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

OMB No 1545-0047 20**12** 

Open to Public Inspection

✓ Yes 
☐ No

Cat No 11282Y

Form **990** (2012

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

07/01 2012, and ending For the 2012 calendar year, or tax year beginning 20 13 D Employer identification number C Name of organization Arizona Transit Association Check if applicable. Address change Doing Business As 86-0609520 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 480-361-5101 City, town or post office, state, and ZIP code Terminated **GILBERT, AZ 85299** Amended return G Gross receipts \$ 394,353 Application pending F Name and address of principal officer JAMES D DICKEY H(a) Is this a group return for affiliates? Yes Vo PO BOX 741, GILBERT, AZ 85299 H(b) Are all affiliates included? Yes No 501(c)(3) **☑** 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Tax-exempt status Website: ▶ www.azta.org H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🔲 Trust Association ☐ Other ► L Year of formation M State of legal domicile: ΑZ Part I **Summary** Briefly describe the organization's mission or most significant activities: ADVOCATING FOR PUBLIC TRANSPORTATION 1 Activities & Governance Check this box ▶☐ 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 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year Contributions and grants (Part VIII, line 1h) . 8 10,000 0 9 Program service revenue (Part VIII, line 2g) 327,945 311,932 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 1,768 1,753 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 68,309 64,655 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 392,009 394,353 13 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) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 167,974 167,275 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . n Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 249,186 264,865 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 417,160 432,140 Revenue less expenses. Subtract line 18 from, line 12 L 19 -25,151 -37,7<u>87</u> Beginning of Current Year End of Year SS 20 Total assets (Part X, line 16) 118,734 82,223 2013 21 Total liabilities (Part X, line 26) . 0 22 118,734 82,223 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Date Here JAMES D DICKEY, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid Check ✓ ıf self-employed John Robinson P01070024 Preparer Firm's name ► Robinson Consulting Firm's EIN ▶ 52-7756129 Use Only Firm's address ▶ 925 North Stapley Suite G, Mesa, AZ 85203 602-291-1821 Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Part I	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			<u> </u>
	election in effect during the tax year? If "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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>-</b>		_
-	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		_
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- <u>-</u> -		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		<u> </u>	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	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		✓
d	and the state of t			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u></u>	<b>✓</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate		į	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			_
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
<b>.</b>	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16	<u> </u>	<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
20 a	If "Yes," complete Schedule G, Part III	19	<b> </b>	<b>/</b>
		20a	<del> </del>	<b>├</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	1.00
		For	m <b>99(</b>	(2012)

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
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		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
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 through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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? If "Yes," complete Schedule L, Part IV	28c	,	<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	1

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u>.</u> .	
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		<b>√</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		تنک	Ť
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4-		/
b	If "Yes," enter the name of the foreign country: ▶	4a	تندع	·
J	See instructions for filling 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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		<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del>'''</del>		$\vdash$
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			il e
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-	}	
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand			
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<b>                                     </b>

Part				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schools if Schools of Schools in Schedule O. Schools if Schools of Schoo			
Saction	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u></u> :	<u> </u>
Secui	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		<b>√</b>
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		<b>√</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	<b>✓</b>	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	1 '
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>/</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		1
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		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed AZ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	s only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inte	rest p	policy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization; > LAMES D DICKEY (480)361-5101	s of the	Э	

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-om	990	1201	(2)

Part VII	Compensation of Officers, Directors,	Trustees, Key E	mployees, Hig	ghest Compens	sated Employees	s, and
•	Independent Contractors					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 organization no	r any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any	box, i	unles er and	eck s pe d a d	ition more rson irect	than out	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
NATE PETERSON	5									
SECRETARY	0	-	<u> </u>	✓	<u> </u>		L	0	0	
JEFF MEILBECK PRESIDENT	5	ł		/				o		
KATRINA HEINEKING	5	<u> </u>	-	┡		<u> </u>		- 0	0	
VICE PRESIDENT	0	1		1		İ	ļ		o	1
								<u> </u>	<u> </u>	<u> </u>
				<u></u>		ļ			ļ	
	-		_	-			-			
		-	-	$\vdash$	-		-			
	1	1	1	1	1	1	1	1	1	I

•	(A) Name and title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	more rson	than on the thick the thic	an	(D)  Reportable compensation	(E) Reportable compensation	from amount	of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		ation ne ition ited
											-	
			<u>                                     </u>					-				<del></del> :
		<del> </del>										
		<del></del>										
		<del>  -</del> -										
		<b></b>	<del> </del>									
1b c d	Sub-total	VII, Sectio	n A					<b>&gt; &gt;</b>	0		0	
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	<del></del>	·	0  00,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	ctor, o	or ti	rust ind	ee, Iivid	key ual	emp	oloyee, or high	nest comper		es No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	cor	npe	nsatio				m the	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		- * ½ .j
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·			
1	Complete this table for your five highest compensation from the organization. Reyear.	compensate port compe	ted in ensati	dep on f	enc or t	lent he d	cont	ract dar	ors that receiv year ending wi	ed more thar th or within t	n \$100,000 of he organization'	s tax
	(A) Name and business add	dress							(B) Description of	services	(C) Compensation	on
								+				
						_						_
2	Total number of independent contractor received more than \$100,000 of compen							o tl	hose listed ab	ove) who	S. " 15 25	<u></u>

Form **990** (2012)

Part	VIII	Statement of Revenue				
	<u> </u>	Check if Schedule O contains a response to any ques	tion in this Part VI (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
				function revenue	revenue	under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
	C	Fundraising events 1c	1	}		
ilar E	d	Related organizations 1d				
Sim S	e	Government grants (contributions)  All other contributions, gifts, grants,				
Contributions, and Other Sim	f	and similar amounts not included above	1			
를 중	g	Noncash contributions included in lines 1a-1f: \$				
and Co	่ b	Total. Add lines 1a-1f	0			
		Business Code				
Program Service Revenue	2a				· · · · · · · · · · · · · · · · · · ·	
æ	b					
Vice Vice	С					
Ser	d					
аш	е					
rogr	f	All other program service revenue .	327,945	327,945	0	0
	g	Total. Add lines 2a-2f	327,945	···	<del>,</del>	<del></del>
	3	Investment income (including dividends, interest, and other similar amounts)		4 ===		
	1	Income from investment of tax-exempt bond proceeds	1,753	1,753	0	0
	4 5	Royalties	0	0	0	0
		(i) Real (ii) Personal	-			
	6a	Gross rents	1 1			
	b	Less: rental expenses	1			
	С	Rental income or (loss) 0 0	1			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	]			
	b	Less: cost or other basis				
		and sales expenses .	<u> </u>			
	C	Gain or (loss)				
	d	Net gain or (loss)	<del>                                     </del>	<del></del>	<del></del>	
Other Revenue	8a	Gross income from fundraising events (not including \$				
er Re		of contributions reported on line 1c) See Part IV, line 18				
Ě	b	Less: direct expenses b	1 1			
•	1	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	]			
	b	Less: direct expenses b	<u> </u>	<del></del>		
	C	. , ,				ļ
	10a	Gross sales of inventory, less returns and allowances a				
			-[			
		Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶	<u> </u>		<del></del>	
	<u> </u>	Miscellaneous Revenue Business Code	-			
	11a		<del> </del>			<del> </del>
	b		<del>                                     </del>		<del> </del>	<del> </del>
	C					
	d	All other revenue	64,655	64,655		
	е	Total. Add lines 11a-11d	_64,655			<u> </u>
	12	Total revenue. See instructions	394,353	394,353	(	) (

04-4		Franchisco - I	F
Statemen	TOT	Functional	PYDEDSES

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete co	lumn (A).				
	Check if Schedule O contains a response to any question in this Part IX								
	include amounts reported on lines 6b, 7b, 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		<del></del>						
	organizations in the United States. See Part IV, line 21	0							
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	o							
3	Grants and other assistance to governments,	<del></del>			<del></del>				
•	organizations, and individuals outside the			1					
	United States See Part IV, lines 15 and 16	o		)					
4	Benefits paid to or for members	0			<del></del>				
5	Compensation of current officers, directors,			L	<del></del>				
•	trustees, and key employees	455.450							
_	· · · · · · · · · · · · · · · · · · ·	155,450		<u> </u>	<del></del>				
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	0							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	11,825							
11	Fees for services (non-employees):		1	į l					
а	Management	0							
b	Legal	0							
C	Accounting	1,060							
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees	0			-				
g	Other (If line 11g amount exceeds 10% of line 25, column								
•	(A) amount, list line 11g expenses on Schedule O.)	4,910							
12	Advertising and promotion	0							
13	Office expenses	15,814							
14	Information technology	5,033							
15	Royalties	0							
16	Occupancy	0							
17	Travel	32,265							
18	Payments of travel or entertainment expenses			<u> </u>					
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings .	96,653		<del> </del>	<del></del>				
20	Interest	0		<del> </del>					
21	Payments to affiliates	8,340		<del> </del>					
22	Depreciation, depletion, and amortization .	1,274		<del> </del>	<del></del>				
23	Insurance	3,368	<del>                                     </del>	<del></del>	<del></del>				
24	Other expenses Itemize expenses not covered	0,000							
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	,							
а	DUDI IC ACCAIDS	46,023			<u> </u>				
b	A7 DDO JECTO	50,125		<del> </del>					
c	***************************************	30,123	<del> </del>	<del> </del>	<del> </del>				
d			<del> </del>	<del> </del>	<del> </del>				
e	All other expenses	0	<del> </del>	<del> </del>					
25	Total functional expenses. Add lines 1 through 24e	432,140		0	0				
26	Joint costs. Complete this line only if the	432,140	<del> </del>	<u> </u>	ļ ———— <del>-</del>				
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								
					•				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part 2	<u>X</u> .		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,388	1	480
	2	Savings and temporary cash investments	110,108	2	79,505
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Assets	7		0	6 7	0
tss	7	Notes and loans receivable, net	0	8	0
`	8	Inventories for sale or use	0	9	0
	9 10a	Prepaid expenses and deferred charges	0	9	0
Ì	IVa	Alban basis Osasiska Bank VII of Osbankish D			
	<b>h</b>	Less: accumulated depreciation	2,238	100	0.000
	11		2,238	11	2,238
1	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets	<u> </u>	14	<u></u>
- 1	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	118,734		82,223
$\neg$	17	Accounts payable and accrued expenses	0	-	02,223
	18	Grants payable	0		0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
တ္က	22	Loans and other payables to current and former officers, directors,			
ijĘ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
_	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
Ses		complete lines 27 through 29, and lines 33 and 34.	Ï	i '	
ă	27	Unrestricted net assets	118,734	27	82,223
3al	28	Temporarily restricted net assets	0		0
ᅙ	29	Permanently restricted net assets	0	29	0
큔		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
or Fund Balances		complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	118,734		82,223
	34	Total liabilities and net assets/fund balances	118,734	34	82,223

Page	12

Part					
•	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,353
2	Total expenses (must equal Part IX, column (A), line 25)	2		432	2,140
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	7,787
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		118	8,734
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			1,276
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O) [	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		8:	2 <u>,223</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	in		
	Schedule O.				
2a	,		. <u>2a</u>	$\checkmark$	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a		
	·				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	: !	- 4		
С	of the audit, review, or compilation of its financial statements and selection of an independent accou		_	,	
	If the organization changed either its oversight process or selection process during the tax year, ex			<b>√</b>	
	Schedule O.	piairi			
За	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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			For	ո 990	(2012)

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

Arizona	Transit Association		86-0609520
Part		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to f		
	T 1 1	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year) .  Aggregate grants from (during year)		
	Aggregate grants from (during year)		<del></del>
	•••	donor advisors in writing that the assets	held in donor advised
		ect to the organization's exclusive legal cont	
		onors, and donor advisors in writing that gr	
		e benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	<u> </u>	
Part		plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
		, recreation or education) 🔲 Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
•	Preservation of open space	sation hold a gualified apparation against	tion in the form of a companyation
2	easement on the last day of the tax year.	ation held a qualified conservation contribu	tion in the form of a conservation
	sustained the last day of the tax year.		署 强 Held at the End of the Tax Year
а	Total number of conservation easements		e. 3/4
b		asements	
C	<del>-</del>	ertified historic structure included in (a)	<del></del>
d		ded in (c) acquired after 8/17/06, and no	
	historic structure listed in the National Reg	ister	· · 2d
3	Number of conservation easements modifi	ed, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject t		·,
5		olicy regarding the periodic monitoring, in ation easements it holds?	
6		toring, inspecting, and enforcing conservation	
U	Starrand volunteer riodis devoted to moni	coming, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing conservation ea	sements during the year
•	<b>▶</b> \$	,, mopositing, and officially contact ration of	section adming the year
8	Does each conservation easement reporte	d on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9		reports conservation easements in its reven	
	· · · · · · · · · · · · · · · · · · ·	ne text of the footnote to the organization's	financial statements that describes the
D - 4	organization's accounting for conservation		
Part		lections of Art, Historical Treasures, of wered "Yes" to Form 990, Part IV, line 8	
1a		nder SFAS 116 (ASC 958), not to report in	
- ια		r similar assets held for public exhibition,	
		t of the footnote to its financial statements the	
b	If the organization elected, as permitted	under SFAS 116 (ASC 958), to report in it	ts revenue statement and balance sheet
		r similar assets held for public exhibition,	
	public service, provide the following amou		
	(i) Revenues included in Form 990, Part V	III, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X.		• \$
2		s of art, historical treasures, or other simi	
		under SFAS 116 (ASC 958) relating to these	
a	Accepta included in Form 990, Part VIII,	line 1	· · · · · <u>P</u> <u>\$</u>
b	Assets included in Fulli 990, Fart A	<u></u>	<u> </u>

Part	U Organizations Maintaining C	ollections of Art	, misto	<u>pricai i</u>	reasures,	or Ut	ner Similar As	sets (continuea)
3.	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other	record	ls, checl	any of the	follov	ving that are a s	significant use of its
а	☐ Public exhibition		d [	Loan	or exchange	prog	rams	
b	☐ Scholarly research		e [		_			
	☐ Preservation for future generations					•		
4	Provide a description of the organizatio XIII.	n's collections and	explai	n how th	ney further t	he org	anization's exer	mpt purpose in Part
5	During the year, did the organization so	olicit or receive dor	nations	of art. I	nistorical tre	asure	s. or other simil	ar
_	assets to be sold to raise funds rather th							
Part								
	line 9, or reported an amount							
	Is the organization an agent, trustee, or				r contribution	ons or	other assets n	ot
•	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part							_ 103 <u>_ 110</u>
	in res, explain the arrangement in ran	Am and complete	ti le loii	Ownig to	ibie.	Γ-	TA	mount
_	Beginning balance					10	<del></del>	
C C	•					10		
d	Additions during the year					<u> </u>		<del></del>
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount	·	•					
	If "Yes," explain the arrangement in Par							
Pari	V Endowment Funds. Complet							
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	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	e current vear end b	palance	(line 1a	. column (a)	) held	as:	
a	Board designated or quasi-endowment			· (	, •••••(-)	,		
b			•					
C								
·	The percentages in lines 2a, 2b, and 2c		6					
За	Are there endowment funds not in the			ation the	at are held a	and ad	lministered for t	ha
ou	organization by:	possession or the t	or garniz	ation the	at are riole t	11.0 00	in in instance for t	Yes No
	(i) unrelated organizations							3a(i)
	• • • • • • • • • • • • • • • • • • • •							
<b>L</b>	(ii) related organizations							3a(ii)
ь 4	Describe in Part XIII the intended uses							3b
Pari							<del></del>	
Par							<del> </del>	
	Description of property	(a) Cost or other (investment)			or other basis other)	ď	Accumulated lepreciation	(d) Book value
1a	Land	<u> </u>	0		0			0
b	Buildings		0		0		0	0
С	Leasehold improvements		0		0		0	0
d	Equipment		0		2,238		0	2,238
е	Other		0		0		0	0
Total.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990.		. columi		(c).)	•	2.238

Part VII	Investments - Other Securities	. See Form 990, Part X	, line 12.	
<u>.</u> .	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
	al derivatives			
	held equity interests			
(3) Other		<del></del>		
(A)				·
(B)				<del></del>
(C)				
(D)		· · · · · · · · · · · · · · · · · · ·	<del>-  </del>	
(E) (F)				
(G)		<u> </u>		<del></del>
(H)				
<del>\(\)</del>				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		d See Form 990 Part )	Cline 13	
- Cart Cart	(a) Description of investment type	(b) Book value	(c) Method of valua	ution.
	(a) December of integration type	(b) Book value	Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				*****
	n (b) must equal Form 990, Part X, col. (B) line 13.)	L		
Part IX		· · · · · · · · · · · · · · · · · · ·		#ND 1
		a) Description		(b) Book value
(1)				<del></del>
(2)				···
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				<del></del>
(7)				
(8)				
(9)		<u></u>		
(10)				
	lumn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990	, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3) (4) (5) (6) (7) (8) (9)				
(4)				
(5)				
(6)				
(7)				
(8)				
			_]	
(10)			_	
(11)	<del></del>		_	
	n (b) must equal Form 990, Part X, col (B) line 25.) ▶			
2. FIN 48 (A	ASC 740) Footnote. In Part XIII, provide the	text of the footnote to the c	organization's financial statements that r	eports the organization's
liability for	uncertain tax positions under FIN 48 (ASC	740). Check here if the text	ot the tootnote has been provided in Pa	rt XIII 🔲

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents 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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1
C	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses po	er 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:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.	o. Also complete this part to	o provide any additional
		*	

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number Arizona Transit Association** 86-0609520 Form 990, Part VI, Section B, Line 11b - BOARD REVIEW Form 990, Part VI, Section C, Line 19 - UPON REQUEST