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DLN: 93493136042782

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2010

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number Name of organization AMERICAN PUBLIC TRANSPORTATION ASSOCIATION B Check if applicable 52-1007647 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (202) 496-4800 1666 K STREET NW NO 1100 Terminated G Gross receipts \$ 24,978,021 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes MICHAEL MELANIPHY 1666 K STREET NW NO 1100 **H(b)** Are all affiliates included? WASHINGTON, DC 20006 If "No," attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status 501(c)(3) **✓** 501(c) (6) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW APTA COM K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1974 M State of legal domicile DC Summary Part I Briefly describe the organization's mission or most significant activities TO STRENGTHEN AND IMPROVE THE PUBLIC TRANSPORTATION INDUSTRY Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 103 Number of independent voting members of the governing body (Part VI, line 1b) . 4 102 5 97 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . 6 102 7a Total unrelated business revenue from Part VIII, column (C), line 12 687,472 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b -1,000 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 0 Rayenue Program service revenue (Part VIII, line 2g) . 20,304,000 23,101,936 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 203,236 333,460 8,664 23,352 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 20,530,588 23,444,060 13 43,366 58,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 10,846,933 10,916,979 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 10,911,780 13,697,073 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,802,079 24,672,552 19 Revenue less expenses Subtract line 18 from line 12 . -1,271,491 -1,228,492 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 18,328,658 17,537,201 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22,004,322 18,665,658 22 -3,675,664 -1,128,457 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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. 2012-05-14 Signature of officer Sign Here MARY CHILDRESS CHIEF FINANCIAL OFFICER Type or print name and title Check if self-Preparer's signature Date PTIN KAREN GRIES KAREN GRIES employed ▶ [ preparer's name Paid Firm's name FCLIFTONLARSONALLEN LLP

Firm's address 🕨 2900 SOUTH QUINCY ST SUITE 150

ARLINGTON, VA 22206

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

**Preparer** 

Use Only

Phone no 🕨 (703) 998-

Γ

Fım's EIN

**▽** Yes

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

TRAINING AND DEVELOPMENT HELD OVER FIFTEEN SPECIALIZED WORKSHOPS THAT FOCUS ON SPECIFIC AREAS OF INTEREST IN THE TRANSIT INDUSTRY

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

MAJOR MEETINGS HELD FOUR CONFERENCES THAT FOCUSED ON RELEVANT INDUSTRY ISSUES WHILE PROVIDING INFORMATION AND TRAINING WHICH IS

CRUCIAL TO PROFESSIONAL DEVELOPMENT

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

MEMBER SERVICES INCLUDES MANAGEMENT OF MEMBER COMMITTEES, PEER REVIEWS, INDUSTRY STATISTICS AND FEDERAL LEGISLATIVE AND REGULATORY

Other program services (Describe in Schedule O ) See also Additional Data for Description

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

4e Total program service expenses►\$

4b

4c

4d

**ADVOCACY** 

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKIISE OF	<u>Reduiled</u>	

			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 (see instruction)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	<u> </u>
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 52			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
1	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
•	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-		
	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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	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			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
F	contract?	7f		No
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	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		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
_	Section 501(c)(7) organizations. Enter  Instruction food and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
-	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
O	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand  13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

**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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ne	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No.
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	_		
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		
Se	ection 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 Own website. Another's website. Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARY CHILDRESS
  202 496-4843

WASHINGTON, DC 20006 (202) 496-4800

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

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

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

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

Check this box if neither the organ	sate	d any current office	er, director, or trust	ee						
(A) Name and Title	(B) Average hours		<b>(C)</b> Position (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) Average hours per		(ition that a			ıll		Rep comp	( <b>D)</b> ortable ensation m the	<b>(E)</b> Reportable compensation from related		(F) Estima imount o compens	ited fother
		week		=			Highest compensat		organi	zatıon (W-	organızatıons	5	from t	the
		(describe hours	Individual trustee or director	Institutional Trustee		<u></u> @_	얼		2/109	9-MISC)	(W- 2/1099- MISC)	. 0	rganızatı relat	
		for	rect ct	<del>a</del>	Office	BB	80	Former			, , , ,		organiza	
		related organizations	♀ =	=	월	employee	품	<u>₹</u>						
		in Cabadala	) 10 10	] Z		œ œ	ans a							
		Schedule O)	m	E			<u> </u>							
See Additional Data Table														
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		+		_				$\vdash$						
				<u> </u>				<u> </u>						
		+		<del>                                     </del>				$\vdash$						
				<u> </u>			-	<u> </u>						
1b	Sub-Total				•			•						
С	Total from continuation sheets						Þ							
d	Total (add lines 1b and 1c) .							<b>*</b>		2,648,682		0	1,9	901,436
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	receive	ed more tha	n			
	Tooyeoo iii reportable comper		organiz.											
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? If "Yes," complete Sc.					ey e	employ	ee, o	r highes	t compens	ated employee	_		
						•	•	•		• •		3		No_
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•		•		•				4	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for								r ındıvıdual for			_			
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n pers	son .		•	5		No
	ection B. Independent Con	ntractors												
1	Complete this table for your five	hıghest compei		ındep	ende	ent o	contra	ctors	that red	ceived more	than			
	\$100,000 of compensation from		n							1	(B)		/-	
		(A)									(B)		(C	) .

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
GММВ	ADVERTISING & CONSULTING	3,217,967
NATIONAL TRADE PRODUCTION 313 SOUTH PATRIC STREET ALEXANDRIA, VA 22314	TRADE SHOW MGMT/PRODUCTION SERVICE	648,168
EWA IIT 13873 PARK CENTER ROAD SUITE 200 HERNDON, VA 20171	RISK MANAGEMENT/INFO SECRUITY	401,134
Transportation Learning Center 8403 Colesville Roade Suite 825 Silver Spring, MD 20910	TRAINING CONSORTIUM	338,870
APCO WORLDWIDE INC 700 12TH STREET NW WASHINGTON, DC 20005	CONSULTING SERVICES	157,915
Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 9 <b>Part V</b>		•					Pa	ge <b>9</b>
rart	<b>V</b>	Statement of Reven	ue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e , and 1f enes 1a-1f \$					
Program Serwice Revenue	2a			Business Code				
že ve	_	MEMBERSHIP DUES		900099	13,765,060			<u> </u>
ě.	b			900099		3,207,110		
7	C d	STANDARDS REVENUE PROJECT REVENUE		900099		1,716,289		
Ä	e	SAFETY AUDITS		454180	883,863	1,469,573 883,863		
듄	f	All other program service re	venue		330,030	1,372,569		
ွို		<b>T. I</b> A I I I	_		2,060,041			
	<u>д</u> 3	<b>Total.</b> Add lines 2a-2f			23,101,936			
	4	Investment income (including and other similar amounts)  Income from investment of tax-ex  Royalties	empt bond proceeds		329,444 8,664			329,44 8,66
			(ı) Real	(II) Personal				
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of assets other than inventory Less cost or	(1) Securities 1,537,977 1,533,961	(II) O ther				
		other basis and sales expenses						
	С	Gain or (loss)	4,016					
	d	Net gain or (loss)	<u> </u>		4,016			4,01
Other Revenue	8a	Gross income from fundraisi (not including  \$ of contributions reported on See Part IV, line 18	line 1c)					
	Ь	Less direct expenses .	<b>b</b>					
_	С	Net income or (loss) from fu	ndraising events 🟲					
			ctivities See Part IV, line 19 . a					
			b					
		Net income or (loss) from ga		<del>                                     </del>				
		Gross sales of inventory, les returns and allowances	5					
	b	Less cost of goods sold .	a h					
		Net income or (loss) from sa						
		Miscellaneous Revenue	· -	Business Code				
	<b>11</b> a							
	ь							
		1						
	٥							
		All other revenue	•					
	e	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See Instructi	ons					
		. Jean revenue. Jee Tiistructi			23,444,060		687,472	342,12
						22,414,464	rm <b>990</b> (20	110)

# Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	58,500	anpanese.	general expenses	емреньее
2	Grants and other assistance to individuals in the U S See Part IV, line 22	30,300			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,020,471			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,550,168			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,716,848			
9	Other employee benefits	1,100,448			
10	Payroll taxes	529,044			
а	Fees for services (non-employees) Management				
b	Legal				
С	Accounting	50,773			
d	Lobbying	302,500			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	24,915			
g	Other	3,063,375			
.2	Advertising and promotion	3,272,711			
.3	Office expenses	954,581			
4	Information technology	315,167			
.5	Royalties				
.6	Occupancy	1,192,749			
.7	Travel	1,158,634			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings	2,567,098			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	227,214			
23	Insurance	126,032			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING & PUBLISHING	270,824			
ь	CONTRIBUTIONS	170,500			
С					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	24,672,552			
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			600	1	601
	2	Savings and temporary cash investments			9,457,516	2	7,739,214
	3	Pledges and grants receivable, net			652,620	3	598,597
	4	Accounts receivable, net			783,424	4	1,087,127
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ , and contributing ersponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	rs, and				
ets		Schedule L			6		
ssets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	261,122	9	202,180		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	3,315,567			
	ь	Less accumulated depreciation	ccumulated depreciation <b>10b</b> 2,911,328				
	11	Investments—publicly traded securities	6,566,783	11	7,505,243		
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,328,658	16	17,537,201
	17	Accounts payable and accrued expenses .			9,378,122	17	6,311,986
	18	Grants payable				18	
	19	Deferred revenue			5,116,203	19	7,574,415
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	_
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ej		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities Complete Part X of Schedule D			7,509,997	25	4,779,257
	26	Total liabilities. Add lines 17 through 25			22,004,322	26	18,665,658
		Organizations that follow SFAS 117, check here ► 🗸 and comp	lete lir	nes 27			
è		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			-3,675,664	27	-1,128,457
Fund Balances	28	Temporarily restricted net assets		28			
됟	29	Permanently restricted net assets		29			
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	olete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
ĕ	33	Total net assets or fund balances			-3,675,664	33	-1,128,457
_	34	Total liabilities and net assets/fund balances			18,328,658	34	17,537,201

Ра	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,4	144,06
2	Total expenses (must equal Part IX, column (A), line 25)	2			572,55
3	Revenue less expenses Subtract line 2 from line 1	3		-1,2	228,49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-3,6	575,66
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,7	75,699
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-1,1	.28,45
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
		г		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
_	☐ Separate basis ☐ Consolidated basis ☐ 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?	! 	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

# Software ID: Software Version:

**EIN:** 52-1007647

Name: AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

DIRECTOR	Compensated Employees, and I	ndepend	ent Co	ntr	acto	ors					
Week	(A) Name and Title	A verage hours		tıon (	che	<sup>'</sup> )			Reportable compensation	Reportable compensation	Estimated amount of other
DIRECTOR			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organızatıon (W-	organızatıons (W- 2/1099-	from the organization and related
DIRECTOR		1 00	Х						0	0	0
DIRECTOR		1 00	Х						0	0	0
DIRECTOR		1 00	Х						0	0	0
ARMIJO DAVID   1 00		1 00	Х						0	0	0
ARNOLD BONNIE L   1 00   X   0   0   0   0	ARMIJO DAVID	1 00	Х						0	0	0
BARACAT JEAN-PIERRE	ARNOLD BONNIE L	1 00	Х						0	0	0
BARKER J BARRY	BARACAT JEAN-PIERRE	1 00	Х						0	0	0
BARNES DORAN J	BARKER J BARRY	1 00	Х						0	0	0
BARNES RONALD L	BARNES DORAN J	1 00	Х						0	0	0
BEARD STEPHEN R	BARNES RONALD L	1 00	Х						0	0	0
BLANCHET BERNARD   1 00	BEARD STEPHEN R	1 00	Х						0	0	0
BLAND STEPHEN G	BLANCHET BERNARD	1 00	Х						0	0	0
BLAYLOCK MICHAEL J		1 00	Х						0	0	0
DIRECTOR	BLAYLOCK MICHAEL J	1 00	Х						0	0	0
CALABRESE JOSEPH A         1 00 X         0		1 00	Х						0	0	0
CARTER MATTIE P CHAIR/IMMEDIATE PAST CHAIR         1 00 X X         X         0         0         0           CASEY JOSEPH M DIRECTOR         1 00 X         0         0         0         0           CASTILLO FLORA M DIRECTOR         1 00 X         0         0         0         0           COLLIER MARY ANN DIRECTOR         1 00 X         0         0         0         0           CORREA WILLIAM DIRECTOR         1 00 X         0         0         0         0           DANISH JOHN C DIRECTOR         1 00 X         0         0         0         0           DAVEY RICHARD A DIRECTOR         1 00 X         0         0         0         0           DAVIS PAUL E DIRECTOR         1 00 X         0         0         0         0	CALABRESE JOSEPH A	1 00	Х						0	0	0
CASEY JOSEPH M DIRECTOR         1 00 X         0         0         0           CASTILLO FLORA M DIRECTOR         1 00 X         0         0         0           COLLIER MARY ANN DIRECTOR         1 00 X         0         0         0           CORREA WILLIAM DIRECTOR         1 00 X         0         0         0           DANISH JOHN C DIRECTOR         1 00 X         0         0         0           DAVEY RICHARD A DIRECTOR         1 00 X         0         0         0           DAVIS PAUL E DIRECTOR         1 00 X         0         0         0	CARTER MATTIE P	1 00	Х		х				0	0	0
DIRECTOR         1 00 X         0         0         0           COLLIER MARY ANN DIRECTOR         1 00 X         0         0         0           CORREA WILLIAM DIRECTOR         1 00 X         0         0         0           DANISH JOHN C DIRECTOR         1 00 X         0         0         0           DAVEY RICHARD A DIRECTOR         1 00 X         0         0         0           DAVIS PAUL E DIRECTOR         1 00 X         0         0         0	CASEY JOSEPH M	1 00	Х						0	0	0
DIRECTOR         1 00 X         0         0         0           CORREA WILLIAM DIRECTOR         1 00 X         0         0         0           DANISH JOHN C DIRECTOR         1 00 X         0         0         0           DAVEY RICHARD A DIRECTOR         1 00 X         0         0         0           DAVIS PAUL E DIRECTOR         1 00 X         0         0         0		1 00	Х						0	0	0
CORREA WILLIAM DIRECTOR         1 00 X         0         0         0         0           DANISH JOHN C DIRECTOR         1 00 X         0         0         0         0         0           DAVEY RICHARD A DIRECTOR         1 00 X         0         0         0         0         0         0           DAVIS PAUL E DIRECTOR         1 00 X         0         0         0         0         0         0         0		1 00	Х						0	0	0
DIRECTOR  DAVEY RICHARD A DIRECTOR  DAVIS PAUL E DIRECTOR  1 00 X  0 0 0 0	CORREA WILLIAM	1 00	Х						0	0	0
DAVEY RICHARD A DIRECTOR  1 00 X  0 0  0  DAVIS PAUL E DIRECTOR  1 00 X  0 0  0	DANISH JOHN C	1 00	Х						0	0	0
DAVIS PAUL E 1 00 X 0 0	DAVEY RICHARD A	1 00	Х						0	0	0
	DAVIS PAUL E	1 00	Х						0	0	0
DEMARTINO DONNA DIRECTOR  1 00 X 0 0	DEMARTINO DONNA	1 00	Х						0	0	0

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) Average hours per		tion ( that a	che	')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
DEPALLO MICHAEL P DIRECTOR	1 00	Х						0	0	0
DESMOND KEVIN DIRECTOR	1 00	Х						0	0	0
DEVAUGHN MARCIA E DIRECTOR	1 00	Х						0	0	0
EKSI HAKAN DIRECTOR	1 00	Х						0	0	0
EPSTEIN RONALD L DIRECTOR	1 00	Х						0	0	0
EVANS GREG DIRECTOR	1 00	Х						0	0	0
FORD NATHANIEL P SECRETARY-TREASURER	1 00	Х		х				0	0	0
FRANCIS RUFUS DIRECTOR	1 00	Х						0	0	0
FURNISS ROBERT E DIRECTOR	1 00	Х						0	0	0
GAUTHIER JOEL DIRECTOR	1 00	Х						0	0	0
GORDON MARC D DIRECTOR	1 00	Х						0	0	0
GREANIAS GEORGE DIRECTOR	1 00	Х						0	0	0
GREENE SHARON DIRECTOR	1 00	Х						0	0	0
HAENFTLING TAMMY DIRECTOR	1 00	Х						0	0	0
HAMM JEFF DIRECTOR	1 00	Х						0	0	0
HAMPTON DELON DIRECTOR	1 00	Х						0	0	0
HANAS GERALD R DIRECTOR	1 00	Х						0	0	0
HENDRICKSON JOHN L DIRECTOR	1 00	Х						0	0	0
HEWITT ALISON A CHAIR HILLOCK DAVID A	1 00	Х		Х				0	0	0
DIRECTOR  JABLONSKI PAUL C	1 00	Х						0	0	0
DIRECTOR  JOSEPH WAYNE R	1 00	Х						0	0	0
DIRECTOR JOYNER KRISTEN	1 00	X						0	0	
DIRECTOR KENT CHRISTIAN T	1 00	X						0		
DIRECTOR KINGSBERRY STEPHEN B	1 00	X						0	0	
DIRECTOR	1 00	X						0	0	0

Compensated Employees, and	Independ	ent Co	ontr	act	ors					
(A) Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
KRIEG JEANNE DIRECTOR	1 00	Х						0	o	0
LAUTENBERG SAUNDRA DIRECTOR	1 00	Х						0	0	0
LEAHY ARTHUR T DIRECTOR	1 00	Х						0	0	0
LLORT YSELA DIRECTOR	1 00	×						0	0	0
LYONS CRYSTAL DIRECTOR	1 00	Х						0	0	0
MASON REGINALD A DIRECTOR	1 00	Х						0	0	0
MCBRIDE SHARON DIRECTOR	1 00	×						0	0	0
MCDONALD JONATHAN DIRECTOR	1 00	Х						0	0	0
MCFARLANE NEIL S DIRECTOR	1 00	Х						0	0	0
MELANIPHY MICHAEL P DIRECTOR	1 00	Х						0	0	0
MENDES DIANA C DIRECTOR	1 00	Х						0	0	0
MILLER BRADFORD J DIRECTOR	1 00	Х						0	0	0
MOLITORIS JOLENE M DIRECTOR	1 00	Х						0	0	0
MORANDINI MARY JO DIRECTOR	1 00	Х						0	0	0
NOLAN TOM DIRECTOR	1 00	Х						0	0	0
OLIVER JESSE D DIRECTOR	1 00	Х						0	0	0
PLANTE SR JOHN R DIRECTOR	1 00	Х						0	0	0
POLICARPIO JOE DIRECTOR	1 00	Х						0	0	0
PREMO JEROME DIRECTOR	1 00	Х						0	0	0
PRENDERGAST THOMAS DIRECTOR	1 00	Х						0	0	0
RADOMSKI STEVE DIRECTOR	1 00	Х						0	0	0
RAMACIER RICK DIRECTOR	1 00	Х						0	0	0
RITTER DIANA JONES DIRECTOR	1 00	Х						0	0	0
ROSENBLUM STANLEY J DIRECTOR	1 00	Х						0	0	0
RUDDELL RICHARD L DIRECTOR	1 00	х						0	0	0

Compensated Employees, and	Independ	ent C	ontr	act	ors					
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion ( that a	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
SARLES RICHARD R DIRECTOR	1 00	Х						0	0	0
SCANLON MICHAEL J 1ST VICE CHAIR/CHAIR	1 00	×		x				0	0	0
SCHNEIDER MICHAEL I DIRECTOR	1 00	Х						0	0	0
SCHROEDER SCOTT L DIRECTOR	1 00	Х						0	0	0
SCOTT BEVERLY A DIRECTOR	1 00	Х						0	0	0
SEDORYK CARL G DIRECTOR	1 00	Х						0	0	0
SHERIN SCOTT DIRECTOR	1 00	Х						0	0	0
SILAS BEVERLY S DIRECTOR	1 00	Х						0	0	0
SKOUTELAS PAUL P DIRECTOR	1 00	Х						0	0	0
SLAUGHTER KIMBERLY DIRECTOR	1 00	Х						0	0	0
SOMERS JOHN A DIRECTOR	1 00	Х						0	0	0
SPIELBERG CLAIRE DIRECTOR	1 00	Х						0	0	0
SPITULNIK CHARLES A DIRECTOR	1 00	Х						0	0	0
THOMAS GARY C 1ST VICE CHAIR	1 00	Х		x				0	0	0
VARGA PETER DIRECTOR	1 00	Х						0	0	0
VOLK WILLIAM L DIRECTOR	1 00	Х						0	0	0
WALDER JAY H DIRECTOR	1 00	Х						0	0	0
WASHINGTON PHILLIP A DIRECTOR	1 00	Х						0	0	0
WEBSTER GARY M DIRECTOR	1 00	Х						0	0	0
WEINSTEIN JAMES DIRECTOR	1 00	Х						0	0	0
WELLS RALIGN T DIRECTOR	1 00	Х						0	0	0
WIGGINS-TOLBERT ALICE DIRECTOR	1 00	Х						0	0	0
WILLIAMS EVALYNN DIRECTOR	1 00	Х						0	0	0
WOCHELE CHARLES R DIRECTOR	1 00	Х						0	0	0
WULKAN ALAN C DIRECTOR	1 00	Х						0	0	0

Compensated Employees, and I	naepena	ent Co	ntra	асто	rs					
<b>(A)</b> Name and Title	(B) Average hours per		Position institutional Trustee Individual trustee or director		')			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director			Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
YERMACK LAWRENCE DIRECTOR	1 00	×						0	0	0
ZEHNER JOHN DIRECTOR	1 00	Х						0	0	0
WILLIAM MILLAR PRESIDENT	37 50	Х		х				562,152	0	365,188
PAMELA BOSWELL VP-PROGRAM MGMT & EDUC SRVC	37 50			х				159,583	0	111,832
ART GUZZETTI VP-POLICY	37 50			х				175,583	0	223,925
ROBERT HEALY VP-GOVERNMENT AFFAIRS	37 50			х				178,789	0	268,164
JAMES LARUSCH VP-CHIEF COUNSEL	37 50			х				161,613	0	59,718
PETRA MOLLETT VP-STRATEGY	37 50			х				152,768	0	26,311
ROSEMARY SHERIDAN VP-MARKETING & COMMUNICATIONS	37 50			х				178,750	0	142,305
KATHRYN WATERS VP-MEMBER SERVICES	37 50			х				202,853	0	26,324
SAMUEL KERNS VP - FINANCE/ADMIN	37 50			х				193,191	0	103,751
JOHN GREGORY HULL DIRECTOR-SAFETY & SECURITY	37 50					Х		160,965	0	228,518
JOSEPH NIEGOSKI DIRECTOR-EDUCATIONAL SERVICES	37 50					X		125,364	0	57,696
LOUIS SANDERS DIRECTOR-TECHNICAL SERVICES	37 50					X		151,499	0	107,123
MARTIN SCHROEDER CHIEF ENGINEER	37 50					Х		126,025	0	49,558
KELLYANNE GALLAGHER DIR MEMBERSHIP SERVICES	37 50					Х		119,547	0	131,023

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

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

RESEARCH, COMMUNICATIONS AND ADVOCACY ONGOING NATIONWIDE EDUCATION AND ADVOCACY PROGRAM DESIGNED TO STRENGTHEN SUPPORT FOR PUBLIC TRANSPORTATION AMONG THE PUBLIC AND LOCAL, STATE AND FEDERAL OFFICIALS STANDARDS DEVELOPMENT APTA IS A RECOGNIZED STANDARDS DEVELOPMENT ORGANIZATION (SDO) THE PROGRAM INCLUDES CONSENSUS BASED STANDARDS IN ACCESSIBILITY, BUS, RAIL AND PROCUREMENT

DLN: 93493136042782

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ 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, Part V, line 35a (Proxy Tax), then

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

	me of the organization ERICAN PUBLIC TRANSPORTATION ASSO	OCIATION		Employer iden	tification number
AM	ERICAN PUBLIC TRANSPORTATION ASSC	OCIATION		52-1007647	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures			<b>.</b>	\$
3	V olunteer hours				
	and the second second			-)(0)	
		ganization is exempt under			
1	•	e tax incurred by the organization und			\$
2	•	e tax incurred by organization manag		n 4955 🕦	\$
3		section 4955 tax, did it file Form 472	to for this year?		☐ Yes ☐ No
4a	Was a correction made?				│ Yes │ No
b Date	If "Yes," describe in Part IV	ganization is exempt under	soction FO1/	c) except section E0:	1/0//3/
1		ended by the filing organization for se			<u> </u>
2	·	organization's funds contributed to ot	•		\$
2	exempt funtion activities	organization's funds contributed to ot	ner organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	
4	Did the filing organization file <b>i</b>			,	Yes No
5		nd employer identification number (E	IN) of all coction	527 political organizations	
	amount of political contribution	For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If  (b) Address	irectly delivered	to a separate political orga is needed, provide informa (d) A mount paid from	nızatıon, such as a
				filing organization's funds If none, enter -0-	and promptly and directly delivered to a separate political organization If none, enter -0-
For F	Paperwork Reduction Act Notice, so	 ee the Instructions for Form 990 or 990	<u> </u> )- <b>EZ</b> . (	 Cat No 50084S <b>Schedule C (</b>	Form 990 or 990-EZ) 2010

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	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		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ 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)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(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 Fo	rm 5768	
	(election under section 501(h)).			

	(election under section 501(h)).					
		(6	a)		(b)	
		Yes	No	Δ.	Mour	ıt
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Yes	

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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	14,222,787
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).		
а	Current year	2a	1,446,747
b	Carryover from last year	2b	-271,612
С	Total	2c	1,175,135
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,706,734
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	-531,599

#### 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

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493136042782

OMB No 1545-0047

**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.

Open to Public Inspection

	me of the organization		Employer identific	ation numbe	r
AME	RICAN PUBLIC TRANSPORTATION ASSOCIATION		52-1007647		
Pa	rt I Organizations Maintaining Donor Ad			s. Complet	e if the
	organization answered "Yes" to Form 99		(L) F	- Ll	
	Total number at and of year	(a) Donor advised funds	(b) Funds and	otner accour	its
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		<u> </u>		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		ior advised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other purpose	<b>☐ Yes</b>	┌ No
	rt II Conservation Easements. Complete		o Form 990, Part I	v, ime 7.	
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure)  Preservation of an Preservation of a c	certified historic struc		1
	easement on the last day of the tax year	[	Held at the	End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) a	equired after 8/17/06	2d		
3	Number of conservation easements modified, transfethe taxable year ▶	rred, released, extinguished, or terminate	ed by the organization	during	
4	Number of states where property subject to conserve	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and	d ┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	<u> </u>	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial			
Par	Complete if the organization answered '	ns of Art, Historical Treasures, ( 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of pi		,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provi	de the	
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

zelit											
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	e foll	_	_		e of its co	llection	1	
а	Public exhibition		d	Г	Loan or exc	hange progr	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	v the	y further the o	organızatıon	s exe	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							lar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	i "Y∈	s" to For	m 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontributions	or other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing t	able	_			A		
_	5					H	•		Amou	INT	
c d	Beginning balance					-	1c   1d				
u e	Additions during the year					-	1a 1e				
f	Distributions during the year					_	1f				
-	Ending balance	auma 000 Dawt V Ive				L	<u> </u>			Yes	□ No
2a L	Did the organization include an amount on Fo		ie ZI /						,	res	) NO
	If "Yes," explain the arrangement in Part XIV <b>Try Endowment Funds.</b> Complete		n anc	WOR	ad "Vac" to	Form 990	Dart	TV line	10		
FCI	Endownient i ands. complete	(a)Current Year		Prior '		vo Years Back		hree Years E		)Four Ye	ears Back
la	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	zation t	hat a	are held and a	administered	for t	he		Yes	Na.
	(i) unrelated organizations								3a(i)	res	No
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio								3b		
4	Describe in Part XIV the intended uses of th										
ar	t VI Investments—Land, Buildings	s, and Equipme	ent. S	<u>ee F</u>	orm 990, P	art X, line	10.			1	
					Cost or other	(b)Cost or o	ther	(c) Accum	udatod		
	Description of investment				is (investment)	basis (other		deprecia		( <b>d)</b> Bo	ook value
	Description of investment		•							(d) Bo	ook value
la L	·					basis (othe		deprecia		(d) Bo	
1a L b E	and		· ·			basis (othe	er) 5,604	deprecia	ation	(d) Bo	244,469
1a L b E c L d E	and		· ·			588	er) 5,604	deprecia	ation 344,135	(d) Bo	244,469 131,482 28,288

Part VII Investments—Other Securities. See		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir (a) Descrip		(b) Book value
(a) Descrip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED ASSESSMENTS	(b) Amount 4,195,582	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts
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
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er 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	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	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	
Ь	Other (Describe in Part XIV)	_
C	Add lines 4a and 4b	4c
5 Dare	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 ner Peturn
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	
а	Donated services and use of facilities	1
b	Prior year adjustments	_
С	Other losses	-
d	Other (Describe in Part XIV)	4 _
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts 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)	-
С 5	Add lines <b>4a</b> and <b>4b</b>	4c
5 Par	rt XIV Supplemental Information	5
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , lines 1b and 2b.
	· · · · · · · · · · · · · · · · · · ·	,

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 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION AND (PT)2 ARE EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES ON THEIR EXEMPT ACTIVITIES UNDER SECTIONS 501(C)(6) AND 501(C)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE THE ASSOCIATION AND (PT)2 ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON THEIR UNRELATED BUSINESS INCOME THE ASSOCIATION AND (PT)2 FOLLOW THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS THE ASSOCIATION AND (PT)2 EVALUATED THEIR TAX POSITIONS AND DETERMINED THAT THEIR TAX POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2008 THROUGH 2010 ARE OPEN FOR EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES

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Schedule I (Form 990)

**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

DLN: 93493136042782

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Dant I Consul Information	Ct	l Assistance				52-1007647	
Part I General Information  1 Does the organization maintain r the selection criteria used to away  2 Describe in Part IV the organiza	records to substanti ard the grants or as	ate the amount of the					Γ Yes Γ I
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
<b>2</b> Enter total number of section 50	1(c)(3) and govern	ment organizations				<u> </u>	
3 Enter total number of other organ						<u></u>	

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	<b>(c)</b> A mount of cash grant	(d)A mount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 LOCAL TRANSIT COALITIONS THAT ARE MEMBERS OF THE NATIONAL ALLIANCE FOR PUBLIC TRANSPORTATION ADVOCATES AND THAT ARE SUPPORTED BY THE LOCAL APTA TRANSIT SYSTEM MEMBER ARE ELIGIBLE TO RECEIVE LOCAL COALITION GRANTS GRANT APPLICATIONS MUST DESCRIBE THE PROJECT GOALS AND OBJECTIVES, TIMELINE, BUDGET AND PERFORMANCE MEASUREMENTS APTA AWARDS THE GRANTS BASED ON NEED, STRENGTH OF THE PROJECT PLAN, GEOGRAPHIC DIVERSITY AND LIKELIHOOD OF ACHIEVING POSITIVE RESULTS GRANTEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS DETAILING THE PROJECT'S WORK AND BUDGET EXPENDITURES

DLN: 93493136042782

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AME	RICAN PUBLIC TRANSPORTATION ASSOCIATION	52-1007647			
Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the				
	Compensation committee	Written employment contract			
	☑ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	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, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	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, payments not described in lines 5 and 6? If "Yes," d		7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in 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)?

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

For each individual whose compensation must be reported 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>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WILLIAM MILLAR	(I) (II)	438,580 0	0	123,572 0	357,560 0	7,628 0	927,340 0	
(2) PAMELA BOSWELL	(I) (II)	157,392 0	2,000	191 0	100,994 0	10,838	271,415 0	(
(3) ART GUZZETTI	(ı) (ıı)	172,225 0	2,500 0	858 0	200,779 0	23,146	399,508 0	(
(4) ROBERT HEALY	(I) (II)	175,181 0	2,000	1,608 0	247,446 0	20,718	446,953 0	(
(5) JAMES LARUSCH	(I) (II)	158,754 0	2,250 0	609 0	55,995 0	3,723 0	221,331	(
(6) PETRA MOLLETT	(I) (II)	150,481 0	2,000	287 0	18,869 0	7,442 0	179,079 0	(
(7) ROSEMARY SHERIDAN	(I) (II)	175,565 0	2,000	1,185 0	133,254 0	9,051	321,055	(
(8) KATHRYN WATERS	(I) (II)	198,109 0	2,500 0	2,244	23,798 0	2,526	229,177 0	(
(9) SAMUEL KERNS	(I) (II)	190,326 0	2,250 0	615 0	82,801 0	20,950	296,942	(
(10) JOHN GREGORY HULL	(I) (II)	158,271 0	1,000	1,694 0	213,185 0	15,333 0	389,483 0	(
(11)JOSEPH NIEGOSKI	(I) (II)	123,569 0	1,000	795 0	47,868 0	9,828	183,060	(
(12) LOUIS SANDERS	(I) (II)	146,805 0	1,000	3,694 0	92,088	15,035 0	258,622 0	(
(13) MARTIN SCHROEDER	(I) (II)	124,989 0	0	1,036	42,303	7,255 0	175,583	(
(14) KELLYANNE GALLAGHER	(1)	117,767 0	1,500	280	117,713 0	13,310	250,570	(
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### 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

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Schedule J (Form 990) 2010

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DLN: 93493136042782

OMB No 1545-0047

2010

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**SCHEDULE 0** 

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERSHIP IN THE ASSOCIATION IS DIVIDED INTO TRANSIT SYSTEM MEMBERS AND BUSINESS MEMBERS TRANSIT SYSTEM MEMBERS ARE (A) PERSONS, FIRMS, CORPORATIONS, TRUSTEES, RECEIVERS, MUNICIPAL AGENCIES OR OTHER GOVERNMENTAL AGENCIES OPERATING ANY FORM OF ORGANIZED PUBLIC TRANSIT SYSTEM IN THE UNITED STATES, PUERTO RICO, CANADA OR MEXICO, OR (B) ANY PERSON, FIRM OR CORPORATION THAT PROVIDES PROFESSIONAL MANAGEMENT SERVICES TO SUCH TRANSIT SYSTEMS BUSINESS MEMBERS CONSIST OF (A) MANUFACTURERS AND SUPPLIER MEMBERS, (B) CONSULTANT MEMBERS, (C) PUBLISHER MEMBERS, (D) CONTRACTOR MEMBERS, (E) INTERNATIONAL MEMBERS, (F) ASSOCIATION MEMBERS, (G) NON-OPERATING STATE DEPARTMENT OF TRANSPORTATION MEMBERS, (H) GOVERNMENT AGENCY MEMBERS, (I) AFFILIATES AND (J) RETIREES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		TWENTY DIRECTORS ARE DESIGNATED TRANSIT SYSTEM DIRECTORS THESE ARE THE TWENTY HIGHEST DUES-PAYING TRANSIT SYSTEM MEMBERS OF THE ASSOCIATION TEN DIRECTORS ARE DESIGNATED BUSINESS MEMBER DIRECTORS THESE ARE THE TEN HIGHEST DUES-PAYING BUSINESS MEMBER OF THE ASSOCIATION THE PRESIDENT OF THE ASSOCIATION IS GIVEN A VOTING POSITION ON THE BOARD OF DIRECTORS THE REMAINING DIRECTORS ARE ELECTED BY THE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		ALL MEMBER CLASSES VOTE ON THE ANNUAL ELECTION OF THE BOARD OF DIRECTORS AND ON ANY CHANGES TO THE ORGANIZATION'S BYLAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE PERFORMS A DETAILED REVIEW OF THE FORM 990 AND THEN THE BOARD OF DIRECTORS IS PROVIDED A COPY BEFORE FILING VIA AN ELETRONIC LINK

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF DIRECTORS MEMBERS ARE NOTIFIED ANNUALLY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IN ADDITION, EXECUTIVE COMMITTEE MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT IN THE CASE OF AN OFFICER, DIRECTOR, OR COMMITTEE OFFICER, SUCH DISCLOSURE SHALL BE MADE TO THE AMERICAN PUBLIC TRANSPORTATION ASSOCIATION (APTA) EXECUTIVE COMMITTEE WHENEVER IN THE OPINION OF THE EXECUTIVE COMMITTEE, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST DETRIMENTAL TO APTA, THE EXECUTIVE COMMITTEE SHALL REQUIRE SUCH ACTION OR ABSTENTION BY THE OFFICER, DIRECTOR, OR COMMITTEE OFFICER AS THE EXECUTIVE COMMITTEE DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF APTA FAILURE TO DISCLOSE SUCH AN INTEREST OR FAILURE BY THE OFFICER, DIRECTOR, OR COMMITTEE OFFICER TO TAKE SUCH ACTION OR ABSTENTION AS DIRECTED BY THE EXECUTIVE COMMITTEE SHALL CONSTITUTE MISCONDUCT AND MAY RESULT IN SUCH SANCTIONS AS THE EXECUTIVE COMMITTEE MAY LAWFULLY IMPOSE INCLUDING THE REMOVAL OF AN OFFICER, DIRECTOR, OR COMMITTEE OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT SALARY IS BASED ON PERFORMANCE REVIEWS CONDUCTED ON AT LEAST AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE, SUBJECT TO THE APPROVAL OF THE EXECUTIVE COMMITTEE, THE BASE SALARY FOR THE PRESIDENT IS SET ANNUALLY BY THE ASSOCIATION'S COMPENSATION CONSULTANT BASED ON ESTABLISHED PROCEDURES USING CURRENT COMPENSATION SURVEYS THIS PROCESS WAS LAST UNDERTAKEN IN 2010 ALL OTHER ASSOCIATION POSITIONS ARE COMPENSATED BASED ON ANNUAL PERFORMANCE REVIEWS WITH SALARY RANGES ESTABLISHED BY POSITION RESPONSIBILITIES AND NON-PROFIT SURVEYS AS DETERMINED BY THE ASSOCIATION'S COMPENSATION CONSULTANT ALL OTHER ASSOCIATION POSITIONS ARE APPROVED BY THE PRESIDENT THIS PROCESS WAS LAST COMPLETED IN 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. IT DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR	FORM 990, PART	NET UNREALIZED GAINS ON INVESTMENTS 1,224,369 CHANGES IN POST RETIREMENT
FUND BALANCES	XI, LINE 5	LIABILITY 2,551,330 TOTAL TO FORM 990, PART XI, LINE 5 3,775,699

DLN: 93493136042782

**SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part I Identification of Disregarded Entities (Com	plete if the organization	answered "Yes" (	on Form 990, Part	: IV, line 33.)			
(a)  Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		the organization a	answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e ıt had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	( <b>g)</b> 512(b)( trolled nization
						Yes	No
(1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION							
1666 K STREET NW	SCHOLARSHIP PROGRAM	DC	501(C)(3)	LINE 11A, I	N/A		No

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b)(13 controlled organization	
						Yes	No
(1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION							
1666 K STREET NW	SCHOLARSHIP PROGRAM	DC	501(C)(3)	LINE 11A, I	N/A		No
WASHINGTON, DC 20006 52-1616062							
(2) PUBLIC TRANSPORTATION PARTNERSHIP FOR TOMORROW FOUNDATION - PT2							
1666 K STREET NW	RESEARCH, COMMUNICATION & ADVOCACY	DC	501(C)(3)	LINE 11A, I	N/A		No
WASHINGTON, DC 20006 52-2337960							
						1	$\vdash$
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	tions for Form 990.	Cat No 501	.35Y		Schedule R (F	orm 990)	2010

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income	(g) Share of end-of-year assets		(h) Disproprtions allocations?		rtionate Code V—		(j) General or managing partner?		<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organız	ration	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		( <b>d</b> ) Direct cor entri	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

(4)

(5)

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)						
Note. Complete line 1 if any entity is listed in Parts II, III or IV										
1 [	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									
а										
b	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)									
c										
d										
e Loans or loan guarantees by other organization(s)										
f	Sale of assets to other organization(s)				1f		No			
g	g Purchase of assets from other organization(s)									
h	Exchange of assets				1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		No			
k	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									
1										
	Sharing of paid employees				1n	Yes				
o	Reimbursement paid to other organization for expenses				10		No			
р	Reimbursement paid by other organization for expenses				<b>1</b> p	Yes				
q	O ther transfer of cash or property to other organization(s)				1q		No			
r	O ther transfer of cash or property from other organization(s)				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 relat	ionships and transact							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	Method of dete	<b>d)</b> emin olved	ıng am	ount			
(1) /	MERICAN PUBLIC TRANSPORTAION FOUNDATION	D	415,602	FAIR MARKET VAL	UE					
2)										
3)										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l Gene mana part	agıng tner?
			Yes	No		Yes	No		Yes	No
										-
										<u> </u>
										+
							++			-
										T

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010