See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
3200 TOWER OAKS BOULEVARD 220

City or town, state or country, and ZIP + 4
ROCKVILLE, MD 20852

D Employer identification number
36-0730655

E Telephone number
(301)946-5700

G Gross receipts $ 1,550,895.

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TLPA.ORG

K Type of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation 1943 **M** State of legal domicile MD

SCANNED JUL 26 2010

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REPRESENT FLEET OWNERS AND MANAGERS OF TAXICAB, LIMOUSINE, SEDAN, ETC.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	51
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	51
	5 Total number of employees (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	120,712.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)	1,264,031.	1,501,397.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,542.	47,333.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	414.	2,165.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,364,987.	1,550,895.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	542,824.	580,563.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	783,386.	878,930.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,326,210.	1,459,493.
	19 Revenue less expenses. Subtract line 18 from line 12	38,777.	91,402.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,643,727.	2,817,998.
	21 Total liabilities (Part X, line 26)	428,378.	491,822.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,215,349.	2,326,176.

RECEIVED
JUN 01 2010
OGDEN, UT

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 — Date ▶ 5/25/10

▶ ALFRED B LAGASSE III CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 8/20/09 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶
SQUIRE, LEMKIN + O'BRIEN LLP
111 ROCKVILLE PIKE, SUITE 475
ROCKVILLE, MD 20850

EIN ▶

Phone no ▶ 301-424-6800

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO ENHANCE THE ABILITY OF MEMBER ORGANIZATIONS TO SERVE EFFECTIVELY AND PROFITABLE THE LOCAL TRANSPORTATION NEEDS OF THE PUBLIC; AND TO SERVE AS THE SPOKESPERSON FOR THE FOR-HIRE VEHICLE (TAXICAB, SEDAN, LIMOUSINE, AIRPORT SHUTTLE, PARATRANSIT AND NON-EMERGENCY MEDICAL)

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $)
CONVENTIONS AND MEETINGS: CONDUCTS CONFERENCES AND MEETINGS RELEVANT TO THE FOR-HIRE VEHICLE INDUSTRY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
COMMUNICATIONS: PUBLISHES A QUARTERLY MAGAZINE, A MONTHLY NEWSLETTER, A FEW BI-MONTHLY NEWSLETTERS AND A WEB SITE CONTAINING INFORMATION RELEVANT TO THE FOR-HIRE VEHICLE INDUSTRY.

4c (Code:) (Expenses $ including grants of $) (Revenue $)
RESEARCH: COLLECTS, INTERPRETS AND DISSEMINATES DATA RELEVANT TO THE FOR-HIRE VEHICLE INDUSTRY.

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

4e **Total program service expenses** ▶ $ *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?		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	0		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 51			
b	Enter the number of voting members that are independent 1b 51			
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?	2		X
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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
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:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE ASSOCIATION - 301-946-5700

3200 TOWER OAKS BOULEVARD, NO. 220, ROCKVILLE, MD 20852

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALFRED LAGASSE CHIEF EXECUTIVE OFFICER	40.00			X		X		237,588.	0.	32,750.
HAROLD MORGAN EMPLOYEE/ASST SECRETARY	40.00			X		X		139,307.	0.	0.
LEE BARNES VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
CRAIG BATES VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
JIM BELL DIRECTOR	2.00	X						0.	0.	0.
JAMES BENNETT DIRECTOR	2.00	X						0.	0.	0.
NICHOLAS CAMBAS DIRECTOR	2.00	X						0.	0.	0.
JAMES CAMPOLONGO VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
PAIGE COKER DIRECTOR	2.00	X						0.	0.	0.
RICHARD COREY DIRECTOR	2.00	X						0.	0.	0.
WILLIAM COTTER VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
BLAIR DAVIES VICE PRESIDENT	2.00	X						0.	0.	0.
MIKE FOGARTY DIRECTOR	2.00	X						0.	0.	0.
MICHAEL GADDIS DIRECTOR	2.00	X						0.	0.	0.
GENE HAUCK VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
ELLIS HOUSTON VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
CRAIG HUGHES DIRECTOR	2.00	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN HUNT VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
MARK JOSEPH VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
DWIGHT KINES DIRECTOR	2.00	X						0.	0.	0.
JOHN LAZAR DIRECTOR	2.00	X						0.	0.	0.
DANIEL LEONAS DIRECTOR	2.00	X						0.	0.	0.
MICHAEL LEVINE DIRECTOR	2.00	X						0.	0.	0.
GREG LINSMEIER DIRECTOR	2.00	X						0.	0.	0.
BRIAN MCBRIDE VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
JAMES MCLARY DIRECTOR	2.00	X						0.	0.	0.
HARLAN MELLEGARD DIRECTOR	2.00	X						0.	0.	0.
1b Total						▶		376,895.	0.	32,750.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶				
Program Service Revenue		Business Code			
	2a CONVENTIONS & MEETINGS	900099	657,891.	657,891.	
	b MEMBERSHIP DUES	900099	565,987.	565,987.	
	c COMMUNICATIONS	541800	142,882.	22,170.	120,712.
	d RESEARCH	541900	134,637.	134,637.	
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶		1501397.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		47,333.		47,333.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER	900099	2,165.	2,165.	
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶		2,165.		
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		1550895.	1382850.	120,712. 47,333.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,999.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	267,362.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,244.			
10 Payroll taxes	29,958.			
11 Fees for services (non-employees):				
a Management				
b Legal	11,401.			
c Accounting	15,663.			
d Lobbying	57,565.			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	5,924.			
12 Advertising and promotion				
13 Office expenses	43,576.			
14 Information technology				
15 Royalties				
16 Occupancy	45,859.			
17 Travel	79,850.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	279,191.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,720.			
23 Insurance	72,167.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CONSULTING	141,610.			
b CREDIT CARD FEES	29,453.			
c REPAIRS & MAINTENANCE	22,152.			
d MEMBERSHIP	15,869.			
e MISCELLANEOUS	8,200.			
f All other expenses	17,730.			
25 **Total functional expenses.** Add lines 1 through 24f	1,459,493.			
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		63,453.	1	224,601.
	2	Savings and temporary cash investments		364,475.	2	693,148.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		32,760.	4	137,510.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis	10a 1,335,661.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 244,867.	1,112,711.	10c	1,090,794.
	11	Investments - publicly traded securities		929,753.	11	510,648.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		140,575.	15	161,297.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,643,727.	16	2,817,998.
Liabilities	17	Accounts payable and accrued expenses		9,196.	17	44,867.
	18	Grants payable			18	
	19	Deferred revenue		278,990.	19	336,041.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		140,192.	25	110,914.
	26	**Total liabilities.** Add lines 17 through 25		428,378.	26	491,822.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,215,349.	27	2,326,176.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,215,349.	33	2,326,176.
	34	Total liabilities and net assets/fund balances		2,643,727.	34	2,817,998.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer identification number 36-0730655

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	312,584.			312,584.
b Buildings	910,771.		160,937.	749,834.
c Leasehold improvements				
d Equipment	112,306.		83,930.	28,376.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)*			▶	1,090,794.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS	50,383.
INVESTMENTS - DEFERRED COMPENSATION	110,914.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	161,297.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION PAYABLE	110,914.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	110,914.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,550,895.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,459,493.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	91,402.
4	Net unrealized gains (losses) on investments	4	19,425.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	19,425.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	110,827.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,570,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	19,425.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	19,425.
3	Subtract line **2e** from line **1**			3	1,550,895.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c**. (This should equal Form 990, Part I, line 12.)			5	1,550,895.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,459,493.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,459,493.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c**. (This should equal Form 990, Part I, line 18)			5	1,459,493.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer identification number 36-0730655

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in 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?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ALFRED LAGASSE	(i)	227,588.	10,000.	0.	32,750.	0.	270,338.	235,942.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

THE DEFERRED COMPENSATION IS A SUPPLEMENTAL RETIREMENT INCOME BENEFIT REQUIRING ANNUAL PAYMENTS TO AN INVESTMENT ACCOUNT ESTABLISHED FOR THE BENEFIT OF THE CHIEF EXECUTIVE OFFICER. AL LAGASSE RECEIVED $15,500 IN SUPPLEMENTAL RETIREMENT CONTRIBUTIONS.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer Identification number: 36-0730655

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY O'TOOLE DIRECTOR	2.00	X						0.	0.	0.
ANTHONY PALMERI VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
ANTHONY (CORKY) RENZI DIRECTOR	2.00	X						0.	0.	0.
MURRAY ROSENBERG VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
MITCHELL ROUSE VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
BILL SCALZI DIRECTOR	2.00	X						0.	0.	0.
LARRY SLAGLE VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
HAM SMYTHE IV VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
MICHAEL SPINELLI DIRECTOR	2.00	X						0.	0.	0.
JUDITH SWYSTUN VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
JO-ANNE THOMPSON DIRECTOR	2.00	X						0.	0.	0.
RAYMOND TURNER DIRECTOR	2.00	X						0.	0.	0.
BRIAN WIER VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
J.M. "MARGIE" WILCOX DIRECTOR	2.00	X						0.	0.	0.
MARTIN ZILBER VOTING PAST PRESIDENT	2.00	X						0.	0.	0.
CRAIG MACKIN DIRECTOR	2.00	X						0.	0.	0.
ROBERT MCBRIDE DIRECTOR	2.00	X						0.	0.	0.
STAN RAKESTRAW DIRECTOR	2.00	X						0.	0.	0.
GEOFFREY RIESEL DIRECTOR	2.00	X						0.	0.	0.
WILLIAM YUHNKE DIRECTOR	2.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer Identification number: 36-0730655

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VICTOR DIZENGOFF PRESIDENT-ELECT	2.00			X				0.	0.	0.
JAMES DONNELLY VICE PRESIDENT	2.00			X				0.	0.	0.
RICHARD HEWATT PRESIDENT	2.00			X				0.	0.	0.
ROBERT MCBRIDE VICE PRESIDENT	2.00			X				0.	0.	0.
NEAL NICHOLS TREASURER	2.00			X				0.	0.	0.
WILLIAM ROUSE VICE PRESIDENT	2.00			X				0.	0.	0.
MARY SMARELLI VICE PRESIDENT	2.00			X				0.	0.	0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J-2 (Form 990) 2008**

832201 12-18-08

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008
Open To Public Inspection

Name of the organization TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer identification number 36-0730655

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
DEBRA LAGASSE	SPOUSE OF THE CEO	74,374.	EMPLOYEE		X

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer identification number: 36-0730655

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDUSTRY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC RELATIONS: ADVANCES THE IMAGE OF THE FOR-HIRE VEHICLE INDUSTRY BEFORE THE MEDIA AND PUBLIC.

FORM 990, PART VI, SECTION A, LINE 4: SIGNIFICANT CHANGES TO TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION BYLAWS:

ARTICLE II: THE OBJECTIVES AND DUTIES CHANGED TO THE FOLLOWING MISSION AND GOALS -

SECTION 1. MISSION. TO ENHANCE THE ABILITY OF MEMBER ORGANIZATIONS TO SERVE EFFECTIVELY AND PROFITABLY THE LOCAL TRANSPORTATION NEEDS OF THE PUBLIC; AND TO SERVE AS THE SPOKESPERSON FOR THE FOR-HIRE VEHICLE (TAXICAB, LIMOUSINE, LIVERY, VAN, AND MINIBUS) INDUSTRY.

SECTION 2. GOALS. TO DEVELOP, MAINTAIN, AND DISTRIBUTE INDUSTRY DATA, AND TO DEVELOP AND IMPROVE MATERIALS AND OPERATING PROCEDURES TO ASSIST MEMBERS IN THE SUCCESSFUL CONDUCT OF THEIR BUSINESSES. TO ACT AS THE INDUSTRY'S SPOKESPERSON IN REPRESENTING THE COMMON INTERESTS AND IN PROTECTING AND EXPANDING THE RIGHTS TO THE INDUSTRY. TO COLLECT, INTERPRET, AND DISSEMINATE, FOR THE MEMBERS' BENEFIT, INDUSTRY INFORMATION THROUGH MEETINGS AND PUBLICATIONS. TO ADVANCE THE IMAGE OF THE INDUSTRY BEFORE THE NEWS MEDIA AND GENERAL PUBLIC.

ARTICLE IV: THE SPECIALS DUES PAYMENT CHANGED TO THE FOLLOWING PARAGRAPH ON PRORATION OF DUES-

SECTION 3. PRORATION OF DUES. NEW MEMBERS WHO JOIN THE ASSOCIATION BETWEEN JANUARY 1 AND MAY 15 MUST PAY THE FULL AMOUNT OF THE DUES ESTABLISHED BY THE BOARD OF DIRECTORS FOR THEIR CLASS OF MEMBERSHIP FOR THAT YEAR. NEW MEMBERS WHO JOIN THE ASSOCIATION BETWEEN MAY 16 AND SEPTEMBER 15 MUST PAY 50 PERCENT OF THE DUES SET BY THE BOARD OF DIRECTORS FOR THEIR CLASS OF MEMBERSHIP FOR THAT YEAR. NEW MEMBERS WHO JOIN THE ASSOCIATION BETWEEN SEPTEMBER 16 AND DECEMBER 31 MUST PAY THE FULL AMOUNT OF DUES FOR THEIR CLASS OF MEMBERSHIP BUT THEY SHALL BE ENTITLED TO MEMBERSHIP THAT CONTINUES UNTIL DECEMBER 31 OF THE FOLLOWING YEAR. PRORATION OF DUES DOES NOT APPLY TO ASSOCIATE MEMBERS THAT EXHIBIT AT THE ANNUAL MEETING.

ARTICLE V: THE PERCENTAGE OF DAY-TO-DAY MANAGEMENT FOR THE MEMBER'S FOR-HIRE TRANSPORTATION OPERATIONS THAT SHOULD NOT EXCEED THE TOTAL NUMBER OF VOTING MEMBERS INCREASED FROM 10 PERCENT TO 20 PERCENT.

ARTICLE VII. THE STRUCTURE OF THE BOARD OF DIRECTORS HAS CHANGED WITH RESPECT TO THE FOLLOWING SECTIONS:

SECTION 1. COMPOSITION. THE BOARD OF DIRECTORS SHALL CONSIST OF ONE PRESIDENT; ONE PRESIDENT-ELECT; THREE U.S. VICE PRESIDENTS; THREE TO FIVE INTERNATIONAL VICE PRESIDENTS; ONE TREASURER; PAST PRESIDENTS (SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW); AND 27 ACTIVE MEMBERS ELECTED BY THE MEMBERSHIP (SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW). THE PAST PRESIDENTS WHO SERVE AS VOTING MEMBERS ON THE BOARD OF DIRECTORS INCLUDED THOSE PAST PRESIDENTS OF THE ASSOCIATION WHO HAVE RETAINED THEIR STATUS AS ACTIVE MEMBERS IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE III AND WHO SERVED AS PRESIDENT OF THE ASSOCIATION WITHIN THE PAST ELEVEN YEARS. ALL PAST PRESIDENTS WHO RETAIN THEIR STATUS AS ACTIVE MEMBERS IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE III AND WHO MEET THE ANNUAL BOARD

MEMBER OBLIGATIONS ESTABLISHED BY THE BOARD OF DIRECTORS MAY REMAIN VOTING MEMBERS OF THE BOARD OF DIRECTORS.

THE ABOVE-NAMED OFFICERS (THE PRESIDENT, THE PRESIDENT-ELECT, THE VICE PRESIDENTS, AND THE TREASURER) SHALL SERVE AS DIRECTORS DURING THEIR RESPECTIVE INCUMBENCIES IN OFFICE.

EIGHT OF THE 27 DIRECTORS SHALL BE ELECTED AT EACH ANNUAL MEMBERSHIP MEETING AND SHALL SERVE A THREE-YEAR TERM. DIRECTORS WHO ARE NOT OFFICERS ARE LIMITED TO SIX CONSECUTIVE YEARS OF SERVICE AS A DIRECTOR.

SECTION 3. MEETINGS. ALL MEETINGS OF THE BOARD OF DIRECTORS SHALL BE CONDUCTED IN ACCORDANCE WITH ROBERT'S RULES OF ORDER.

SECTION 5. FILLING VACANCIES. THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE SHALL FILL ANY BOARD VACANCY BY APPOINTING A QUALIFIED MEMBER TO FILL THE VACANCY UNTIL THE NEXT ANNUAL MEETING.

SECTION 6. EXECUTIVE COMMITTEE AUTHORITY. THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH SHALL HAVE FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO ALL MATTERS WHICH, IN ITS JUDGMENT, SHOULD NOT AWAIT THE HOLDING OF A MEETING OF THE BOARD. ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE SUBMITTED FOR THE APPROVAL, DISAPPROVAL, OR AMENDMENT OF THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING. ANY SUCH DISAPPROVAL OR AMENDMENT BY THE BOARD SHALL BE PROSPECTIVE IN NATURE AND WITHOUT RETROACTIVE EFFECT.

SECTION 7. EXECUTIVE COMMITTEE COMPOSITION AND QUORUM. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, WHO WILL SERVE AS CHAIRMAN OF THE COMMITTEE; THE PRESIDENT-ELECT; THE IMMEDIATE PAST PRESIDENT; THE VICE PRESIDENTS (THE INTERNATIONAL VICE PRESIDENTS SHALL SERVE AS EX OFFICIO MEMBERS); THE TREASURER; ONE PAST PRESIDENT APPOINTED BY THE PRESIDENT

(SUCH PAST PRESIDENT TO SERVE AS VICE CHAIRMAN OF THE COMMITTEE); AND THREE DIRECTORS APPOINTED BY THE PRESIDENT.

SIX MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION FOR BUSINESS. THE COMMITTEE SHALL ACT BY THE VOTE OF THE MAJORITY OF THOSE PRESENT.

ARTICLE VIII: OFFICERS DUTIES AND TERMS HAVE CHANGED IN THE FOLLOWING WAYS -

SECTION 2. PRESIDENT-ELECT. THE PRESIDENT-ELECT SHALL TAKE THE PLACE OF THE PRESIDENT IN THE PRESIDENTS ABSENCE INSTEAD OF THE VICE PRESIDENT.

SECTION 4. VICE PRESIDENTS. VICE PRESIDENTS ARE LIMITED TO SERVING THREE CONSECUTIVE ONE-YEAR TERMS.

SECTION 5. TREASURER. THE TREASURER SHALL BE ELECTED FROM THE VOTING PAST PRESIDENTS OR THE DIRECTORS WHO HAVE SERVED AT LEAST SIX YEARS ON THE BOARD OF DIRECTORS AND SHALL BE THE FINANCIAL OFFICER OF THE ASSOCIATION. AN INDIVIDUAL SERVING AS TREASURER IS LIMITED TO TWO CONSECUTIVE ONE-YEAR TERMS.

SECTION 7. CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS SHALL APPOINT A CHIEF EXECUTIVE OFFICER AND FIX HIS COMPENSATION. THE CHIEF EXECUTIVE OFFICER SHALL ACT AS THE EXECUTIVE AGENT OF THE ASSOCIATION WITH SUCH POWERS, AUTHORITY, DUTIES, AND OBLIGATIONS AS SHALL BE IMPOSED BY THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER SHALL KEEP FULL AND ACCURATE RECORDS OF THESE TRANSITIONS WHICH SHALL BE THE SOLE PROPERTY OF THE ASSOCIATION AND OPEN TO INSPECTION AT ALL REASONABLE TIMES BY ANY MEMBER OF THE BOARD OF DIRECTORS.

ARTICLE IX - INDEMNIFICATION OF OFFICERS, DIRECTORS, AND STAFF. (NEW ARTICLE)

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

Name of the organization	Employer identification number
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION	36-0730655

EVERY DIRECTOR, OFFICER, OR EMPLOYEE OF THE ASSOCIATION SHALL BE INDEMNIFIED BY THE ASSOCIATION AGAINST ALL EXPENSES AND LIABILITIES, INCLUDING COUNSEL FEES, REASONABLY INCURRED OR IMPOSED UPON SUCH DIRECTOR, OFFICER, OR EMPLOYEE IN CONNECTION WITH ANY PROCEEDING TO WHICH SUCH DIRECTOR, OFFICER, OR EMPLOYEE MAY BE MADE A PARTY; OR IN WHICH SUCH DIRECTOR, OFFICER, OR EMPLOYEE MAY BECOME INVOLVED, BY REASON OF SUCH DIRECTOR, OFFICER, OR EMPLOYEE BEING OR HAVING BEEN A DIRECTOR, OFFICER, OR EMPLOYEE OF THE ASSOCIATION; OR ANY SETTLEMENT THEREOF, WHETHER OR NOT SUCH DIRECTOR, OFFICER, OR EMPLOYEE IS A DIRECTOR, OFFICER, OR EMPLOYEE AT THE TIME SUCH EXPENSES ARE INCURRED, EXCEPT IN SUCH CASES WHEREIN THE DIRECTOR, OFFICER, OR EMPLOYEE IS ADJUDGED GUILTY OF WILLFUL MISFEASANCE OR MALFEASANCE IN THE PERFORMANCE OF THE DUTIES OF THE OFFICE. PROVIDED, HOWEVER, THAT IN THE EVENT OF A SETTLEMENT, THE INDEMNIFICATION HEREIN SHALL APPLY ONLY WHEN THE BOARD OF DIRECTORS APPROVES SUCH SETTLEMENT AND REIMBURSEMENT AS BEING FOR THE BEST INTERESTS OF THE ASSOCIATION.

THE FOREGOING RIGHT OF INDEMNIFICATION SHALL BE IN ADDITION TO, AND NOT EXCLUSIVE OF, ALL OTHER RIGHTS TO WHICH SUCH DIRECTOR, OFFICER, OR EMPLOYEE MAY BE ENTITLED. ALL EXPENSES INCURRED IN CONNECTION WITH ANY PROCEEDING SHALL BE PAID BY THE ASSOCIATION IN ADVANCE OF THE FINAL DISPOSITION OF THE PROCEEDING UPON RECEIPT OF AN AGREEMENT, BY OR ON BEHALF OF THE PERSON WHO MAY BE ENTITLED TO INDEMNIFICATION, TO REPAY ALL SUCH ADVANCES IF IT IS ULTIMATELY DETERMINED THAT HE IS NOT ENTITLED TO BE INDEMNIFIED UNDER THIS ARTICLE.

FORM 990, PART VI, SECTION A, LINE 10: THE CHIEF EXECUTIVE OFFICER REVIEWS

THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF DIRECTORS REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S CEO'S COMPENSATION IS OUTLINED IN AN EMOPLOYMENT CONTRACT. THE CURRENT AGREEMENT IS FOR A PERIOD OF THREE YEARS. WHEN IT IS NECESSARY TO RENEW THE AGREEMENT, COMPARABILITY DATA IS OBTAINED BY CHECKING INDUSTRY SALARY SURVEYS ON WHAT COMPARABLE POSITIONS IN TRADE ASSOCIATIONS MAKE IN TERMS OF COMPENSATION. A SMALL COMPENSATION COMMITTEE MADE UP OF MEMBERS OF THE BOARD THEN USE THIS INFORMATION TO NEGOTIATE A NEW EMPLOYMENT CONTRACT. ONCE A CONTRACT IS DRAWN UP IT IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE FOR APPROVAL. UPON APPROVAL BY THE EXECUTIVE COMMITTEE, THE FULL BOARD MUST THEN VOTE ON THE EXECUTIVE COMMITTEE'S MOTION TO ACCEPT THE CONTRACT.

THE OTHER KEY EMPLOYEES COMPENSATION IS DETERMINED SIMILARLY; PERIODICALLY, THE CEO WILL COLLECT DATA FROM INDUSTRY SALARY SURVEYS ON WHAT COMPARABLE POSITIONS WITHIN A TRADE ASSOCIATION LOCATED IN THE DC METRO AREA EARN. THIS DATA IS THEN SHARED WITH THE PRESIDENT OF THE BOARD AND BETWEEN THE CEO AND PRESIDENT THE NEW COMPENSATIONS LEVELS ARE DETERMINED.

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.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION

Employer identification number 36-0730655

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
TAXICAB, LIMOSINE & PARATRANSIT FOUNDATION - 52-1548962, 3200 TOWER OAKS BOULEVARD, SUITE 220, ROCKVILLE, MD 20852	TRANSPORTATION RELATED EDUCATION	MARYLAND	501(C)(3)	11A	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2008

832161
12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n	X	
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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 other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) TAXICAB, LIMOUSINE, & PARATRANSIT FOUNDATION	N	14,980.
(2) TAXICAB, LIMOUSINE, & PARATRANSIT FOUNDATION	B	14,980.
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print / File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION	36-0730655
	Number, street, and room or suite no If a P.O. box, see instructions. 3200 TOWER OAKS BOULEVARD, NO. 220	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. ROCKVILLE, MD 20852	

Check type of return to be filed(file a separate application for each return)·

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ASSOCIATION 3200 TOWER OAKS BOULEVARD, NO. 220 - ROCKVILLE, MD 20852
  Telephone No ▶ 301-946-5700 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2008 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION		36-0730655
	Number, street, and room or suite no. If a P.O. box, see instructions. 3200 TOWER OAKS BOULEVARD, NO. 220		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ROCKVILLE, MD 20852		

Check type of return to be filed (File a separate application for each return).

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ASSOCIATION 3200 TOWER OAKS BOULEVARD, NO. 220 - ROCKVILLE, MD 20852
  Telephone No. ▶ 301-946-5700 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 8/11/09

Form **8868** (Rev 4-2009)

COPY