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| | | |
|--|--|---|
| 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) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | | |
|--|---|--|--|---|-------------------------------------|
| A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 | | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization AMERICAN TRUCKING ASSOCIATIONS INC | | D Employer identification number 53-0026970 | |
| | | Doing Business As | | E Telephone number (703) 838-1959 | |
| | | Number and street (or P O box if mail is not delivered to street address) 950 N GLEBE ROAD | Room/suite | G Gross receipts \$ 48,256,078 | |
| | | City or town, state or country, and ZIP + 4 ARLINGTON, VA 222034181 | | | |
| | F Name and address of principal officer DAVID B BAREFOOT 950 N GLEBE ROAD SUITE 210 ARLINGTON, VA 222034181 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | | | |
| J Website: HTTP //WWW.TRUCKLINE.COM | | H(c) Group exemption number | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation 1933 | | M State of legal domicile DC |

| Part I | | Summary | | |
|-----------------------------|-----------|---|---|-----------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities The purpose of the American Trucking Associations, Inc is to promote common business interests within the trucking industry | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 16 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 16 | |
| | 5 | Total number of employees (Part V, line 2a) | 5 21 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 20 | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a 5,616,82 | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b -561,23 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 6,078,588 | Current Year 662,729 |
| | 9 | Program service revenue (Part VIII, line 2g) | 34,114,140 | 28,979,418 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -16,015,124 | 8,954,302 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,059,562 | 1,082,038 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,237,166 | 39,678,487 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 501,696 |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 22,827,001 | 21,416,231 |
| 16a | | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 | | |
| 17 | | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 26,605,589 | 22,293,030 |
| 18 | | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 49,934,286 | 43,880,788 |
| 19 | | Revenue less expenses Subtract line 18 from line 12 | -24,697,120 | -4,202,301 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 75,947,165 | 82,577,436 |
| | 21 | Total liabilities (Part X, line 26) | 39,231,090 | 47,575,230 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 36,716,075 | 35,002,206 |

| | |
|---------------------------------|---|
| Part II Signature Block | |
| Sign Here | 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 |
| | <div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2010-11-10</div> </div> <div> <div></div> <div>Date</div> </div> |
| | <div> <div></div> <div>David B Barefoot Chief Operating Officer</div> </div> <div> <div></div> <div>Type or print name and title</div> </div> |
| Paid Preparer's Use Only | <div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div>2010-11-09</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> </div> |
| | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>KPMG LLP</div> <div>1676 International Drive</div> <div>McLean, VA 22102</div> </div> </div> <div> <div>EIN</div> <div></div> </div> |
| | <div> <div>Phone no</div> <div>(703) 286-8000</div> </div> |

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

The mission of the American Trucking Associations, Inc is to serve and represent the interests of the trucking industry with one united voice, to influence in a positive manner Federal and State governmental actions, to advance the trucking industry's image, efficiency, competitiveness, and profitability, to provide educational programs and industry research, to promote safety and security on our nation's highways and among our drivers, and to strive for a healthy business environment

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 \$)

Membership - Traveled the country to recruit and retain members to join the Association A diverse membership base is essential when educating politicians and regulators about the industry as they develop rules and regulations that impact trucking

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

Transport Topics - published national weekly newspaper for the trucking industry with a paid circulation of more than 26,000 and a readership of over 106,000
Published monthly magazines for light and medium carriers and utility fleet sectors These publications are the primary source of information for the trucking industry

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

Meetings and Conventions - held several annual meetings for different segments of the trucking industry and various educational seminars for specific areas of finance, safety, security, environmental, etc Meetings were held in all regions of the U S

4d

Other program services (Describe in Schedule O)















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$

Part IV

Checklist of Required Schedules

| | | Yes | No | | | | | | |
|---|---|-----|-----|---|-----|-----|--|--|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | No | | | | | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes | | | | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | Yes | | | | | | |
| 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 | Yes | | | | | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | No | | | | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No | | | | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No | | | | | | |
| 9 | Did the organization report an amount in Part X, line 21, 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 | Yes | | | | | | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | No | | | | | | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | 11 | Yes | | | | | | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | | | | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | | | | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | | | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | | | | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | | | | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | No | | | | | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>12A</td></tr><tr><td>Yes</td><td></td></tr></table> | Yes | No |  | 12A | Yes | | | |
| Yes | No | | | | | | | | |
|  | 12A | | | | | | | | |
| Yes | | | | | | | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | | | | | | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No | | | | | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No | | | | | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | No | | | | | | |
| 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 U S ? If "Yes," complete Schedule F, Part II | 15 | No | | | | | | |
| 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 U S ? If "Yes," complete Schedule F, Part III | 16 | No | | | | | | |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | No | | | | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No | | | | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No | | | | | | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | No | | | | | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 132 | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 219 | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No," 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: <input type="text" value="MX"/> 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 | 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 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? | | | 6a | Yes |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | Yes |
| 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, 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 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 | | | | |
| 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 | |

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.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . | 1a | 169 | |
| b | Enter the number of voting members that are independent . . . | 1b | 169 | |
| 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 | Yes | |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . . | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| 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? | 10b | Yes | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | | No |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| 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 | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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▶ |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAVID B BAREFOOT 950 N GLEBE ROAD SUITE 210 ARLINGTON, VA 222034181 (703) 838-1959 |

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

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

Form 990 (2009)

| | | | | |
|-----------|------------------------|-----------|---|---------|
| 1b | Total | 3,997,721 | 0 | 311,779 |
|-----------|------------------------|-----------|---|---------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶53

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| CONSTANTINE CANNON LLP 450 LEXINGTON AVE NEW YORK, NY 10017 | Legal | 1,384,411 |
| RTKL DC ASSOC PC PO BOX 402296 ATLANTA, GA 303842296 | Construction | 408,685 |
| TMA RESOURCES INC ATTN ACCOUNTS RECEIVABLE VIENNA, VA 22182 | Software | 368,996 |
| AQUARIAN LLC 746 WALKER RD 12 GREAT FALLS, VA 22066 | Production | 326,005 |
| Forrester Construction Co 12231 Parklawn Drive ROCKVILLE, MD 20852 | Construction | 4,388,162 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶15

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 | 171,928 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 490,801 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | | | 662,729 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | MEMBERSHIP DUES | 900,099 | 15,950,788 | 15,950,788 | | | |
| | b | PERIODICALS | 541,800 | 7,356,640 | 1,740,510 | 5,616,130 | | |
| | c | MEETINGS | 900,099 | 5,443,864 | 5,443,864 | | | |
| | d | SPONSORSHIPS | 900,099 | 155,806 | 155,806 | | | |
| | e | SUBSCRIPTIONS | 511,120 | 72,320 | 72,320 | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 28,979,418 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | | 1,360,634 | | 1,360,634 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | 0 | | | |
| | 5 | Royalties | | | 390,551 | | 390,551 | |
| | 6a | (i) Real | | (ii) Personal | | | | |
| | | Gross Rents | 198,738 | | | | | |
| | | b Less rental expenses | 198,738 | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | 15,655,517 | 300 | | | | |
| | | b Less cost or other basis and sales expenses | 8,062,149 | | | | | |
| | | c Gain or (loss) | 7,593,368 | 300 | | | | |
| | d | Net gain or (loss) | | | 7,593,668 | | 7,593,668 | |
| | 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 . . . | | | 0 | | | |
| | 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 . . . | | | 0 | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | 891,497 | | | | | | |
| | b Less cost of goods sold | b | 316,704 | | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | 574,793 | 574,099 | 694 | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | CONFERENCE SERVICES | | 561,499 | 116,694 | 116,694 | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 116,694 | | | | |
| 12 | Total revenue. See Instructions | | | 39,678,487 | 24,054,081 | 5,616,824 | 9,344,853 | |

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 | 171,527 | 0 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,140,561 | | 0 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 14,063,154 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,470,411 | | | |
| 9 | Other employee benefits | 1,519,532 | | | |
| 10 | Payroll taxes | 1,222,573 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 90,736 | | | |
| c | Accounting | 97,068 | | | |
| d | Lobbying | 718,638 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 305,994 | | | |
| g | Other | 1,936,761 | | | |
| 12 | Advertising and promotion | 655,035 | | | |
| 13 | Office expenses | 1,986,319 | | | |
| 14 | Information technology | 506,259 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 4,271,832 | | | |
| 17 | Travel | 1,504,587 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 2,939,813 | | | |
| 20 | Interest | 814,331 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 1,466,384 | 0 | | 0 |
| 23 | Insurance | 183,880 | | | |
| 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 | PRINTING & PUBLICATIONS | 1,316,859 | | | |
| b | CONTRIBUTION TO SUBSIDIARY | 595,182 | | | |
| c | BAD DEBT EXPENSE | 2,390,808 | | | |
| d | MEMBER RELATED SERVICES | 366,196 | | | |
| e | MEMBERSHIP DUES | 132,848 | | | |
| f | All other expenses | 13,500 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 43,880,788 | 0 | 0 | 0 |
| 26 | Joint costs. Check here <input checked="" type="checkbox"/> 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) | | (B) |
|-----------------------------|---|--|-----|------------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | -616,384 | 1 | 227,794 |
| | 2 | Savings and temporary cash investments | | | | 2 | 1,730,124 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 3,724,134 | 4 | 3,481,321 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 | | | 301,984 | 8 | 259,315 |
| | 9 | Prepaid expenses and deferred charges | | | 4,966,359 | 9 | 4,277,332 |
| | 10a | Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D | 10a | 31,375,965 | | | |
| | b | Less accumulated depreciation | 10b | 6,461,347 | 20,521,402 | 10c | 24,914,618 |
| | 11 | Investments—publicly traded securities | | | 44,894,353 | 11 | 45,531,615 |
| | 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 | | | 2,155,317 | 15 | 2,155,317 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 75,947,165 | 16 | 82,577,436 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 16,537,199 | 17 | 13,766,217 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 4,017,751 | 19 | 4,687,962 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 2,791,278 | 21 | 2,791,278 |
| | 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 | | | 9,787,042 | 23 | 20,292,258 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 6,097,820 | 25 | 6,037,515 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 39,231,090 | 26 | 47,575,230 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 35,830,125 | 27 | 34,323,500 |
| | 28 | Temporarily restricted net assets | | | 885,950 | 28 | 678,706 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 | | | 36,716,075 | 33 | 35,002,206 |
| | 34 | Total liabilities and net assets/fund balances | | | 75,947,165 | 34 | 82,577,436 |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 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 | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . | | |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

| | |
|--|--|
| Name of the organization AMERICAN TRUCKING ASSOCIATIONS INC | Employer identification number 53-0026970 |
|--|--|

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

| | | |
|---|--|--------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ 134,896 |
| 3 | Volunteer hours | |

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

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

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

| | | | |
|---|--|------|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | ▶ \$ | 134,896 |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ | 134,896 |
| 4 | Did the filing organization file Form 1120-POL for this year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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- |
|---------------|---|---------|---|--|
| ATA Truck PAC | 950 N Glebe Road Suite 210 Arlington, VA 22203 | | 134,896 | |

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

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B

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

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

Part III-A

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

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

Part III-B

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

| | | | |
|---|--|----|------------|
| 1 | Dues, assessments and similar amounts from members | 1 | 15,950,788 |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | 1,763,985 |
| b | Carryover from last year | 2b | |
| c | Total | 2c | 1,763,985 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 2,233,110 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | -469,125 |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|-------------------|------------------|---|
| Campaign Activity | Part I-A, line 1 | The American Trucking Associations, Inc 's direct and indirect political campaign activities consist of providing facilities and catering services to the ATA Truck PAC for their events. Treas Reg sec 1.527-6(b)(1)(i) provides that a section 501(c) organization's expenditures which are otherwise permitted under the Federal Election Campaign Act (FECA) or similar state statute are for an exempt function only to the extent provided in Treas Reg sec 1.527-6(b)(3). Treas Reg sec 1.527-6(b)(3) has been reserved (i.e., no regulations have been promulgated under this section). T.D. 7744 states that when final regulations are issued under this section, they will be applied on a prospective basis if taxpayers are adversely affected. Permitted activities of a corporation under the FECA include, among other things, paying the costs of establishing a separate segregated fund and soliciting contributions to such fund (subject to various restrictions), communications with members about candidates for public office (in the case of a membership corporation), and engaging in certain nonpartisan activities during a political campaign such as voter registration drives. Under the current regulations, if a section 501(c)(6) organization incurs indirect expenses, such as expenses incurred in soliciting contributions to a PAC, the IRS will not impose tax on such expenditures under section 527(f)(1) or require the organization to report such expenditures on Form 1120-POL. |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization AMERICAN TRUCKING ASSOCIATIONS INC | Employer identification number 53-0026970 |
|--|--|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 for any other purpose conferring impermissible private benefit | <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a 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 |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |
| 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, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Escrow and Custodial Arrangements. Complete if the 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 |
| 1c | |
| 1d | |
| 1e | |
| 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 the 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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 150,203 | | 150,203 |
| b Buildings | | 1,609,970 | 1,183,383 | 426,587 |
| c Leasehold improvements | | 22,799,689 | 2,287,647 | 20,512,042 |
| d Equipment | | 1,829,444 | 983,832 | 845,612 |
| e Other | | 4,986,659 | 2,006,485 | 2,980,174 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 24,914,618 |

| 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 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 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 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |

| 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 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments | 2a |
| 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 |
| 3 | Subtract line 2e from line 1 | 3 |
| 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 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|---|----|
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities | 2a |
| b | Prior year adjustments | 2b |
| c | Other losses | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 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 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 |

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. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|------------|----------------------------|---|
| Escrow | Part IV, line 2b | A real estate sale agreement required ATA to deposit funds in a soil management escrow account held in trust by a legal firm to pay half of the expenses relating to soil removal, testing and disposal on previously owned property. |
| FIN 48 | Schedule D, Part X, Line 2 | On January 1, 2009, ATA adopted requirements of accounting for uncertainty in income taxes that requires a tax position be recognized or derecognized based on a 'more likely than not' threshold. This applies to positions taken or expected to be taken in a tax return. ATA's accounting policy for evaluating uncertain tax positions is to recognize tax positions if they are probable of being ultimately realized. ATA does not believe there are any unrecognized tax benefits or liabilities that should be recorded. In the event ATA were to recognize interest and penalties related to uncertain tax positions, it would be recognized in the financial statements as an income tax expense. Tax years 2006 through 2008 are open to examination by the federal and state taxing authorities. There are no income tax examinations currently in process. |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN TRUCKING ASSOCIATIONS INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
53-0026970

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:

Software Version:

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| American Highway Users AlliancePO Box 34523 4250 N Fairfax Drive 9th Floor Washington,DC 20043 | 53-0186334 | 501(c)6 | 25,000 | | | | Contribution |
| Commercial Vehicle Safety Alliance1101 17th Street NW Suite 803 Washington,DC 20036 | 91-1212247 | 501(c)3 | 10,000 | | | | Contribution |
| Wisconsin Motor Carriers AssociationPO Box 44849 Suite 400 Madison,WI 53744 | 39-0714165 | 501(c)6 | 10,000 | | | | Contribution |
| West Virginia Motor Truck AssociationPO Box 5187 Capitol Station Charleston,WV 25361 | 55-0307300 | 501(c)6 | 10,000 | | | | Contribution |
| South Carolina Trucking AssociationPO Box 50166 Suite 249 Columbia,SC 29250 | 57-0213530 | 501(c)6 | 10,000 | | | | Contribution |
| Ohio Trucking Association50 W Broad Street Suite 1111 Columbus,OH 43215 | 31-4268450 | 501(c)6 | 10,000 | | | | Contribution |
| Minnesota Trucking Association2277 Highway 36 West Suite 302 Roseville,MN 55113 | 41-0499260 | 501(c)6 | 10,000 | | | | Contribution |
| Louisiana Motor Transport Association4838 Bennington Avenue PO Box 80278 Baton Rouge,LA 70808 | 72-0244835 | 501(c)6 | 10,000 | | | | Contribution |
| Iowa Motor Truck Association717 E Court Avenue Suite 400 Des Moines,IA 50309 | 42-0333061 | 501(c)6 | 10,000 | | | | Contribution |
| Arizona Trucking Association2111 W McDowell Road Suite A Phoenix,AZ 85009 | 86-0003525 | 501(c)6 | 10,000 | | | | Contribution |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Utahn's for Safe & Efficient Transportation3060 W California Avenue Suite A Salt Lake City, UT 84104 | 87-0187720 | 501(c)6 | 10,000 | | | | Contribution |
| University of Michigan Transportation Research Ins2901 Baxter Road Suite 803 Ann Arbor, MI 48109 | 38-6006309 | 501(c)3 | 10,000 | | | | Contribution |
| Maryland Motor Trucking Association Inc3000 Washington Blvd PO Box 1247 Baltimore, MD 21230 | 52-0404290 | 501(c)6 | 7,500 | | | | Contribution |
| NCSL Foundation for State Legislatures7700 East First Place Suite 106 Denver, CO 80230 | 74-2232576 | 501(c)3 | 7,500 | | | | Contribution |
| Various Others950 N Glebe Road Suite 210 Arlington, VA 22203 | 59-0248607 | 501(c)(6) | 16,527 | | | | Contribution |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

AMERICAN TRUCKING ASSOCIATIONS INC

Employer identification number

53-0026970

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 | | |
| | <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes |
| 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 | Yes |
| 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 | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in 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? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | 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 only must complete lines 5-9. | | |
| 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 | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) Retirement and other 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 reportable compensation | | | | |
| William P Graves | (i) | 834,446 | 0 | 9,474 | 19,698 | 18,291 | 881,909 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David B Barefoot | (i) | 362,144 | 0 | 2,322 | 12,669 | 17,736 | 394,871 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Timothy P Lynch | (i) | 340,063 | 0 | 2,322 | 12,926 | 7,104 | 362,415 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Richard D Holcomb | (i) | 340,770 | 5,000 | 3,564 | 13,641 | 7,095 | 370,070 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daniel R Stanley | (i) | 321,697 | 0 | 2,322 | 11,273 | 14,982 | 350,274 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Howard S Abramson | (i) | 254,338 | 0 | 3,564 | 10,922 | 16,888 | 285,712 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David T Brodie | (i) | 242,231 | 0 | 3,469 | 9,406 | 16,833 | 271,939 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Warren Hoeman | (i) | 199,940 | 0 | 2,875 | 4,334 | 16,224 | 223,373 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rebecca M Brewster | (i) | 260,070 | 0 | 810 | 8,880 | 15,818 | 285,578 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert Digges | (i) | 228,361 | 1,218 | 2,074 | 12,448 | 1,024 | 245,125 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jose A De la Torre | (i) | 191,482 | 0 | 5,166 | 7,801 | 15,093 | 219,542 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David J Osiecki | (i) | 188,854 | 0 | 815 | 6,486 | 15,559 | 211,714 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Joseph M Hart | (i) | 186,996 | 426 | 908 | 7,340 | 11,308 | 206,978 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (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.

| Identifier | Return Reference | Explanation |
|----------------------|------------------|---|
| Chairman Travel | Part I, line 1b | The Chairman and Chairman's spouse may travel first class due to heavy travel schedules. The position is an unpaid one year position. |
| President Travel | Part I, line 1b | The President & CEO may travel first class due to a heavy travel schedule. |
| Spouse Travel | Part I, line 1b | The President & CEO's spouse may travel first class to an annual convention for business purposes. |
| Golf Dues | Part I, line 1b | The President & CEO's golf club dues are paid for business purposes. Personal use is reported for taxable purposes. |
| Service Awards | Part I, line 1b | Service awards to all staff are grossed up for taxes. Five listed employees received service awards. |
| Supplemental Pension | Part I, line 4b | The President & CEO accrued supplemental pension benefits which have not yet vested. |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
AMERICAN TRUCKING ASSOCIATIONS INC

Employer identification number
53-0026970

| Identifier | Return Reference | Explanation |
|---|-------------------------------------|---|
| Relationships | Form 990, Part VI, Line 2 | Andrew T Boyle and Marc D Boyle are employed with Boyle Transportation and have a family relationship John A Culp and Steve Williams are employed with Maverick USA, Inc Shepard Dunn, Edward L McCormick and C James McCormick have a family relationship Shepard Dunn and C James McCormick are employed with Best Way Express, Inc Kevin P Knight and David Williams are employed with Knight Transportation, Inc Richard S Reiser and Robert E Synowicki, Jr are employed by Werner Enterprises, Inc John D Groendyke and Steven L Niswander are employed with Groendyke Transport, Inc G Mack Dove, Reid B Dove and S Earl Dove have a family relationship William E Jayne, Jr and William E Jayne, III have a family relationship Daniel E England and WilliamK England are employed with CR England, Inc and have a family relationship |
| Members | Form 990, Part VI, Line 6 | The American Trucking Associations, Inc is a trade association consisting of dues paying members |
| Board | Form 990, Part VI, Line 7a | The ATA Board of Directors currently consists of one hundred thirty-six members plus thirty-three Emeritus members for a total of one hundred sixty-nine voting members Sixty-six Officers and Vice Presidents at Large are elected by the Board itself annually Fifteen Committee chairs are appointed annually by the Chairman, who serves a one year term Fifty-five State Associations, affiliated Conferences representing industry segments, and other related organizations each elect one ATA member as their representative to the Board Emeritus members are ex-officio lifetime members |
| Form 990 Review | Form 990, Part VI, Line 11 | Draft versions of the 990 Tax Returns are reviewed by the Controller of the organization and then forwarded to an independent accounting firm for review Tax returns are then reviewed by the organization's Chief Operating Officer Final drafts are given to the Management Committee of the Board of Directors for review prior to filing The Management Committee is authorized by the 169 member Board to act on all financial and administrative affairs of the organization |
| Conflict of Interest | Form 990, Part VI, Line 12c | The American Trucking Associations regularly and consistently monitors and enforces compliance with its conflict of interest policy All contracts go through an extensive review process All accounts payable checks are reviewed and approved by either the Controller or the Assistant Controller before they are released If an employee is made aware of a conflict they are instructed to disclose the situation through the proper chain so that the appropriate action may take place |
| Compensation | Form 990, Part VI, Line 15a and 15b | The American Trucking Associations (ATA) uses an outside compensation consultant to conduct an annual review of the President & CEO's compensation and that of all Senior staff The process includes a review of the current cash compensation (base salary plus incentive bonus and benefits) Secondly, the consultant conducts a market analysis comparing the President & CEO's compensation with the compensation of President & CEO's of comparable trade associations The senior staff's compensation is compared to compensation of comparable positions in a comparator group of trade associations The ATA Compensation Committee is a subcommittee of the ATA Executive Committee, a subcommittee of the ATA Board of Directors The Compensation Committee considers the results of these analyses when determining compensation levels of the President & CEO's all senior staff |
| Availability of Governing Documents to the Public | Form 990, Part VI, Line 19 | The American Trucking Associations, Inc makes governing documents, financial statements and the conflict of interest policy available to the Board members The conflict of interest policy is also available to staff and governing documents are available to members Tax returns are available to the public upon request |

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? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|
| | | | | | | | 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 |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| ATA Services Inc and Subsidiary 950 N Glebe Road Suite 210 Arlington, VA22203 52-1066416 | Computer Serv | VA | | C Corp | 0 | 0 | 100.000 % |
| | | | | | | | |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

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 other organization | (b) Transaction type(a-r) | (c) Amount involved |
|-----|-----------------------------------|---------------------------------|------------------------|
| (1) | See Additional Data Table | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |

Software ID:

Software Version:

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) |
|-----|--|---------------------------------|--------------------------------|
| (1) | American Transportation Research Institute | b | 595,182 |
| (2) | American Transportation Research Institute | k | 200,000 |
| (3) | American Transportation Research Institute | n | 955,816 |
| (4) | American Transportation Research Institute | o | 92,939 |
| (5) | American Transportation Research Institute | p | 1,942,423 |
| (6) | ATA Litigation Center | k | 125,000 |
| (7) | ATA Litigation Center | n | 246,123 |
| (8) | ATA Litigation Center | o | 2,390,808 |
| (9) | ATA Litigation Center | p | 224,450 |

Additional Data

Software ID:

Software Version:

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Duane W Acklie Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Larry Anderson State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jason Andrus State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ralph W Arthur Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Scott C Arves Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John W Austin State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Darrel Banning State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Walter G Bay Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Robert R Baylor Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Cari Baylor State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Virgil E Beane Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| David C Berry Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Albert Y Bingham Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Teresa Borwegen State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donald M Bowman Jr State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Andrew T Boyle State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Marc D Boyle Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Patrick B Bozel State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Carl Bumgarner State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard E Bundschuh State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Chris N Bunning Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kevin W Burch Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| James Burg Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Martin T Burnham Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Fred C Burns Jr Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Richard M Burns State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Philip L Byrd Sr Vice Chair | 5 0 | X | | X | | | | 0 | 0 | 0 |
| Anthony B Capps State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Michael S Card Vice Chair | 5 0 | X | | X | | | | 0 | 0 | 0 |
| W Tobin Cassels III Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| William T Cassels Jr Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Andrew C Clarke Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Randall J Clifford Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| David S Congdon Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Christopher Ronald Cooper Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ernest S Cox Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Lance Craig Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| John A Culp Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Rocque D Dameo State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert A Davidson Treasurer | 5 0 | X | | X | | | | 0 | 0 | 0 |
| James H Dixon VPt At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| G Mack Dove Litigation Center Chair | 1 0 | X | | | | | | 0 | 0 | 0 |
| Reid B Dove State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| S Earl Dove Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| William F Downey Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| James C Doyle State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Douglas G Duncan Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Shepard Dunn Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Reggie Dupre Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John V Dwyer State Assn Vice President | 1 0 | X | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Daniel J Einwechter Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Daniel E England Second Vice Chair | 10 0 | X | | X | | | | 0 | 0 | 0 |
| William K England VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robey W Estes Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Calvin E Ewell State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard L Few Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| George Martin Fletcher Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Alvin Leon Foley Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| David R Free Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Frank Fujimura State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Harvey N Gainey Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ross C Gaussoin Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Michael J Gerdin Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Reginald Goddard VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Mark B Goodwin Esq Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Robert E Gorman State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Joseph A Greenstein State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| John D Groendyke Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Randy P Guillot Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| D Walter Hanson III Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Craig Harper Vice President At Large | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Tommy Hodges Chairman | 20 0 | X | X | | | | | 0 | 0 | 0 |
| John N Hofstetter Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Steve Holtgeerts State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Mark Hutchins State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| D Mitchell Jackson Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jevon Jamieson Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| William E Jayne Jr VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| William E Jayne III State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| John Kaburick Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John T Keagel Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John Michael Kelley Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| G Larry Kerr State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kevin P Knight Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Allen I Koenig Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert A Kortenhaus Sr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert J Kortenhaus Jr Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Tom B Kretsinger Sr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ray Kuntz Second Immediate Past Chair | 5 0 | X | | X | | | | 0 | 0 | 0 |
| Thomas Lee State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kenneth W Leicht State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert E Lewis Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Kevin Lhotak State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Christopher B Lofgren PhD Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| L Duane Long Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert E Low Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| David Manning State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| H R Matthews Sr Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Greg May Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Jeffrey J McCaig Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Arthur McClellan State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| David G McCorkle Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| LaVern McCorkle State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| C James McCormick Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Edward L McCormick State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Gary R McLean Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Duncan McRae Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Glen Merkel State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Edwin A Meyer State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Larry W Miller State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| David G Morgan State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Charles R Mullett Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Edwin J Nagle III State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Steven L Niswander Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Albert J Nunes State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard O'Dell Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Howard J O'Malley Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| James E O'Neal Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Danny Opie State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donald G Oren Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donald Osterberg Policy Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| David A Overmyer Allied Representative | 1 0 | X | | | | | | 0 | 0 | 0 |
| Gregory L Owen Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| David R Parker Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| G Clifton Parker Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Louis E Pfrangle State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Barry E Pottle Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Patrick E Quinn Treasurer | 5 0 | X | | X | | | | 0 | 0 | 0 |
| Charles Ramorino Past Chairman | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Robert Ramorino Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| William H Reed Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard S Reiser Esq State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Ralph Richmond Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| T Michael Riggs Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Roger Roberson Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Edward A Rocha VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Everett Roehl Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John Roswick State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| James W Runk TAEC Representative | 1 0 | X | | | | | | 0 | 0 | 0 |
| Stephen Russell Audit Committee Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Guy W Rutland III Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Gary Salisbury State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert J Schaupp State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donald J Schneider VPt At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert W Schomber State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| David Schroyer State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Lee Philip Shaffer I Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| David Allen Shumaker Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| John M Smith Secretary | 5 0 | X | | X | | | | 0 | 0 | 0 |
| A William Sorensen Jr State Assn Vice President | 1 0 | X | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Kenneth W Staub Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Lawrence H Stern VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Douglas W Stotlar Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Chester Stranczek Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Bobbie Strong Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Stoney M Stubbs Jr State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Harold Sumerford Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert E Synowicki Jr Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Pat Thomas Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert H Thompson State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Edward R Trout Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Keith Tuttle Small Carrier Committee Chair | 1 0 | X | | | | | | 0 | 0 | 0 |
| William A Usher Jr Truck PAC Chair | 5 0 | X | | | | | | 0 | 0 | 0 |
| Charles A Van Zoeren VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| Edward Vander Pol Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| Joel Wallace Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| James E Ward Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| William R Ward Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Donna Weinrich-Lucht State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Clay Whetstine State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Charles L Whittington Chairman | 20 0 | X | | X | | | | 0 | 0 | 0 |
| David Williams Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |
| James C Williams Vice President At Large | 1 0 | X | | X | | | | 0 | 0 | 0 |
| Steve Williams ATRI Chair | 1 0 | X | | | | | | 0 | 0 | 0 |
| Charles L Wilson Vice President At Large | 1 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Michael P Wilson State Assn Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Barbara J Windsor First Vice Chair | 15 0 | X | | X | | | | 0 | 0 | 0 |
| Lawrence W Woolson State Assn Vice President | 1 0 | X | | X | | | | 0 | 0 | 0 |
| John E Wren Past Chairman | 1 0 | X | | | | | | 0 | 0 | 0 |
| Richard J Yost Conference Vice President | 1 0 | X | | | | | | 0 | 0 | 0 |
| Robert A Young III VP At Large Emeritus | 1 0 | X | | | | | | 0 | 0 | 0 |
| William D Zollars Secretary | 5 0 | X | | X | | | | 0 | 0 | 0 |
| William P Graves President & CEO | 40 0 | | | X | | | | 843,920 | 0 | 37,989 |
| David B Barefoot SVP COO & Asst Secretary | 40 0 | | | X | | | | 364,466 | 0 | 30,405 |
| Timothy P Lynch SVP Federation Relations | 40 0 | | | | X | | | 342,385 | 0 | 20,030 |
| Richard D Holcomb SVP & General Counsel | 40 0 | | | | X | | | 349,334 | 0 | 20,736 |
| Daniel R Stanley SVP & Chief of Staff | 40 0 | | | | X | | | 324,019 | 0 | 26,255 |
| Howard S Abramson SVP & Publisher, TT Publishing | 40 0 | | | | X | | | 257,902 | 0 | 27,810 |
| David T Brodie SVP Membership | 40 0 | | | | X | | | 245,700 | 0 | 26,239 |
| Warren Hoeman SVP Industry Affairs | 40 0 | | | | X | | | 202,815 | 0 | 20,558 |
| Rebecca M Brewster Senior Vice President | 40 0 | | | | | X | | 260,880 | 0 | 24,698 |
| Robert Digges VP & Deputy Chief Counsel | 40 0 | | | | | X | | 231,653 | 0 | 13,472 |
| Jose A De la Torre Vice President | 40 0 | | | | | X | | 196,648 | 0 | 22,894 |
| David J Osiecki Vice President | 40 0 | | | | | X | | 189,669 | 0 | 22,045 |
| Joseph M Hart Vice President | 40 0 | | | | | X | | 188,330 | 0 | 18,648 |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|-----------------|---------------|----------------------|--|---|--|
| MEMBERSHIP DUES | 900,099 | 15,950,788 | 15,950,788 | | |
| PERIODICALS | 541,800 | 7,356,640 | 1,740,510 | 5,616,130 | |
| MEETINGS | 900,099 | 5,443,864 | 5,443,864 | | |
| SPONSORSHIPS | 900,099 | 155,806 | 155,806 | | |
| SUBSCRIPTIONS | 511,120 | 72,320 | 72,320 | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| PRINTING & PUBLICATIONS | 1,316,859 | | | |
| CONTRIBUTION TO SUBSIDIARY | 595,182 | | | |
| BAD DEBT EXPENSE | 2,390,808 | | | |
| MEMBER RELATED SERVICES | 366,196 | | | |
| MEMBERSHIP DUES | 132,848 | | | |

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

| | | |
|---|---|----------------------------------|
| Name(s) shown on return AMERICAN TRUCKING ASSOCIATIONS INC | Business or activity to which this form relates GENERAL DEPRECIATION | Identifying number 53-0026970 |
|---|---|----------------------------------|

Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|--|---|------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | \$ 125,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | \$ 500,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| | | | | |
|----|---|------------------------------|------------------|--|
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
| 6 | | | | |
| 7 | Listed property Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 . | 13 | | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part IISpecial Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 0 |

Part IIIMACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | 2009-01 | 1,609,970 | 39 yrs | MM | S/L | 0 |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IVSummary (see instructions)

| | | | |
|----|--|----|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 0 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| | | | | | | | | |
|--|-------------------------------|--|----------------------------|--|------------------------|---|--------------------------------|---------------------------------|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation/ deduction | (i) Elected section 179 cost |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | | | | | | | | | | | | |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles | | |

Part VI Amortization

| | | | | | |
|---|---------------------------------|---------------------------|---------------------|---|------------------------------------|
| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) A mortization period or percentage | (f) A mortization for this year |
| 42 A mortization of costs that begins during your 2009 tax year (see instructions) | | | | | |
| | | | | | |
| 43 A mortization of costs that began before your 2009 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f) See the instructions for where to report | | | | 44 | |