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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization American Trucking Associations Inc		D Employer identification number 53-0026970
	% James R Duckworth Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (703) 838-1959
	950 N GLEBE ROAD SUITE 210		
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 222034181		G Gross receipts \$ 52,115,637	
F Name and address of principal officer WILLIAM GRAVES 950 N GLEBE ROAD STE 210 ARLINGTON,VA 222034181			
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
H(c) Group exemption number ▶			
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTP //WWW.TRUCKING.ORG			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1933	M State of legal domicile DC
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE AMERICAN TRUCKING ASSOCIATIONS, INC IS TO PROMOTE COMMON BUSINESS INTERESTS WITHIN THE TRUCKING INDUSTRY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	153	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	153	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	202	
6 Total number of volunteers (estimate if necessary)	6	200	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,829,713	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-122,508	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,098,762	3,193,228
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,884,040	38,336,833
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,202,598	1,074,887
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,486,051	2,176,970
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,671,451	44,781,918
	14 Benefits paid to or for members (Part IX, column (A), line 4)	753,040	789,220
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	20,766,565	23,045,961
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,648,082	18,693,991
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	40,167,687	42,529,172
	19 Revenue less expenses Subtract line 18 from line 12	503,764	2,252,746
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	65,989,838	66,741,997
	21 Total liabilities (Part X, line 26)	38,610,531	40,367,888
	22 Net assets or fund balances Subtract line 21 from line 20	27,379,307	26,374,109

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	2015-11-06 Date
	WILLIAM GRAVES PRESIDENT AND CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WHITNEY e BLAIR	Preparer's signature WHITNEY e BLAIR	Date	Check <input type="checkbox"/> if self-employed	PTIN P01226647
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 1676 International Drive McLean, VA 22102			Phone no (703) 286-8000	

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

THE MISSION OF THE AMERICAN TRUCKING ASSOCIATIONS, INC IS TO EFFECTIVELY ADVOCATE AND COMMUNICATE EFFORTS DESIGNED TO IMPROVE SAFETY AND PROFITABILITY FOR OUR MEMBERS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

MEMBERSHIP - TRAVELED THE COUNTRY TO RECRUIT AND RETAIN MEMBERS TO JOIN THE ASSOCIATION A DIVERSE MEMBERSHIP BASE IS ESSENTIAL WHEN EDUCATING POLITICIANS AND REGULATORS ABOUT THE INDUSTRY AS THEY DEVELOP RULES AND REGULATIONS THAT IMPACT TRUCKING

4b

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

PERIODICALS - TRANSPORT TOPICS - PUBLISHED NATIONAL WEEKLY NEWSPAPER FOR THE TRUCKING INDUSTRY WITH A PAID CIRCULATION OF MORE THAN 22,000 AND A READERSHIP OF APPROXIMATELY 75,000 PUBLISHED MONTHLY MAGAZINES FOR LIGHT AND MEDIUM CARRIER AND UTILITY FLEET SECTORS THESE PUBLICATIONS ARE THE PRIMARY SOURCE OF INFORMATION FOR THE TRUCKING INDUSTRY

4c

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

MEETINGS AND CONVENTIONS - HELD SEVERAL ANNUAL MEETINGS FOR DIFFERENT SEGMENTS OF THE TRUCKING INDUSTRY AND VARIOUS EDUCATIONAL SEMINARS FOR SPECIFIC AREAS OF FINANCE, SAFETY, SECURITY, ENVIRONMENTAL, ETC MEETING WERE HELD IN ALL REGIONS OF THE U S

4d

Other program services (Describe in Schedule O)

















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

4e

Total program service expenses

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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 	Yes	
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 		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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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 	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	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 		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 		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 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		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 and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		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		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		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	133	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	202	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	Yes
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes
7. Organizations that may receive deductible contributions under section 170(c).			
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10. Section 501(c)(7) organizations. Enter			
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11. Section 501(c)(12) organizations. Enter			
a. Gross income from members or shareholders.		11a	
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13. Section 501(c)(29) qualified nonprofit health insurance issuers.			
a. Is the organization licensed to issue qualified health plans in more than one state? Note. 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.		13b	
c. Enter the amount of reserves on hand.		13c	
14a. Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b. If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶James R Duckworth 950 N Glebe Road Ste 210 Arlington, VA 22203 (703) 838-1959

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	5,540,803	0	292,208

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶58

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PUBLISHERS PRESS INCORPORATED, PO BOX 37500 LOUISVILLE, KY 40233	PUBLISHING	893,883
AQUARIAN LLC, 746 WALKER ROAD 12 PO BOX 1110 GREAT FALLS, VA 22066	PRODUCTION	574,270
BRISK WATERPROOFING CO INC, 1637 N WARSON ROAD ST LOUIS, MO 63132	BUILDING REPAIR	327,811
MARY PHILLIPS, 8601 WOODLAND HEIGHTS COURT ALEXANDRIA, VA 22309	CONSULTING	272,877
PERSONIFY INC, 1919 GALLOWES ROAD SUITE 400 VIENNA, VA 22182	SOFTWARE DEVEOPMENT	254,419

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶16

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	11,654			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,181,574			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	3,193,228			
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code 900099	18,924,499	18,924,499	
	b	PERIODICALS	541800	10,239,158	1,458,033	8,781,125
	c	MEETINGS	900099	8,911,291	8,911,291	
	d	SPONSORSHIPS	900099	168,500	168,500	
	e	SUBSCRIPTIONS	511120	51,385	51,385	
	f	All other program service revenue		42,000	42,000	
	g	Total. Add lines 2a-2f	38,336,833			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	568,897			568,897
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	985,842			985,842
	6a	Gross rents	(i) Real 2,349,844	(ii) Personal		
	b	Less rental expenses	1,890,070			
	c	Rental income or (loss)	459,774	0		
	d	Net rental income or (loss)	459,774		20,080	439,694
	7a	Gross amount from sales of assets other than inventory	(i) Securities 5,468,536	(ii) Other 229,000		
	b	Less cost or other basis and sales expenses	5,191,546			
	c	Gain or (loss)	276,990	229,000		
	d	Net gain or (loss)	505,990			505,990
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		609,549	581,041	28,508
		Miscellaneous Revenue	Business Code			
	11a	CONFERENCE SERVICES	561499	120,172	120,172	
	b	MISCELLANEOUS	900099	1,633	1,633	
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		121,805		
	12	Total revenue. See Instructions		44,781,918	30,258,554	8,829,713
						2,500,423

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	789,220			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,607,137			
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	13,574,914			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	729,354			
9	Other employee benefits	2,891,014			
10	Payroll taxes	1,243,542			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	67,528			
c	Accounting	148,568			
d	Lobbying	526,043			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	58,955			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,799,789			
12	Advertising and promotion	592,203			
13	Office expenses	1,560,497			
14	Information technology	590,310			
15	Royalties	0			
16	Occupancy	2,670,752			
17	Travel	1,691,585			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,118,620			
20	Interest	247,199			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,377,422			
23	Insurance	188,535			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PRINTING & PUBLICATIONS	1,030,482			
b	BAD DEBT EXPENSE	500,738			
c	MEMBER RELATED SERVICES	344,989			
d	MEMBERSHIP DUES	175,276			
e	All other expenses	4,500			
25	Total functional expenses. Add lines 1 through 24e	42,529,172			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,255,802	1	4,003,756
	2	Savings and temporary cash investments		2,609,033	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		3,131,835	4	4,414,911
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		161,568	8	176,617
	9	Prepaid expenses and deferred charges		4,986,398	9	4,978,740
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a47,419,565			
	b	Less accumulated depreciation	10b15,583,858	33,610,863	10c	31,835,707
	11	Investments—publicly traded securities		20,234,339	11	21,332,266
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		65,989,838	16	66,741,997
Liabilities	17	Accounts payable and accrued expenses		14,628,644	17	16,832,254
	18	Grants payable		0	18	0
	19	Deferred revenue		6,810,890	19	8,305,041
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		1,591,278	21	1,591,278
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		9,336,948	23	8,431,892
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		6,242,771	25	5,207,423
	26	Total liabilities. Add lines 17 through 25		38,610,531	26	40,367,888
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		26,400,122	27	23,038,029
	28	Temporarily restricted net assets		979,185	28	3,336,080
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		27,379,307	33	26,374,109
	34	Total liabilities and net assets/fund balances		65,989,838	34	66,741,997

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,781,918
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,529,172
3	Revenue less expenses Subtract line 2 from line 1	3	2,252,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,379,307
5	Net unrealized gains (losses) on investments	5	-545,283
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,712,661
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,374,109

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 53-0026970

Name: American Trucking Associations Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barry E Pottle ATA Truck Pac Chairman	10 0 0 0	X		X				0	0	0
(1) David Manning Vice Chairman	5 0 0 0	X		X				0	0	0
(2) Douglas W Stotlar Treasurer	5 0 0 0	X		X				0	0	0
(3) John M Smith Secretary	5 0 0 0	X		X				0	0	0
(4) Kevin W Burch Second Vice Chairman	10 0 0 0	X		X				0	0	0
(5) L Duane Long Chairman	20 0 0 0	X		X				0	0	0
(6) Pat Thomas First Vice Chairman	15 0 0 0	X		X				0	0	0
(7) Michael L Miller State Vice President	1 0 0 0	X						0	0	0
(8) Aaron Tennant Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(9) Allen Cassens At-Large Member	1 0 0 0	X						0	0	0
(10) Allen I Koenig Ementus Member	1 0 0 0	X						0	0	0
(11) Alvin Leon Foley At-Large Member	1 0 0 0	X						0	0	0
(12) Alvin M Bodford At-Large Member	1 0 0 0	X						0	0	0
(13) Andrew M Owens State Vice President	1 0 0 0	X						0	0	0
(14) Andrew T Boyle State Vice President	1 0 0 0	X						0	0	0
(15) Anne M Lynch TAEC Representative	1 0 0 0	X						0	0	0
(16) Arnold F Wellman Ementus Member	1 0 0 0	X						0	0	0
(17) Barbara J Windsor Past Chairman	1 0 0 0	X						0	0	0
(18) Bill Gansman State Vice President	1 0 0 0	X						0	0	0
(19) Bruce DD MacRae State Vice President	1 0 0 0	X						0	0	0
(20) C James McCormick Past Chairman	1 0 0 0	X						0	0	0
(21) Calvin E Ewell State Vice President	1 0 0 0	X						0	0	0
(22) Can Baylor State Vice President	1 0 0 0	X						0	0	0
(23) Carl Bumgarner State Vice President	1 0 0 0	X						0	0	0
(24) Charles A Van Zoeren Ementus Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Charles L Hammel III At-Large Member	1 0 0 0	X						0	0	0
(1) Charles L Whittington Past Chairman	1 0 0 0	X						0	0	0
(2) Charles R Mullett At-Large Member	1 0 0 0	X						0	0	0
(3) Charles Ramorino Past Chairman	1 0 0 0	X						0	0	0
(4) Charles Wayne Gaumer State Vice President	1 0 0 0	X						0	0	0
(5) Chelsea Pottle Demmons State Vice President	1 0 0 0	X						0	0	0
(6) Cheryl P Lapaglia State Vice President	1 0 0 0	X						0	0	0
(7) Chris N Bunning At-Large Member	1 0 0 0	X						0	0	0
(8) Christopher B Lofgren PhD At-Large Member	1 0 0 0	X						0	0	0
(9) Christopher Ronald Cooper At-Large Member	1 0 0 0	X						0	0	0
(10) Corry Dickerson State Vice President	1 0 0 0	X						0	0	0
(11) Curtis J Shewchuk Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(12) D Jeffrey England At-Large Member	1 0 0 0	X						0	0	0
(13) D Mike Pennington Allied Member	1 0 0 0	X						0	0	0
(14) D Mitchell Jackson At-Large Member	1 0 0 0	X						0	0	0
(15) Daniel E England Past Chairman	1 0 0 0	X						0	0	0
(16) Daniel J Einwechter At-Large Member	1 0 0 0	X						0	0	0
(17) Daniel L Oren At-Large Member	1 0 0 0	X						0	0	0
(18) Danny Opie State Vice President	1 0 0 0	X						0	0	0
(19) Darrel Banning State Vice President	1 0 0 0	X						0	0	0
(20) David Allen Shumaker At-Large Member	1 0 0 0	X						0	0	0
(21) David C Berry At-Large Member	1 0 0 0	X						0	0	0
(22) David G Free At-Large Member	1 0 0 0	X						0	0	0
(23) David G McCorkle Past Chairman	1 0 0 0	X						0	0	0
(24) David Littlejohn Carrier Policy Committee Chair	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) David Pohl Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(1) David R Parker At-Large Member	1 0 0 0	X						0	0	0
(2) David R Williams Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(3) David S Congdon At-Large Member	1 0 0 0	X						0	0	0
(4) David Schroyer State Vice President	1 0 0 0	X						0	0	0
(5) Debra Anne Stone CTP Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(6) Dennis A Nash At-Large Member	1 0 0 0	X						0	0	0
(7) Donald G Oren At-Large Member	1 0 0 0	X						0	0	0
(8) Donald M Bowman Jr Past Chairman	1 0 0 0	X						0	0	0
(9) Donna Weinrich-Lucht State Vice President	1 0 0 0	X						0	0	0
(10) Duane W Acklie Past Chairman	1 0 0 0	X						0	0	0
(11) Edward A Rocha Ementus Member	1 0 0 0	X						0	0	0
(12) Edward B Crowell TAECE Representative	1 0 0 0	X						0	0	0
(13) Edwin A Meyer State Vice President	1 0 0 0	X						0	0	0
(14) Ench H Helge State Vice President	1 0 0 0	X						0	0	0
(15) Evan Stouten State Vice President	1 0 0 0	X						0	0	0
(16) Everett Roehl At-Large Member	1 0 0 0	X						0	0	0
(17) Fred C Burns Jr Past Chairman	1 0 0 0	X						0	0	0
(18) G Clifton Parker State Vice President	1 0 0 0	X						0	0	0
(19) G Larry Kerr Small Carrier Committee Chair	5 0 0 0	X						0	0	0
(20) G Mack Dove At-Large Member	1 0 0 0	X						0	0	0
(21) G Tommy Hodges ATA Audit Committee Chairman	5 0 0 0	X						0	0	0
(22) Gary R Enzor At-Large Member	1 0 0 0	X						0	0	0
(23) Gary Salisbury At-Large Member	1 0 0 0	X						0	0	0
(24) Gregory D Brown State Vice President	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) Gregory L Owen	1 0									
At-Large Member	0 0	X						0	0	0
(1) H Winston McHenry	1 0									
State Vice President	0 0	X						0	0	0
(2) Harold Sumerford Jr	1 0									
At-Large Member	0 0	X						0	0	0
(3) Howard J O'Malley Jr	1 0									
At-Large Member	0 0	X						0	0	0
(4) J Lavon Morton	5 0									
Carrier Policy Committee Chair	0 0	X						0	0	0
(5) James A Mullen	1 0									
At-Large Member	0 0	X						0	0	0
(6) James Burg	1 0									
At-Large Member	0 0	X						0	0	0
(7) James C Doyle	1 0									
State Vice President	0 0	X						0	0	0
(8) James C Williams	1 0									
At-Large Member	0 0	X						0	0	0
(9) James E Ward	1 0									
At-Large Member	0 0	X						0	0	0
(10) James H Dixon	1 0									
Ementus Member	0 0	X						0	0	0
(11) James L Welch	1 0									
At-Large Member	0 0	X						0	0	0
(12) James Maltby	5 0									
Carrier Policy Committee Chair	0 0	X						0	0	0
(13) Jason H Andrus	1 0									
State Vice President	0 0	X						0	0	0
(14) Jeff D Jones	1 0									
Allied Member	0 0	X						0	0	0
(15) Jeffrey C Marple	1 0									
State Vice President	0 0	X						0	0	0
(16) Jeffrey McCaig	1 0									
At-Large Member	0 0	X						0	0	0
(17) Jim Arthaud	1 0									
At-Large Member	0 0	X						0	0	0
(18) Joel Wallace	1 0									
At-Large Member	0 0	X						0	0	0
(19) John Burns	1 0									
State Vice President	0 0	X						0	0	0
(20) John Kaburck	1 0									
At-Large Member	0 0	X						0	0	0
(21) John Majors	1 0									
State Vice President	0 0	X						0	0	0
(22) John N Hofstetter	5 0									
Carrier Policy Committee Chair	0 0	X						0	0	0
(23) John Pope	1 0									
State Vice President	0 0	X						0	0	0
(24) John R Schaupp	1 0									
At-Large Member	0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(101) John Roswick State Vice President	1 0 0 0	X						0	0	0
(1) John S Whittington Conference Vice President	1 0 0 0	X						0	0	0
(2) John Simone At-Large Member	1 0 0 0	X						0	0	0
(3) John White At-Large Member	1 0 0 0	X						0	0	0
(4) Joseph A Greenstein State Vice President	1 0 0 0	X						0	0	0
(5) Joseph D Hayden State Vice President	1 0 0 0	X						0	0	0
(6) Joseph M Donald III Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(7) Joshua Owen At-Large Member	1 0 0 0	X						0	0	0
(8) Judy R McReynolds ATRI Chairman	5 0 0 0	X						0	0	0
(9) Kate Killory State Vice President	1 0 0 0	X						0	0	0
(10) Keith Tuttle At-Large Member	1 0 0 0	X						0	0	0
(11) Kenneth W Staub Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(12) Kevin Lhotak State Vice President	1 0 0 0	X						0	0	0
(13) Kevin P Knight At-Large Member	1 0 0 0	X						0	0	0
(14) Larry W Miller State Vice President	1 0 0 0	X						0	0	0
(15) Larry Woolson Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(16) Lee Philip Shaffer Past Chairman	1 0 0 0	X						0	0	0
(17) Louis E Pfrangle State Vice President	1 0 0 0	X						0	0	0
(18) Marc D Boyle At-Large Member	1 0 0 0	X						0	0	0
(19) Mark DiBlasi At-Large Member	1 0 0 0	X						0	0	0
(20) Michael H Jimenez Sr State Vice President	1 0 0 0	X						0	0	0
(21) Michael Herre State Vice President	1 0 0 0	X						0	0	0
(22) Michael J Gerdin At-Large Member	1 0 0 0	X						0	0	0
(23) Michael J Habeck State Vice President	1 0 0 0	X						0	0	0
(24) Michael Kelley At-Large Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) Michael L Ducker At-Large Member	1 0 0 0	X						0	0	0
(1) Michael P Wilson State Vice President	1 0 0 0	X						0	0	0
(2) Michael S Card Second Immediate Past Chairman	5 0 0 0	X						0	0	0
(3) Mike Riggs Conference Vice President	1 0 0 0	X						0	0	0
(4) Nancy Sawyer State Vice President	1 0 0 0	X						0	0	0
(5) Peter Sumerford State Vice President	1 0 0 0	X						0	0	0
(6) Philip L Byrd Sr Immediate Past Chairman	5 0 0 0	X						0	0	0
(7) Philip Scott George State Vice President	1 0 0 0	X						0	0	0
(8) Ralph W Arthur At-Large Member	1 0 0 0	X						0	0	0
(9) Randall J Clifford At-Large Member	1 0 0 0	X						0	0	0
(10) Randy P Guillot Conference Vice President	1 0 0 0	X						0	0	0
(11) Ray Kuntz Past Chairman	1 0 0 0	X						0	0	0
(12) Reggie Dupre' Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(13) Reid Miura State Vice President	1 0 0 0	X						0	0	0
(14) Richard Bartolic State Vice President	1 0 0 0	X						0	0	0
(15) Richard C Maddox State Vice President	1 0 0 0	X						0	0	0
(16) Richard E Bundschuh State Vice President	1 0 0 0	X						0	0	0
(17) Richard O'Dell At-Large Member	1 0 0 0	X						0	0	0
(18) Richard Roehl State Vice President	1 0 0 0	X						0	0	0
(19) Richard S Reiser At-Large Member	1 0 0 0	X						0	0	0
(20) Robert A Kortenhaus Sr At-Large Member	1 0 0 0	X						0	0	0
(21) Robert A Peterson At-Large Member	1 0 0 0	X						0	0	0
(22) Robert A Young III Ementus Member	1 0 0 0	X						0	0	0
(23) Robert E Low At-Large Member	1 0 0 0	X						0	0	0
(24) Robert Hamilton State Vice President	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) Robert J Kortenhaus Conference Vice President	1 0 0 0	X						0	0	0
(1) Robert Ramonno At-Large Member	1 0 0 0	X						0	0	0
(2) Robert T McDowell State Vice President	1 0 0 0	X						0	0	0
(3) Robert W Schomber State Vice President	1 0 0 0	X						0	0	0
(4) Robey W Estes Jr At-Large Member	1 0 0 0	X						0	0	0
(5) Rocque D Dameo Ementus Member	1 0 0 0	X						0	0	0
(6) Roy M Slagle State Vice President	1 0 0 0	X						0	0	0
(7) Royal Jones At-Large Member	1 0 0 0	X						0	0	0
(8) Scott C Arves At-Large Member	1 0 0 0	X						0	0	0
(9) Shepard Dunn At-Large Member	1 0 0 0	X						0	0	0
(10) Shern Garner Brumbaugh At-Large Member	1 0 0 0	X						0	0	0
(11) Stephen J Rush Conference Vice President	1 0 0 0	X						0	0	0
(12) Stephen Russell At-Large Member	1 0 0 0	X						0	0	0
(13) Stephen Wadhams State Vice President	1 0 0 0	X						0	0	0
(14) Steve Bates State Vice President	1 0 0 0	X						0	0	0
(15) Steve Gordon At-Large Member	1 0 0 0	X						0	0	0
(16) Steve Holtgeerts State Vice President	1 0 0 0	X						0	0	0
(17) Steve Williams Past Chairman	1 0 0 0	X						0	0	0
(18) Steven L Niswander State Vice President	1 0 0 0	X						0	0	0
(19) Thomas F Jensen Carrier Policy Committee Chair	5 0 0 0	X						0	0	0
(20) Thomas Lee State Vice President	1 0 0 0	X						0	0	0
(21) Thomas S Brennan State Vice President	1 0 0 0	X						0	0	0
(22) Thomas Witt Conference Vice President	1 0 0 0	X						0	0	0
(23) Tom B Kretsinger Jr ATA Litigation Center Chairman	5 0 0 0	X						0	0	0
(24) Tonn M Ostergard At-Large Member	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(176) Vicki Jones Stephens State Vice President	1 0 0 0	X						0	0	0
(1) W Tobin Cassels At-Large Member	1 0 0 0	X						0	0	0
(2) William A Usher Jr At-Large Member	1 0 0 0	X						0	0	0
(3) William E Jayne III At-Large Member	1 0 0 0	X						0	0	0
(4) William E Jayne Jr Ementus Member	1 0 0 0	X						0	0	0
(5) William H Reed Jr At-Large Member	1 0 0 0	X						0	0	0
(6) William J Logue At-Large Member	1 0 0 0	X						0	0	0
(7) William K England Ementus Member	1 0 0 0	X						0	0	0
(8) William T Cassels Jr Past Chairman	1 0 0 0	X						0	0	0
(9) Karla Hulett Executive Vice President & COO	30 0 10 0			X				387,194	0	18,633
(10) William Graves President and CEO	30 0 10 0			X				1,666,072	0	31,078
(11) Carl Kirk Vice President	40 0 0 0				X			203,698	0	15,814
(12) David J Osiecki Executive Vice President	40 0 0 0				X			346,447	0	28,232
(13) David T Brodie Senior Vice President	40 0 0 0				X			286,979	0	28,587
(14) Howard Abramson Senior Vice President	40 0 0 0				X			192,194	0	2,627
(15) Jeff Mason Executive Vice President	40 0 0 0				X			310,023	0	8,918
(16) Kay Perkins Senior Vice President	40 0 0 0				X			213,602	0	15,466
(17) Prasad Sharma Senior VP & General Counsel	30 0 10 0				X			260,831	0	27,221
(18) Warren E Hoemann Senior Vice President	40 0 0 0				X			232,414	0	22,929
(19) Caroline Decker Vice President	40 0 0 0					X		204,820	0	19,340
(20) Christopher Spear Senior Vice President	40 0 0 0					X		227,552	0	17,047
(21) Rebecca Brewster Senior Vice President	0 0 40 0					X		283,414	0	28,491
(22) Richard Planka Vice President	20 0 20 0					X		207,928	0	12,192
(23) Robert Costello Senior Vice President	40 0 0 0					X		210,497	0	14,593
(24) Mary B Phillips Senior Vice President	40 0 0 0						X	307,138	0	1,040

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization American Trucking Associations Inc	Employer identification number 53-0026970
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ 175,049
3	Volunteer hours	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	18,924,499
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	1,983,105
b	Carryover from last year	2b	
c	Total	2c	1,983,105
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,649,430
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	-666,325

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
CAMPAIGN ACTIVITY	PART I-A, LINE 1 THE AMERICAN TRUCKING ASSOCIATIONS, INC 'S INDIRECT POLITICAL CAMPAIGN ACTIVITIES CONSIST OF PROVIDING FACILITIES AND CATERING SERVICES TO THE ATA TRUCK PAC FOR THEIR EVENTS. TREAS REG SEC 1.527-6(B)(1)(I) PROVIDES THAT A SECTION 501(C) ORGANIZATION'S EXPENDITURES WHICH ARE OTHERWISE PERMITTED UNDER THE FEDERAL ELECTION CAMPAIGN ACT (FECA) OR SIMILAR STATE STATUTE ARE FOR AN EXEMPT FUNCTION ONLY TO THE EXTENT PROVIDED IN TREAS REG SEC 1.527-6(B)(3). TREAS REG SEC 1.527-6(B)(3) HAS BEEN RESERVED (I.E., NO REGULATIONS HAVE BEEN PROMULGATED UNDER THIS SECTION). T.D. 7744 STATES THAT WHEN FINAL REGULATIONS ARE ISSUED UNDER THIS SECTION, THEY WILL BE APPLIED ON A PROSPECTIVE BASIS IF TAXPAYERS ARE ADVERSELY AFFECTED. PERMITTED ACTIVITIES OF A CORPORATION UNDER THE FECA INCLUDE, AMONG OTHER THINGS, PAYING THE COSTS OF ESTABLISHING A SEPARATE SEGREGATED FUND AND SOLICITING CONTRIBUTIONS TO SUCH FUND (SUBJECT TO VARIOUS RESTRICTIONS), COMMUNICATIONS WITH MEMBERS ABOUT CANDIDATES FOR PUBLIC OFFICE (IN THE CASE OF A MEMBERSHIP CORPORATION), AND ENGAGING IN CERTAIN NONPARTISAN ACTIVITIES DURING A POLITICAL CAMPAIGN SUCH AS VOTER REGISTRATION DRIVES. UNDER THE CURRENT REGULATIONS, IF A SECTION 501(C)(6) ORGANIZATION INCURS INDIRECT EXPENSES, SUCH AS EXPENSES INCURRED IN SOLICITING CONTRIBUTIONS TO A PAC, THE IRS WILL NOT IMPOSE TAX ON SUCH EXPENDITURES UNDER SECTION 527(F)(1) OR REQUIRE THE ORGANIZATION TO REPORT SUCH EXPENDITURES ON FORM 1120-POL.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization American Trucking Associations Inc	Employer identification number 53-0026970
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,204		150,204
b Buildings		28,172,621	4,920,862	23,251,759
c Leasehold improvements		11,780,212	5,722,743	6,057,469
d Equipment		2,147,967	1,816,736	331,231
e Other		5,168,561	3,123,517	2,045,044
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,835,707

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part 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 Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
ESCROW AGREEMENT	SCHEDULE D, PART IV, LINE 2B A REAL ESTATE SALE AGREEMENT REQUIRED ATA TO DEPOSIT FUNDS IN A SOIL MANAGEMENT ESCROW ACCOUNT HELD IN TRUST BY A LEGAL FIRM TO PAY HALF OF THE EXPENSES RELATING TO SOIL REMOVAL, TESTING AND DISPOSAL ON PREVIOUSLY OWNED PROPERTY
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2 THE AMERICAN TRUCKING ASSOCIATIONS' (ATA) ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS TO RECOGNIZE TAX POSITIONS IF THEY WILL MORE LIKELY THAN NOT BE ULTIMATELY REALIZED. ATA DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT SHOULD BE RECORDED. IN THE EVENT ATA WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS AN INCOME TAX EXPENSE. TAX YEARS 2011 THROUGH 2014 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
American Trucking Associations Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
53-0026970

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

4

3

Enter total number of other organizations listed in the line 1 table

10

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
GRANTS AND ASSISTANCE	SCHEDULE I, PART II THE AMERICAN TRANSPORTATION ASSOCIATIONS, INC DOES NOT GIVE GRANTS TO THIRD PARTIES THE AMOUNTS LISTED ON PART II ARE CONTRIBUTIONS TO THE LISTED ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 53-0026970
Name: American Trucking Associations Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN TRANSPORTATION RESEARCH INSTITUTE950 N GLEBE ROAD SUITE 210 ARLINGTON,VA 22203	53-2039775	501(c)(3)	558,500				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HIGHWAY USERS ALLIANCEPO BOX 34523 WASHINGTON,DC 20043	53-0186334	501(c)(6)	32,200				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA TRUCKING ASSOCIATION4148 EAST COMMERCE WAY SACRAMENTO, CA 95834	95-1028780	501(c)(6)	30,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S INFRASTRUCTURE ALLIANCE400 NORTH CAPITOL ST NW SUITE 585 WASHINGTON,DC 20001	90-0916604	501(c)(4)	25,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO TRUCKING ASSOCIATION21 EAST STATE STREET SUITE 900 COLUMBUS,OH 43215	31-4268450	501(c)(6)	17,500				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO MOTOR TRANSPORT ASSOCIATION3405 E OVERLAND ROAD SUITE 175 MERIDIAN,ID 83642	82-0130770	501(c)(6)	15,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TRUCKING ASSOCIATION1707 SUMITT AVENUE SUITE 110 RICHMOND,VA 23230	54-0419430	501(c)(6)	15,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMERICAL VEHICLE SAFETY ALLIANCE1101 17TH STREET NW SUITE 803 WASHINGTON,DC 20036	91-1212247	501(c)(3)	10,950				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATON NCAC INC 3701 PENDER DRIVE SUITE 400 FAIRFAX,VA 22030	52-1196162	501(c)(3)	10,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS TRUCKING ASSOCIATION1401 W CAPTIOL SUITE 185 LITTLE ROCK,AR 72201	71-0199880	501(c)(6)	10,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT VERNON LADIES ASSOC OF THE UNION 1250 EYE STREET NW SUITE 400 WASHINGTON,DC 20005	54-0564701	501(c)(3)	10,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAFTANEXT SUMMIT INC 1120 20TH STREET NW SUITE 500 NORTH WASHINGTON,DC 20036	03-0390222		10,000				CONTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND TRUCKING ASSOCIATION660 ROOSEVELT AVE PAWTUCKET,RI 028601008	05-0209060	501(c)(6)	10,000				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR EFFICIENT & RESPONSIBLE TRUCKING INCPO BOX 66361 WASHINGTON, DC 200356361	47-1757789	501(c)(4)	7,900				CONTRIBUTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
American Trucking Associations Inc

Employer identification number
53-0026970

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
CHAIRMAN TRAVEL	PART I, LINE 1A THE CHAIRMAN AND CHAIRMAN'S SPOUSE MAY TRAVEL FIRST CLASS DUE TO HEAVY TRAVEL SCHEDULES THE POSITION IS AN UNPAID ONE YEAR POSITION
PRESIDENT TRAVEL	PART I, LINE 1A THE PRESIDENT & CEO MAY TRAVEL FIRST CLASS DUE TO A HEAVY TRAVEL SCHEDULE
SPOUSE TRAVEL	PART I, LINE 1A THE PRESIDENT & CEO'S SPOUSE MAY TRAVEL FIRST CLASS TO AN ANNUAL CONVENTION FOR BUSINESS PURPOSES
GOLF DUES	PART I, LINE 1A THE PRESIDENT & CEO'S GOLF CLUB DUES ARE PAID FOR BUSINESS PURPOSES PERSONAL USE IS REPORTED FOR TAXABLE PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 53-0026970
Name: American Trucking Associations Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Karla Hulett, Executive Vice President & COO	(i) (ii)	294,872 0	90,000 0	2,322 0	7,800 0	10,833 0	405,827 0	0 0
1 William Graves, President and CEO	(i) (ii)	861,325 0	789,923 0	14,824 0	9,272 0	21,806 0	1,697,150 0	0 0
2 Mary B Phillips, Senior Vice President	(i) (ii)	307,049 0	0 0	89 0	257 0	783 0	308,178 0	0 0
3 Carl Kirk, Vice President	(i) (ii)	194,415 0	7,500 0	1,783 0	8,300 0	7,514 0	219,512 0	0 0
4 David J Osecki, Executive Vice President	(i) (ii)	255,205 0	90,000 0	1,242 0	9,035 0	19,197 0	374,679 0	0 0
5 David T Brodie, Senior Vice President	(i) (ii)	257,788 0	25,000 0	4,191 0	8,823 0	19,764 0	315,566 0	0 0
6 Howard Abramson, Senior Vice President	(i) (ii)	191,872 0	0 0	322 0	638 0	1,989 0	194,821 0	0 0
7 Jeff Mason, Executive Vice President	(i) (ii)	242,745 0	65,000 0	2,278 0	7,366 0	1,552 0	318,941 0	0 0
8 Kay Perkins, Senior Vice President	(i) (ii)	205,162 0	5,500 0	2,940 0	7,447 0	8,019 0	229,068 0	0 0
9 Prasad Sharma, Senior VP & General Counsel	(i) (ii)	237,801 0	22,500 0	530 0	8,174 0	19,047 0	288,052 0	0 0
10 Warren E Hoemann, Senior Vice President	(i) (ii)	221,211 0	5,000 0	6,203 0	7,202 0	15,727 0	255,343 0	0 0
11 Caroline Decker, Vice President	(i) (ii)	199,397 0	5,000 0	423 0	4,440 0	14,900 0	224,160 0	0 0
12 Christopher Spear, Senior Vice President	(i) (ii)	197,115 0	30,000 0	437 0	5,769 0	11,278 0	244,599 0	0 0
13 Rebecca Brewster, Senior Vice President	(i) (ii)	274,672 0	7,500 0	1,242 0	9,224 0	19,267 0	311,905 0	0 0
14 Richard Pianka, Vice President	(i) (ii)	203,768 0	3,500 0	660 0	4,786 0	7,406 0	220,120 0	0 0
15 Robert Costello, Senior Vice President	(i) (ii)	209,686 0	350 0	461 0	7,314 0	7,279 0	225,090 0	0 0

2014

**Open to Public
Inspection**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

Name of the organization
American Trucking Associations Inc

Employer identification number

53-0026970

**Return
Reference**

Explanation

RELATIONSHIPS

FORM 990, PART VI, LINE 2 - DONALD M BOWMAN AND JAMES E WARD, JR HAVE A BUSINESS RELATIONSHIP - PHILIP SCOTT GEORGe AND DAVID MANNING HAVE A BUSINESS RELATIONSHIP - JOSEPH A GREENSTEIN AND JOHN ROSWICK HAVE A BUSINESS RELATIONSHIP - RANDY P GUILLOT, RANDAL CLIFFORD, PHILIP SCOTT GEORGE, KEVIN LHOTAK, DAVID MANNING, GREGORY OWEN AND G CLIFTON PARKER HAVE A BUSINESS RELATIONSHIP - ANNE M LYNCH, ANDREW T BOYLE AND MARC D BOYLE HAVE A BUSINESS RELATIONSHIP - J LAVON MORTON AND JUDY McREYNOLDS HAVE A BUSINESS RELATIONSHIP - G CLIFTON PARKER, W TOBIN CASSELS AND WILLIAM T CASSELS, JR HAVE A BUSINESS RELATIONSHIP - BARRY E POTTLE AND CHELSEA POTTLE DEMMONS HAVE A FAMILY RELATIONSHIP - LEE PHILIP SHAFFER AND DENNIS A NASH HAVE A BUSINESS RELATIONSHIP - LARRY WOOLSON, EVERETT ROEHL, RICHARD ROEHL AND THOMAS WITT HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
MEMBERS	FORM 990, PART VI, LINE 6 THE AMERICAN TRUCKING ASSOCIATION, INC IS A TRADE ASSOCIATION CONSISTING OF DUES PAYING MEMBERS

Return Reference	Explanation
ELECTING A GOVERNING BOARD	FORM 990, PART VI, LINE 7A THE AMERICAN TRUCKING ASSOCIATIONS, INC (ATA) BOARD OF DIRECTORS CURRENTLY CONSISTS OF ONE HUNDRED THIRTY MEMBERS PLUS TWENTY-THREE EMERITUS MEMBERS FOR A TOTAL OF ONE HUNDRED FIFTY-THREE VOTING MEMBERS SIXTY-THREE OFFICERS AND VICE PRESIDENTS AT LARGE ARE ELECTED BY THE BOARD ITSELF ANNUALLY FIFTEEN COMMITTEE CHAIRS ARE APPOINTED ANNUALLY BY THE CHAIRMAN, WHO SERVES A ONE YEAR TERM FIFTY-TWO STATE ASSOCIATIONS, AFFILIATED CONFERENCES REPRESENTING INDUSTRY SEGMENTS, AND OTHER RELATED ORGANIZATIONS EACH ELECT ONE ATA MEMBER AS THEIR REPRESENTATIVE TO THE BOARD EMERITUS MEMBERS ARE EX-OFFICIO LIFETIME MEMBERS

Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, LINE 11B DRAFT VERSIONS OF THE 990 TAX RETURNS ARE REVIEWED BY THE SENIOR VICE PRESIDENT & CONTROLLER OF THE ORGANIZATION AND THEN FORWARDED TO AN INDEPENDENT ACCOUNTING FIRM FOR REVIEW FINAL DRAFTS ARE GIVEN TO THE MANAGEMENT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE MANAGEMENT COMMITTEE IS AUTHORIZED BY THE 153 MEMBER BOARD TO ACT ON ALL FINANCIAL AND ADMINISTRATIVE AFFAIRS OF THE ORGANIZATION THE RETURN IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS ON THEIR WEB PAGE

Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, LINE 12C THE AMERICAN TRUCKING ASSOCIATIONS, INC REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ALL CONTRACTS GO THROUGH AN EXTENSIVE REVIEW PROCESS ALL ACCOUNTS PAYABLE CHECKS ARE REVIEWED AND APPROVED BY EITHER THE SENIOR VICE PRESIDENT & CONTROLLER OR THE ASSISTANT CONTROLLER BEFORE THEY ARE RELEASED IF AN EMPLOYEE IS MADE AWARE OF A CONFLICT THEY ARE INSTRUCTED TO DISCLOSE THE SITUATION THROUGH THE PROPER CHAIN SO THAT THE APPROPRIATE ACTION MAY TAKE PLACE

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE AMERICAN TRUCKING ASSOCIATIONS (ATA) USES AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT AN ANNUAL REVIEW OF THE PRESIDENT & CEO'S COMPENSATION THE PROCESS INCLUDES A REVIEW OF THE CURRENT CASH COMPENSATION (BASE SALARY PLUS INCENTIVE BONUS AND BENEFITS) SECONDLY, THE CONSULTANT CONDUCTS A MARKET ANALYSIS COMPARING THE CEO'S COMPENSATION WITH THE COMPENSATION OF CEO'S OF COMPARABLE TRADE ASSOCIATIONS THE ATA COMPENSATION COMMITTEE IS A SUBCOMMITTEE OF THE ATA EXECUTIVE COMMITTEE, A SUBCOMMITTEE OF THE ATA BOARD OF DIRECTORS THE COMPENSATION COMMITTEE CONSIDERS THE RESULTS OF THESE ANALYSES WHEN DETERMINING COMPENSATION LEVELS OF THE CEO THE SENIOR STAFF'S COMPENSATION IS COMPARED TO COMPENSATION OF COMPARABLE POSITIONS IN A COMPARATOR GROUP OF TRADE ASSOCIATIONS AND REVIEWED BY THE PRESIDENT AND CEO

Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS TO THE PUBLIC	FORM 990, PART VI, LINE 19 THE AMERICAN TRUCKING ASSOCIATIONS, INC. MAKES GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE BOARD MEMBERS. THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE TO STAFF AND GOVERNING DOCUMENTS ARE AVAILABLE TO MEMBERS. TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	Form 990, Part XI, line 9 Change in value of Pension Equity Charge (2,712,661)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
American Trucking Associations Inc

Employer identification number
53-0026970

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ATA Foundation 950 N Glebe Road Ste 210 Arlington, VA 22203 52-1488332	Research	VA	501 (C) 6	N/A	ATA	Yes	
(2) ATA Litigation Center 950 N Glebe Road Ste 210 Arlington, VA 22203 54-1332836	Litigation	VA	501 (C) 6	N/A	NA		No
(3) American Transportation Research Ins 950 N Glebe Road Ste 210 Arlington, VA 22203 54-2039775	Research	VA	501 (C) 3	7	ATA	Yes	
(4) The Trucking Research Institute Charitab 950 N Glebe Road Ste 210 Arlington, VA 22203 54-1410559	Research	VA	501 (C) 3	7	ATA	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ATA Services Inc and Subsidiary 950 N Glebe Road Ste 210 Arlington, VA 22203 52-1066416	Computer Serv	VA	NA	C Corp			100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

Yes

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 53-0026970

Name: American Trucking Associations Inc

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN TRANSPORTATION RESEARCH INSTITUTE	b	558,500	ACTUAL CONTRIB
AMERICAN TRANSPORTATION RESEARCH INSTITUTE	l	200,000	BUDGETED FEE
AMERICAN TRANSPORTATION RESEARCH INSTITUTE	o	995,326	ACTUAL COSTS
AMERICAN TRANSPORTATION RESEARCH INSTITUTE	q	2,486,104	ACTUAL TRANSFER
ATA LITIGATION CENTER	l	125,000	BUDGETED FEE
ATA LITIGATION CENTER	o	263,508	ACTUAL COSTS
ATA LITIGATION CENTER	p	500,738	ACTUAL COSTS
ATA LITIGATION CENTER	q	184,300	ACTUAL COSTS