO | (i) | 296,354 | 0 | 0 | 33,600 | 24,334 | 354,288 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 4 WARD MCCARRAGHER VICE PRESIDENT - GOVERNMENT AFFAIRS | (i) | 264,531 | 0 | 0 | 31,808 | 2,743 | 299,082 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 5 ARTHUR GUZZETTI VICE PRESIDENT POLICY | (i) | 242,645 | 0 | 0 | 36,545 | 21,449 | 300,639 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 6 ROSEMARY SHERIDAN V.P. - COMMUNICATIONS/MARKETING | (i) | 242,424 | 0 | 0 | 36,024 | 11,709 | 290,157 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 7 PETRA MOLLET V.P. - STRATEGIC/INTERNATIONAL PRGM | (i) | 215,701 | 0 | 0 | 25,902 | 11,473 | 253,076 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 8 PAMELA BOSWELL V.P. - WORKFORCE DEVELOPMENT | (i) | 213,486 | 0 | 0 | 32,275 | 11,474 | 257,235 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 9 LINDA FORD GENERAL COUNSEL | (i) | 206,809 | 0 | 0 | 25,203 | 21,380 | 253,392 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 10 JEFFREY HIOTT V.P. - TECH SVCS & INNOVATION | (i) | 176,921 | 0 | 0 | 21,665 | 21,051 | 219,637 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 11 SHELLEY KEE VICE PRESIDENT - HUMAN RESOURCES | (i) | 172,209 | 0 | 0 | 20,752 | 2,220 | 195,181 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 12 ANASTASIA TIONGSON SR. DIRECTOR - GOVERNMENT AFFAIRS | (i) | 180,980 | 0 | 0 | 21,618 | 2,291 | 204,889 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 13 JOHN GONZALEZ SR. DIRECTOR - MARKETING & SALES | (i) | 160,512 | 0 | 0 | 24,877 | 26,247 | 211,636 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 14 POLLY HANSON SR. DIR. - TRANSIT SEC. & EMERGENCY | (i) | 164,290 | 0 | 0 | 19,441 | 2,211 | 185,942 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 15 JOSEPH NIEGOSKI SR. DR. EDUCATIONAL SERVICES | (i) | 181,400 | 0 | 0 | 21,662 | 11,152 | 214,214 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 16 WILLIAM MARONI SR. STRATEGIST, EXECUTIVE COMM. | (i) | 166,474 | 0 | 0 | 13,144 | 2,106 | 181,724 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 17 NARAYANA SUNDARAM SR. DIRECTOR COMMUTER RAIL OPS. | (i) | 143,604 | 0 | 0 | 18,698 | 26,130 | 188,432 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 18 LENAY GORE SR. DIR. MEETINGS AND TRADESHOWS | (i) | 153,294 | 0 | 0 | 18,434 | 10,865 | 182,593 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |
| 19 KATHLEEN GOLDEN SR. DIR. - PUBS & PASSENGER TRANSPOR | (i) | 147,949 | 0 | 0 | 17,870 | 10,790 | 176,609 | 0 |
| | (ii) | 0 | - | - | - | - | - | 0 |

Part 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 additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | THE CEO CONTRACT FOR PAUL SKOUTELAS INCLUDES A ONE YEAR HOUSING ALLOWANCE WITH THE AMOUNT GROSSED UP FOR TAX PURPOSES. |
| PART I, LINE 4A | MARY CHILDRESS LEFT THE ORGANIZATION IN AUGUST OF 2019 AND RECIEVED \$179,328 IN SEVERANCE PAY. |

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2019****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number

52-1007647

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION A, LINE 6 | MEMBERSHIP IN THE ASSOCIATION IS DIVIDED INTO SIX CATEGORIES: (A) TRANSIT SYSTEM MEMBERS ARE PERSONS, FIRMS, CORPORATIONS, TRUSTEES, RECEIVERS, MUNICIPAL AGENCIES OR OTHER GOVERNMENTAL AGENCIES OPERATING ANY FORM OF ORGANIZED PUBLIC TRANSIT SYSTEM IN THE UNITED STATES, PUERTO RICO, CANADA, OR MEXICO (B) A NEW TRANSIT ENTERPRISE ORGANIZED TO OPERATE A TRANSIT SYSTEM NOT PREVIOUSLY IN EXISTENCE WITHIN SUCH BOUNDARIES, OR (C) TRANSIT MANAGEMENT COMPANIES - ANY PERSON, FIRM OR CORPORATION THAT PROVIDES PROFESSIONAL MANAGEMENT SERVICES TO SUCH TRANSIT SYSTEMS (D) BUSINESS MEMBERS CONSIST OF MANUFACTURERS AND SUPPLIER MEMBERS, CONSULTANT MEMBERS, AND CONTRACTOR MEMBERS. ADDITIONAL CATEGORIES OF MEMBERSHIP INCLUDE (E) NON-OPERATING STATE DEPARTMENT OF TRANSPORTATION MEMBERS, GOVERNMENT AGENCY MEMBERS AND METROPOLITAN PLANNING ORGANIZATIONS (F) AFFILIATES CONSIST OF ASSOCIATED RAILROADS, PUBLIC INTEREST GROUPS, LEGISLATIVE REPRESENTATIVES, PUBLISHERS, UNIVERSITIES, AND OTHER ORGANIZATIONS WITH AN INTEREST IN PUBLIC TRANSIT AND (G) RETIREES. |
| FORM 990, PART VI, SECTION A, LINE 7A | TWENTY DIRECTORS ARE DESIGNATED TRANSIT SYSTEM DIRECTORS. THESE ARE THE TWENTY HIGHEST DUES-PAYING TRANSIT SYSTEM MEMBERS OF THE ASSOCIATION. TEN DIRECTORS ARE DESIGNATED BUSINESS MEMBER DIRECTORS. THESE ARE THE TEN HIGHEST DUES-PAYING BUSINESS MEMBERS OF THE ASSOCIATION. THERE ARE TWENTY SEVEN DESIGNATED COMMITTEE CHAIRS. THE REMAINING DIRECTORS ARE ELECTED BY THE MEMBERS AT AN ANNUAL MEETING. |
| FORM 990, PART VI, SECTION A, LINE 7B | ALL MEMBER CLASSES VOTE ON THE ANNUAL ELECTION OF THE BOARD OF DIRECTORS AND ON ANY CHANGES TO THE ORGANIZATION'S BYLAWS. |
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD, BEFORE IT WAS FILED WITH THE IRS. |
| FORM 990, PART VI, SECTION B, LINE 12C | ALL BOARD OF DIRECTORS MEMBERS ARE NOTIFIED ANNUALLY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IN ADDITION, ALL MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY. IF AN INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, EITHER BEFORE OR AFTER THE FACT, THEY ARE REQUIRED TO IMMEDIATELY MAKE FULL DISCLOSURE OF THE MATTER. IN THE CASE OF AN OFFICER, DIRECTOR, OR COMMITTEE OFFICER, SUCH DISCLOSURE IS MADE TO THE ORGANIZATION'S EXECUTIVE COMMITTEE. WHENEVER, IN THE OPINION OF THE EXECUTIVE COMMITTEE, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST DETRIMENTAL TO THE AMERICAN PUBLIC TRANSPORTATION ASSOCIATION (APTA), THE EXECUTIVE COMMITTEE REQUIRES SUCH ACTION OR ABSTENTION BY THE INDIVIDUAL AS THE EXECUTIVE COMMITTEE DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF THE ORGANIZATION. IN THE CASE OF AN AMERICAN PUBLIC TRANSPORTATION ASSOCIATION EMPLOYEE, SUCH DISCLOSURE IS MADE TO THE APTA PRESIDENT. WHENEVER, IN THE OPINION OF THE APTA PRESIDENT, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST IS DETRIMENTAL TO APTA, THE APTA PRESIDENT REQUIRES SUCH ACTION OR ABSTENTION BY THE EMPLOYEE AS THE APTA PRESIDENT DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF APTA. |
| FORM 990, PART VI, SECTION B, LINE 15 | THE PRESIDENT'S SALARY IS DETERMINED BY A COMPENSATION COMMITTEE THAT REPORTS TO THE EXECUTIVE COMMITTEE AND THE EXECUTIVE COMMITTEE APPROVES THE FINAL RECOMMENDATION. THE CEO PRESENTS HIS PERFORMANCE FOR THE PRIOR YEAR BASED ON AGREED UPON BENCHMARKS AND THE CEO EVALUATION SUBCOMMITTEE EVALUATES THE ACHIEVEMENTS OF THE CEO AND MAY MAKE COMPENSATION ADJUSTMENT. THE REVIEW PROCESS IS DOCUMENTATED. THE LAST REVIEW TOOK PLACE SEPTEMBER, 2019. ALL OTHER ASSOCIATION POSITIONS ARE COMPENSATED BASED ON ANNUAL PERFORMANCE REVIEWS WITH SALARY RANGES ESTABLISHED BY POSITION RESPONSIBILITIES AND NON-PROFIT SURVEYS AS DETERMINED BY THE ASSOCIATION'S COMPENSATION CONSULTANT. ALL OTHER ASSOCIATION POSITIONS ARE APPROVED BY THE PRESIDENT. |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |
| FORM 990, PART IX, LINE 11G | RESEARCH 499,425. PUBLIC RELATIONS 952,128. GRASSROOTS ADVOCACY 333,046. OTHER PROFESSIONAL FEES 1,162,708. |
| FORM 990, PART X, LINE 24: | ON MAY 3, 2020, APTA RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$1,851,591 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. APTA INTENDS TO USE THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND BELIEVES THAT ITS USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS FOR FORGIVENESS OF THE LOAN. APTA INTENDS TO APPLY FOR FORGIVENESS AFTER COMPLETING THE 8 WEEK PERIOD. |

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN PUBLIC TRANSPORTATION
ASSOCIATION

Employer identification number

52-1007647

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--------------------------------------|--|----------------------------|---|--|--|----|
| | | | | | | Yes | No |
| (1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 52-1616062 | SCHOLARSHIP PROGRAM | DC | 501(C)(3) | LINE 12A, I | AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Yes | |
| (2) PUBLIC TRANSIT PARTNERSHIP FOR TOMORROW FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 52-2337960 | RESEARCH/COMMUNICATION/ADVOCACY | DC | 501(C)(3) | LINE 12A, I | AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Yes | |
| (3) NORTH AMERICAN TRANSPORTATION SERVICES ASSOCIATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 45-2731524 | STANDARDS/PEER REVIEWS/SAFETY AUDITS | DC | 501(C)(6) | | AMERICAN PUBLIC TRANSPORTATION ASSOCIATION | Yes | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | | No |
| 1q | | No |
| | | |
| 1r | | No |
| 1s | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION | B | 10,000 | ACTUAL AMOUNT |
| (2) NORTH AMERICAN TRANSIT SERVICES ASSOCIATION | N | 296,263 | PERCENTAGE OF OVERHEAD |
| (3) AMERICAN PUBLIC TRANSPORTATION FOUNDATION | O | 97,598 | LABOR COST |
| (4) NORTH AMERICAN TRANSIT SERVICES ASSOCIATION | O | 454,216 | LABOR COST |
| | | | |
| | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference**Explanation**

Schedule R (Form 990) 2019

Additional Data**Return to Form****Software ID:****Software Version:**