

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- 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 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 \$ 32,211,904

F Name and address of principal officer: PAUL P SKOUTELAS, 1300 I STREET NW 1200 E, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes 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 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2-7a Activities & Governance 3-7b Revenue 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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: 2024-05-13

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P00288314, Firm's name: GELMAN ROSENBERG & FREEDMAN, Firm's EIN: 52-1392008, Firm's address: 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 208142930, Phone no. (301) 951-9090

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 117
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 4a No
b If "Yes," enter the name of the foreign country: . . . . .
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . 7a
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . 7c
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . . 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . 7e
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders . . . . . 11a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . . 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 13b
c Enter the amount of reserves on hand . . . . . 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . 15 No
16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . . 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . 17
If "Yes," complete Form 6069.

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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other (explain in Schedule O)
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:
JETRIS HAMILTON 1300 I STREET NW 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) DORVAL R CARTER JR CHAIR	1.00	X		X			0	0	0
(2) MICHELE WONG KRAUSE VICE CHAIR	1.00	X		X			0	0	0
(3) JEFFREY WHARTON SEC./TREA.	1.00	X		X			0	0	0
(4) JEFFREY A NELSON IMMEDIATE PAST CHAIR	6.00	X		X			0	0	0
(5) JOSE R BUSTAMANTE PE EXEC. COMM. MBR	1.00	X					0	0	0
(6) FRANCIS BUDDY COLEMAN EXEC. COMM. MBR	1.00	X					0	0	0
(7) JAMES M DERWINSKI EXEC. COMM. MBR	1.00	X					0	0	0
(8) DAWN DISTLER EXEC. COMM. MBR	1.00	X					0	0	0
(9) DENISE A FIGUEROA EXEC. COMM. MBR	1.00	X					0	0	0
(10) JANNET M WALKER-FORD EXEC. COMM. MBR	1.00	X					0	0	0
(11) CAROLYN M GONOT EXEC. COMM. MBR	1.00	X					0	0	0
(12) RICHARD J LEARY EXEC. COMM. MBR	1.00	X					0	0	0
(13) HENRY LI EXEC. COMM. MBR	1.00	X					0	0	0
(14) MJ MAYNARD EXEC. COMM. MBR	1.00	X					0	0	0
(15) RAYMOND J MELLEADY EXEC. COMM. MBR	1.00	X					0	0	0
(16) ALLAN POLLOCK EXEC. COMM. MBR	1.00	X					0	0	0
(17) NAOMI RENEK EXEC. COMM. 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) LESLIE S RICHARDS EXEC. COMM. MBR	1.00	X					0	0	
(19) ERIN ROGERS EXEC. COMM. MBR	1.00	X					0	0	
(20) RITA A SCOTT EXEC. COMM. MBR	1.00	X					0	0	
(21) TROI TAYLOR AT LARGE DIRECTOR	1.00	X					0	0	
(22) DOUG TISDALE EXEC. COMM. MBR	1.00	X					0	0	
(23) MATTHEW O TUCKER EXEC. COMM. MBR	1.00	X					0	0	
(24) TOM R WALDRON EXEC. COMM. MBR	1.00	X					0	0	
(25) EVE WILLIAMS EXEC. COMM. MBR	1.00	X					0	0	
(26) MICHAELA ALLEGRA PE AT LARGE DIRECTOR	1.00	X					0	0	
(27) RICHARD AMENT DSGND BUS. MBR DIR.	1.00	X					0	0	
(28) HOLLY ARNOLD DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(29) JAMESON T AUTEN AT LARGE DIRECTOR	1.00	X					0	0	
(30) DEBRA R AVILA DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(31) DORAN J BARNES HONORARY MEMBER	1.00	X					0	0	
(32) JOHN P BARTOSIEWICZ HONORARY MEMBER	1.00	X					0	0	
(33) GLEN BECERRA DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(34) CHRISTOPHER P BOYLAN AT LARGE DIRECTOR	1.00	X					0	0	
(35) CHRIS BRADY DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(36) REX BREJNIK DSGND BUS. MBR DIR.	1.00	X					0	0	
(37) LOUIS J BROWN JR PE DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(38) CARRIE BUTLER AT LARGE DIRECTOR	1.00	X					0	0	
(39) ALVA CARRASCO DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(40) MATTIE P CARTER HONORARY MEMBER	1.00	X					0	0	
(41) FLORA M CASTILLO CHIE HONORARY MEMBER	1.00	X					0	0	
(42) PETER M CIPOLLA HONORARY MEMBER	1.00	X					0	0	
(43) RANDY S CLARKE DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(44) EULUIS CLECKLEY DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(45) ALEXANDER D CLIFFORD DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(46) KEVIN S CORBETT DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(47) NATALIE E CORNELL AT LARGE DIRECTOR	1.00	X					0	0	
(48) LASHANDA DAWKINS ESQ DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(49) JENNIFER DEBRUHL AICP PMP DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(50) CLARELLE DEGRAFFE DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(51) SAMUEL M DESUJE JR AT LARGE DIRECTOR	1.00	X					0	0	
(52) ROD DIRIDON SR HONORARY MEMBER	1.00	X					0	0	
(53) CRISSY DITMORE AT LARGE DIRECTOR	1.00	X					0	0	
(54) SHAWN M DONAGHY DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(55) INEZ EVANS AT LARGE DIRECTOR	1.00	X					0	0	
(56) WILLIAM F FAY JR DSGND BUS. MBR DIR.	1.00	X					0	0	
(57) JOHN C FINK III DSGND BUS. MBR DIR.	1.00	X					0	0	
(58) NATHANIEL P FORD SR HONORARY MEMBER	1.00	X					0	0	
(59) GERALD C FRANCIS DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(60) JEFFREY GONNEVILLE DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(61) JAMES H GRAEBNER HONORARY MEMBER	1.00	X					0	0	
(62) BEVERLY D GREENE AT LARGE DIRECTOR	1.00	X					0	0	
(63) COLLIE GREENWOOD DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(64) SEMIA HACKETT AT LARGE DIRECTOR	1.00	X					0	0	
(65) VERONIQUE HAKIM DSGND BUS. MBR DIR.	1.00	X					0	0	
(66) MICHAEL HEIDKAMP AT LARGE DIRECTOR	1.00	X					0	0	
(67) KAMMY HORNE AICP DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(68) KRISH INBARAJAN AT LARGE DIRECTOR	1.00	X					0	0	
(69) LAURENCE W JACKSON HONORARY MEMBER	1.00	X					0	0	
(70) DEBRA A JOHNSON DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(71) AREZOU C JOLLY AT LARGE DIRECTOR	1.00	X					0	0	
(72) KATHARINE KELLEMAN DSGND TRANS SYS MBR DIR	1.00 5.00	X					0	0	
(73) CHRISTIAN T KENT DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(74) SUSANNAH KERR AIA DSGND BUS. MBR DIR.	1.00	X					0	0	
(75) JULIE B KIRSCHBAUM DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(76) CHRISTOS KRITSIDIMAS DSGND BUS. MBR DIR.	1.00	X					0	0	
(77) CELIA KUPERSMITH HONORARY MEMBER	1.00	X					0	0	
(78) THOMAS C LAMBERT DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(79) JAMES P LARUSCH DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(80) NADINE LEE PE DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(81) SALLY LIBRERA DSGND BUS. MBR DIR.	1.00	X					0	0	
(82) REBA MALONE HONORARY MEMBER	1.00	X					0	0	
(83) JACK MARTINSON AT LARGE DIRECTOR	1.00	X					0	0	
(84) LAURA MASON AT LARGE DIRECTOR	1.00	X					0	0	
(85) BACCARRA MAULDIN AT LARGE DIRECTOR	1.00	X					0	0	
(86) VALARIE J MCCALL HONORARY MEMBER	1.00	X					0	0	
(87) JONATHAN H MCDONALD PE DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(88) HEATHER MCKILLIP DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(89) JENNIFER MCNEILL DSGND BUS. MBR DIR.	1.00	X					0	0	
(90) BRAD MILLER AT LARGE DIRECTOR	1.00	X					0	0	
(91) J ROGER MORTON AT LARGE DIRECTOR	1.00	X					0	0	
(92) WILLIAM R MOSELEY DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(93) RAQUEL OLIVIER AT LARGE DIRECTOR	1.00 5.00	X					0	0	
(94) JOSEPH PEREZ DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(95) KAREN ELIZABETH PHILBRICK AT LARGE DIRECTOR	1.00	X					0	0	
(96) ROBERT M POWERS DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(97) KEVIN B QUINN JR DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(98) LEANNE P REDDEN DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(99) CATHERINE A RINALDI DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(100) SCOTT A SAUER CSP WSO-CSSD DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(101) MICHAEL J SCANLON HONORARY MEMBER	1.00	X					0	0	
(102) BEVERLY A SCOTT HONORARY MEMBER	1.00	X					0	0	
(103) AMY SHATZKIN DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(104) HOWARD SILVER HONORARY MEMBER	1.00	X					0	0	
(105) RICHARD J SIMONETTA HONORARY MEMBER	1.00	X					0	0	
(106) LAUREN SKIVER AT LARGE DIRECTOR	1.00	X					0	0	
(107) MANJIT KAUR SOOCH DSGND COMMITTEE CHAIR DIR	1.00	X					0	0	
(108) DAVID M STACKROW SR CPA HONORARY MEMBER	1.00	X					0	0	
(109) ROBIN STIMSON DSGND BUS. MBR DIR.	1.00	X					0	0	
(110) GARY C THOMAS HONORARY MEMBER	1.00	X					0	0	
(111) RONALD J TOBER HONORARY MEMBER	1.00	X					0	0	
(112) MICHAEL S TOWNES HONORARY MEMBER	1.00	X					0	0	
(113) EVELYNN TRAN DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(114) PETER VARGA HONORARY MEMBER	1.00	X					0	0	
(115) PHILLIP A WASHINGTON HONORARY MEMBER	1.00	X					0	0	
(116) JULIE A WHITE AT LARGE DIRECTOR	1.00	X					0	0	
(117) LESLIE R WHITE HONORARY MEMBER	1.00	X					0	0	
(118) RICHARD A WHITE HONORARY MEMBER	1.00	X					0	0	
(119) FRANK J WILSON HONORARY MEMBER	1.00	X					0	0	
(120) MICHAEL WOJNAR DSGND TRANS SYS MBR DIR	1.00	X					0	0	
(121) PAUL SKOUTELAS PRESIDENT AND CEO	40.00 2.50			X			751,596	68,023	
(122) DAVID CAROL COO	37.50			X			357,165	67,907	
(123) WARD MCCARRAGHER VP - GOV AFFAIRS & ADVOCACY	37.50			X			350,861	42,286	
(124) JOHN HENRY CFO (THROUGH 2/2023)	37.50			X			328,258	42,230	
(125) ARTHUR GUZZETTI VP MOBILITY INIT. & PUB. POLICY	37.50			X			284,609	69,867	
(126) PETRA MOLLET VP - STRATEGIC/INT'L PROGR	37.50			X			251,586	44,254	
(127) LINDA FORD GENERAL COUNSEL	37.50			X			243,036	56,934	
(128) THOMAS DOYLE VP, GOVMS & MARKETING	37.50			X			220,491	28,695	
(129) SHELLEY KEE VP - HR & ADMIN	37.50			X			212,101	27,820	
(130) KYM HILL VP - EXEC. OFFICE & CORP. SEC.	37.50			X			206,533	38,684	
(131) CHRISTINA GARNESKI VP MEETINGS & MBRSHIP SVCS	37.50			X			191,085	50,967	
(132) ANASTASIA TIONGSON SR. DIR - GOV'T AFFAIRS	37.50			X			214,212	27,853	
(133) JOSEPH NIEGOSKI SR. DIR. EDUCATIONAL SVCS	37.50			X			209,282	38,678	
(134) POLLY HANSON SR. DIR - SEC. RISK & EMERG. MGMT	37.50			X			190,328	35,946	
(135) JOHN GONZALEZ SR. DIRECTOR, MKT & SALES	37.50			X			179,226	62,662	
(136) WILLIAM MARONI SR. STRATEGIST EXEC. COMMS	37.50			X			186,115	29,021	
(137) KATHLEED GOLDEN SR. DIR - PUBL. & PASS. TRANSPORT	37.50			X			167,026	33,515	
(138) BRIAN ALBERTS SR. DIR. SAFETY & ADVISORY SVCS	37.50			X			158,326	32,789	
(139) KARIE BENTON SR. DIR RAIL TRANSIT (THROUGH 12/23)	37.50			X			156,962	32,351	
(140) LISA JERRAM SR. DIR - BUS PRGMS & EMERG. VEHICLE	37.50			X			157,829	32,562	
(141) JETRES HAMILTON SR. DIR - FINANCE	37.50			X			154,912	32,101	
(142) JEREMY REUTER SR. DIR - IT	37.50			X			134,167	51,705	
(143) DAVID RIDDY SR. MARKETING EDITOR	37.50			X			132,403	17,399	
(144) DAVID BRUENING SR SOFTWARE DEV & DATABASE ADMIN	37.50			X			131,332	32,996	
(145) CRAIG REED DIR - BUDGET & TECHNICAL PROJ.	37.50			X			130,426	17,747	
(146) ANITHA ATKINS DIR - MEETINGS & EVENTS	37.50			X			115,631	48,714	
(147) PAMELA BOSWELL FORMER VP - WDES(THRU 7/2022)	37.50				X		170,813	25,404	
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>						5,986,311	0	1,089,110	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								30	
<b>3</b> 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	
<b>4</b> 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	
<b>5</b> 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.

(A) Name and business address	(B) Description of services	(C) Compensation
EWA IIT 13873 PARK CENTER RD HERNDON, VA 20171	IT CONSULTING	879,979
NATIONAL TRADE PRODUCTION 313 SOUTH PATRICK STREET ALEXANDRIA, VA 22314	TRADESHOW SERVICES	827,349
HILTON - SAN DIEGO RESORT ONE PARK BLVD SAN DIEGO, CA 92101	MEETING AND EVENT SPACE	687,327
D WATTS CONSTRUCTION LLC 4875 EISENHOWER AVE ALEXANDRIA, VA 23304	CONSTRUCTION SERVICES	661,259
FREEMAN AUDIO VISUAL PO BOX 734596 DALLAS, TX 753734596	MEETING AUDIO VISUAL SERVICE	618,363
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		
31		

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a-f (MEMBERSHIP DUES, MEETING FEES, RESEARCH & ADVOCACY, PT ADVERTISING REV., STANDARDS REVENUE, All other program service revenue) and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3-10 (Investment income, Royalties, Rents, Sales of assets, Fundraising events, Gaming activities, Sales of inventory) and 11a-e (MISCELLANEOUS).

Table for Total Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 11a-e (MISCELLANEOUS) and 12 Total revenue.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	406,765			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,008,802			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,366,025			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	483,805			
<b>9</b> Other employee benefits	828,137			
<b>10</b> Payroll taxes	610,076			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	57,064			
<b>c</b> Accounting	85,409			
<b>d</b> Lobbying	468,000			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	75,529			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,677,338			
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,056,372			
<b>14</b> Information technology	442,669			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,661,060			
<b>17</b> Travel	691,440			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,048,231			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	126,545			
<b>23</b> Insurance	152,034			
<b>24</b> 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.)				
<b>a</b> JOURNAL PRODUCTION COST	186,511			
<b>b</b> DUES AND FEES	171,965			
<b>c</b> PUBLICATIONS & SUBS.	101,107			
<b>d</b> TAXES AND FEES	24,884			
<b>e</b> All other expenses	17,691			
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,747,459			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	10,768,983	<b>2</b>	14,832,353
	<b>3</b> Pledges and grants receivable, net . . . . .	324,147	<b>3</b>	60,930
	<b>4</b> Accounts receivable, net . . . . .	595,695	<b>4</b>	1,475,803
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	508,933	<b>9</b>	1,712,686
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,460,305		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,454,000	340,539	<b>10c</b> 1,006,305
	<b>11</b> Investments—publicly traded securities . . . . .	13,177,167	<b>11</b>	15,179,610
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	7,757,900	<b>15</b>	7,089,639
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	33,473,364	<b>16</b>	41,357,326	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,099,723	<b>17</b>	3,269,774
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	13,071,055	<b>19</b>	21,410,931
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	8,563,124	<b>25</b>	7,445,677
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,733,902	<b>26</b>	32,126,382
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	7,739,462	<b>27</b>	9,230,944
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	7,739,462	<b>32</b>	9,230,944
	<b>33</b> Total liabilities and net assets/fund balances	33,473,364	<b>33</b>	41,357,326

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	26,980,260
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,747,459
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	232,801
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	7,739,462
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	788,058
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	470,623
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	9,230,944

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>b</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**

**Schedule of Contributors**

OMB No. 1545-0047

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

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 33<sup>1</sup>/<sub>3</sub>% 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
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**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.

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

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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	<b>Employer identification number</b>  52-1007647
---	---

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
<b>2</b>	Political campaign activity expenditures. See instructions .....	▶	\$ _____
<b>3</b>	Volunteer hours for political campaign activities. See instructions .....		_____

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....		\$ _____
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	▶	\$ _____
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	14,023,788
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	1,437,103
<b>b</b> Carryover from last year .....	<b>2b</b>	541,555
<b>c</b> Total .....	<b>2c</b>	1,978,658
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	1,402,379
<b>4</b> 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? .....	<b>4</b>	576,279
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

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 regarding donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts received or held.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		694,351	22,891	671,460
<b>d</b> Equipment . . . . .		647,772	647,772	0
<b>e</b> Other . . . . .		1,118,182	783,337	334,845
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,006,305

**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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and Total.

**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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

**Part IX Other Assets.**

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) DUE FROM RELATED PARTIES, (2) SECURITY DEPOSIT, (3) RIGHT OF USE ASSETS, and Total.

**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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) through (9), and Total.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	27,692,789
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	788,058	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	788,058
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	26,904,731
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	75,529	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	75,529
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	26,980,260

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	26,671,930
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	26,671,930
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	75,529	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	75,529
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	26,747,459

**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 YEAR ENDED JUNE 30, 2023, THE ASSOCIATION HAS 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.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

2022

Open to Public Inspection

# Statement of Activities Outside the United States

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

## SCHEDULE F (Form 990)

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 other 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) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$1,689		
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$19,413		
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$105,415		
(4) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$5,498		
(5) NORTH AMERICA	0	0	PROGRAM REVENUE FROM MEMBERSHIP DUES OF \$591,707		
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			0
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

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) NATIONAL ACADEMY OF SCIENCES PO BOX 936803 ATLANTA, GA 31193	53-0196932	501(C)(3)	77,265	0			SPONSORSHIP
(2) AMERICAN PUBLIC TRANSPORTATION FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005	52-1616062	501(C)(3)	30,000	0			ANNUAL CONTRIBUTION/SPONSORSHIP
(3) INTRODUCING YOUTH TO AMERICAN INFRASTRUCTURE INC 535 PIERCE STREET STE 5408 ALBANY, CA 94706	82-4854602	501(C)(3)	20,000	0			SPONSORSHIP
(4) RAIL-VOLUTION (RAIL-V) 1624 HARMON PLACE PL 206 MINNEAPOLIS, MN 55403	31-1791057	501(C)(3)	15,000	0			SPONSORSHIP
(5) CONFERENCE OF MINORITY TRANSPORTATION OFFICIALS 100 M STREET SE SUITE 917 WASHINGTON, DC 20003	52-1333719	501(C)(3)	12,000	0			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- 3** Enter total number of other organizations listed in the line 1 table 0

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**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 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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**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, 1099-MISC compensation, and/or 1099-NEC			(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)	553,283	198,313	0	65,098	2,925	819,619	0
	(ii)	0	0	0	0	0	0	0
2 DAVID CAROL COO	(i)	332,165	25,000	0	40,219	27,688	425,072	0
	(ii)	0	0	0	0	0	0	0
3 WARD MCCARRAGHER VP - GOV. AFFAIRS & ADVOCACY	(i)	325,861	25,000	0	39,805	2,481	393,147	0
	(ii)	0	0	0	0	0	0	0
4 JOHN HENRY CFO (THROUGH 2/2023)	(i)	303,258	25,000	0	38,395	3,835	370,488	0
	(ii)	0	0	0	0	0	0	0
5 ARTHUR GUZZETTI VP MOBILITY INIT. & PUB. POLICY	(i)	269,609	15,000	0	42,425	27,442	354,476	0
	(ii)	0	0	0	0	0	0	0
6 LINDA FORD GENERAL COUNSEL	(i)	228,036	15,000	0	29,460	27,474	299,970	0
	(ii)	0	0	0	0	0	0	0
7 PETRA MOLLET VP - STRATEGIC/INT'L PROGR	(i)	236,586	15,000	0	30,193	14,061	295,840	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS DOYLE VP, COMMS & MARKETING	(i)	205,491	15,000	0	26,383	2,312	249,186	0
	(ii)	0	0	0	0	0	0	0
9 JOSEPH NIEGOSKI SR. DIR. EDUCATIONAL SVCS	(i)	206,782	2,500	0	24,661	14,017	247,960	0
	(ii)	0	0	0	0	0	0	0
10 KYM HILL VP - EXEC. OFFICE & CORP. SEC.	(i)	191,533	15,000	0	24,666	14,018	245,217	0
	(ii)	0	0	0	0	0	0	0
11 ANASTASIA TIONGSON SR. DIR - GOV'T AFFAIRS	(i)	209,212	5,000	0	25,487	2,366	242,065	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTINA GARNESKI VP MEETINGS & MBRSHIP SVCS	(i)	176,085	15,000	0	23,755	27,212	242,052	0
	(ii)	0	0	0	0	0	0	0
13 JOHN GONZALEZ SR. DIRECTOR, MKT & SALES	(i)	176,726	2,500	0	27,626	35,036	241,888	0
	(ii)	0	0	0	0	0	0	0
14 SHELLEY KEE VP - HR & ADMIN	(i)	197,101	15,000	0	25,511	2,309	239,921	0
	(ii)	0	0	0	0	0	0	0
15 POLLY HANSON SR. DIR - SEC. RISK & EMERG. MGMT	(i)	187,828	2,500	0	22,343	13,603	226,274	0
	(ii)	0	0	0	0	0	0	0
16 WILLIAM MARONI SR. STRATEGIST EXEC. COMMS	(i)	183,615	2,500	0	15,188	13,833	215,136	0
	(ii)	0	0	0	0	0	0	0
17 KATHLEED GOLDEN SR. DIR - PUBL & PASS. TRANSPORT	(i)	164,526	2,500	0	19,888	13,627	200,541	0
	(ii)	0	0	0	0	0	0	0
18 PAMELA BOSWELL FORMER VP - WDES(THRU 7/2022)	(i)	155,813	15,000	0	25,404	0	196,217	0
	(ii)	0	0	0	0	0	0	0
19 BRIAN ALBERTS SR. DIR - SAFETY & ADVISORY SVCS	(i)	155,826	2,500	0	19,269	13,520	191,115	0
	(ii)	0	0	0	0	0	0	0
20 LISA JERRAM SR. DIR - BUS PRGMS & EMERG. VEHICLE	(i)	155,329	2,500	0	18,943	13,619	190,391	0
	(ii)	0	0	0	0	0	0	0
21 MARIE BENTON SR. DIR RAIL TRANSIT (THROUGH 12/23)	(i)	154,462	2,500	0	18,956	13,395	189,313	0
	(ii)	0	0	0	0	0	0	0
22 JETRIIS HAMILTON SR. DIR. - FINANCE	(i)	152,412	2,500	0	18,510	13,591	187,013	0
	(ii)	0	0	0	0	0	0	0
23 JEREMY REUTER SR. DIR - IT	(i)	131,667	2,500	0	17,112	34,593	185,872	0
	(ii)	0	0	0	0	0	0	0
24 ANITHA ATKINS DIR - MEETINGS & EVENTS	(i)	113,131	2,500	0	14,359	34,355	164,345	0
	(ii)	0	0	0	0	0	0	0
25 DAVID BRUENING SR SOFTWARE DEV & DATABASE ADMIN	(i)	128,832	2,500	0	19,800	13,196	164,328	0
	(ii)	0	0	0	0	0	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
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## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

**2022****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) US & CANADIAN TRANSIT AGENCIES TRANSIT SYSTEM MEMBERS ARE PERSONS, FIRMS, CORPORATIONS, MUNICIPAL AGENCIES OR OTHER GOVERNMENTAL AGENCIES OPERATING ANY FORM OF ORGANIZED PUBLIC TRANSIT SYSTEM IN THE UNITED STATES, PUERTO RICO, CANADA OR MEXICO. THIS INCLUDES NEW TRANSIT ENTERPRISES ORGANIZED TO OPERATE A TRANSIT SYSTEM NOT PREVIOUSLY IN EXISTENCE WITHIN SUCH BOUNDARIES, OR, HIGH SPEED RAIL AUTHORITIES AND VANPOOL/CARPOOL PROVIDERS. (B) TRANSIT MANAGEMENT COMPANIES ANY PERSON, FIRM OR CORPORATION THAT PROVIDES PROFESSIONAL MANAGEMENT SERVICES TO SUCH TRANSIT SYSTEMS (C) BUSINESS MEMBERS BUSINESS MEMBERS CONSIST OF MANUFACTURERS AND SUPPLIER MEMBERS, CONSULTANT MEMBERS, CONTRACTORS AND OTHER FIRMS PROVIDING SERVICES TO THE TRANSPORTATION INDUSTRY. ADDITIONAL CATEGORIES OF MEMBERSHIP INCLUDE (D) GOVERNMENTAL AGENCIES NON-OPERATING STATE DEPARTMENT OF TRANSPORTATION MEMBERS, GOVERNMENT AGENCY MEMBERS AND METROPOLITAN PLANNING ORGANIZATIONS. (E) AFFILIATES CONSIST OF ASSOCIATED RAILROADS, PUBLIC INTEREST GROUPS, LEGISLATIVE REPRESENTATIVES, PUBLISHERS, UNIVERSITIES, AND OTHER ORGANIZATIONS WITH AN INTEREST IN PUBLIC TRANSIT AND (F) 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 OCTOBER 2023. 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	RECRUITMENT 109,000. NTP COMMISSIONS 543,000. CONSULTING 2,594,492. OTHER PROFESSIONAL FEES 430,846.
FORM 990, PART XII, LINE 8	THE AMOUNT OF THE PRIOR PERIOD ADJUSTMENT REPRESENTS THE TRANSFER OF ASSETS UPON THE RELATED ORGANIZATION'S DISSOLUTION.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**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](http://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

**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
<b>(1)</b> 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	
<b>(2)</b> 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	

**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	

**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

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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	30,000	ACTUAL AMOUNT
(2) AMERICAN PUBLIC TRANSPORTATION FOUNDATION	O	57,232	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) 2021

**Additional Data**[Return to Form](#)**Software ID:****Software Version:**