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DLN: 93493132044046

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)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

	r tha	2014 cal	endar year, or tax year beginning	o7-01-2014 , and ending 06-30-20	15			
		applicable	C Name of organization		13	D Emplo	ver ider	ntification number
	dress cl		AMERICAN PUBLIC TRANSPORTATIO	N ASSOCIATION			-	
	me cha	=				52-10	07647	,
			Doing business as					
•	tıal retu	ım	Number and street (or P.O. box if m	all is not delivered to street address) Room/s	suite	E Telepho	ne num	ber
⊢ Fin		mınated	1300 I STREET NW NO 1200 E	an is not delivered to street dualess, hostin, s	Jane	(202)	496-4	800
┌ Am	ended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
		n pending	WASHINGTON DC 20005			G Gross re	eceipts \$	35,210,356
,		р	F Name and address of prin	ecinal officer	1	_		_
			RICHARD WHITE	icipal officer		this a group ubordinates?	return	for
			1300 I STREET NW NO 120	00 E				,,
			WASHINGTON, DC 20005		1	re all subordi	nates	Γ Y es Γ No
т Та	x-exen	npt status		insert no) 4947(a)(1) or 527		cluded? "No." attach	a lıst	(see instructions)
				, ,,,,	-	•		
			VW APTA COM		H(c) G	Froup exempt	ion nur	nber 🟲
			Corporation Trust Associatio	n Other ▶	L Year o	of formation 19	74 M	State of legal domicile DC
Pa	rt I	Sum	ımary					
			escribe the organization's missic RT III, LINE 1	n or most significant activities				
e e		<u> JLL FAI</u>	NT III, LINE I					
Ě								
Ë	_							
Governance	2	Check th	his box 🛏 if the organization dis	scontinued its operations or disposed	l of more tha	in 25% of its	net as	sets
	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	100
Activities &				of the governing body (Part VI, line 11			4	100
Ě				calendar year 2014 (Part V, line 2a)			5	119
ਹੁੰ	1			ecessary)			6	100
q,				art VIII, column (C), line 12			7a	801,993
	Ь	Net unre	elated business taxable income fi	om Form 990-T, line 34			7b	C
					ı	Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, lii	ne 1h)		621,1	128	962,375
를	9	Progra	am service revenue (Part VIII, li	ne 2g)		19,564,5	558	28,070,153
Revenue	10	Inves	tment ıncome (Part VIII, column	(A), lines 3, 4, and 7d)		91,8	328	718,796
ά	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		54,4	173	235,116
	12			(must equal Part VIII, column (A), li	ne	20,331,9	107	29,986,440
	13			IX, column (A), lines 1-3)		197,1		161,366
	14			X, column (A), line 4)		197,1	0	101,300
	15			ee benefits (Part IX, column (A), lines				
8	13	5-10		e beliefits (Fart 1X, Column (A), illies		10,389,1	102	10,889,954
ý Æ	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0
Expenses	Ь	Total fu	ındraısıng expenses (Part IX, column (D)), line 25) ▶ 0				
Ш	17	Other	expenses (Part IX column (A)	ınes 11a-11d, 11f-24e)	_	10,481,2	712	13,441,774
	18			st equal Part IX, column (A), line 25)		21,067,4		24,493,094
	19			18 from line 12		-735,4		5,493,346
<u>~~</u>						ning of Curre		
Net Assets or Fund Balances						Year		End of Year
3.55 1.55 1.55 1.55	20					20,862,1		19,432,169
<u> </u>	21					16,406,6		13,651,236
	22	_		line 21 from line 20		4,455,4	195	5,780,933
	rt II		nature Block					
my k	nowle	dge and		amined this return, including accompa aplete Declaration of preparer (other				
		****	***			2016-05-11		
Sigr	1	Signa	ature of officer			Date		
Her			HAEL MELANIPHY ACTING PRESIDENT/CI	EO				
		Туре	e or print name and title					
		TF	Print/Type preparer's name	Preparer's signature		Check If	PTIN	
Paid			Firm's name F GELMAN ROSENBERG 8	L L & FREEDMAN		self-employed Firm's EIN 🟲 52	2-139200	08
	pare	er						
Use	On	ly ˈ	Firm's address ► 4550 MONTGOMERY AV			Phone no (301	, y51-9(UEU
			BETHESDA, MD 20814.	2930				

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1990 (2014)				Page
Par		ent of Program Service chedule O contains a respons	Accomplishments e or note to any line in this Part III		
1	Briefly describe	the organization's mission			
OPP		ONAL MOBILITY AND IMPR	KING PUBLIC TRANSPORTATION DVING THE QUALITY OF LIFE THE		
_					
2	Did the organizat the prior Form 99		orogram services during the year wh	ch were not listed on	┌ Yes ┌ No
	If "Yes," describe	e these new services on Scheo	lule O		
3	Did the organizat	ion cease conducting, or make	e significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," describe	e these changes on Schedule (0		
4	expenses Section		complishments for each of its three ganizations are required to report the h program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TRAINING & DEVELO	, , ,	WORKSHOPS THAT FOCUS ON SPECIFIC AR	EAS OF INTEREST IN THE TRANSIT	INDUSTRY
	(0-1-) (Fundament) (D	,
4b			including grants of \$ EAPTA TRIANNUAL EXPO, THESE CONFERENC UCIAL TO PROFESSIONAL DEVELOPMENT) (Revenue \$ CES FOCUSED ON RELEVANT INDUST	ry issues while
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	MEMBER SERVICES	INCLUDES MANAGEMENT OF MEMB	ER COMMITTEES, INDUSTRY STATISTICS AN	D FEDERAL LEGISLATIVE AND REGUL	ATORY ADVOCACY
	Other program s	services (Describe in Schedule	e O)		
	(Expenses \$	•	•) (Revenue \$)

Total program service expenses ►

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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^{\bullet}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	Yes	
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	15		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			_
	check if Schedule of contains a response of note to any fine in this fact v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 52			
ь	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	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			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5-2		5a		No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	
Ь	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
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		1
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
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			
C	Enter the amount of reserves on hand	Į		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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	Check if Schedule (contains a response or note to a	v line in this Part VI											_	.マ
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Se	ection A. Governing Body and Management			
			Yes	No
1 a	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se		evenu	ue Cod Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►MARY CHILDRESS

Form 990 (2014)	
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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) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	han d n ıs l	ne l both	box, an d	fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	. ~	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	P	3,123,287	0	543,292

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►34

	_		Yes	NO				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							
	marvidaa	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? If "Yes," complete Schedule J for such person	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) Name and business address	(B) Description of services	(C) Compensation
NATIONAL TRADE PRODUCT 313 SOUTH PATRICK ST ALEXANDRIA, VA 22314	MANAGEMENT SERVICES	973,814
DDC ADVOCACY PO BOX 34456 BETHESDA, MD 20817	CONSULTING SERVICES	821,417
GMMB 3050 K ST NW STE 100 WASHINGTON, DC 20007	ADVERTISING	684,292
EWA IIT 13873 PARK CENTER ROAD STE 200 HERNDON, VA 20171	CONSULTING SERVICES	675,000
APCO WORLDWIDE INC 700 12TH ST NW STE 800 WASHINGTON, DC 20005	ADVERTISING	276,333
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f
/enue	3 4 5 6 6 6 6 d d 6 6 6 6 6 6 6 6 6 6 6 6 6
Other Re	b 9a b 0
	11a
	b d e

Form 99		· ·						Page 9
Part V	411	Statement o Check if Schedu	o f Revenue ule O contains a respons	se or note to any lir	ne 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
s ည	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	es 1b	196,313				
يقق	С	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	zations 1d					
n Ei	e	Government grants	s (contributions) 1e					
Sir	f	_	ons, gifts, grants, and 1f	766,062				
uti	'	sımılar amounts no	ot included above		ļ	ļ		
즐글	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		962,375			
				Business Code				
enti	2a	MEMBERSHIP DUE	s	900099	8,573,633	8,573,633		
Es Es	ь	TRADE SHOW REV	ENUE	900099	6,895,097			6,895,097
92	С	MEETING FEES		900099	5,695,693	5,695,693		
že Z	d	RESEARCH & ADVO	DCACY	900099	4,191,425	4,191,425		
Ē	е	PROJECT REVENUE	E	900099	1,871,753	1,871,753		
Program Serwoe Revenue	f	All other progra	am service revenue		842,552	40,559	801,993	
<u>Ā</u>	g	Total. Add lines	s 2a – 2f	🛌	28,070,153			
	3		ome (including dividend ar amounts)		216,003			216,003
	4		stment of tax-exempt bond p	F				
	5	Royalties		🕨	110,234			110,234
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	 7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other	5,726,709					
	Ь	than inventory Less cost or						
		other basis and sales expenses	5,223,916					
	С	Gain or (loss)	502,793					
	d		ss)		502,793			502,793
<u> </u>	8a	Gross income f events (not inc	= -					
Other Revenue		\$	s reported on line 1c)					
ě		See Part IV, lin						
7	_		a					
Ě	b		penses b (loss) from fundraising e	vente .				
•	C 9a		rom gaming activities	vents p-				
		See Part IV, lin	ne 19					
	١.		a . -					
	b c		penses b (loss) from gaming activ	ities L				
		Gross sales of	_					
		returns and allo	owances .					
	ь	1000 0000 060	a oods sold b					
			oods sold . . b <u>L</u> (loss) from sales of inve	ntory 🛌				
		Miscellaneous		Business Code				
	11a	HOTEL REBAT	ED	900099	117,850			117,850
	ь	MISCELLANEC	ous	900099	7,032			7,032
	С							
	d		ue [
	e		s 11a-11d	🕨	124,882			
	12	Total revenue.	See Instructions		29,986,440	20,373,063	801,993	7,849,009

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	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	-	•	•	<u> </u>
	Check if Schedule O contains a response or note to any line in this		 (B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		'	1	
	domestic governments See Part IV, inte 21	161,366			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,479,758			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,792,495			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,084,444			
9	Other employee benefits	959,539			
10	Payroll taxes	573,718			
11	Fees for services (non-employees)				
а	Management				
b	Legal	16,864			
c	Accounting	54,019			
d	Lobbying	270,000			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,855			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,209,238			
12	Advertising and promotion	1,952,011			
13	Office expenses	1,051,716			
14	Information technology				
15	Royalties				
16	Occupancy	1,270,901			
17	Travel	700,961			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,345,665			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	135,136			
23	Insurance	60,570			
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	JOURNAL PRODUCTION COST	1,098,808			
b	DUES AND FEES	223,190			
c	TAXES AND FEES	8,840			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	24,493,094			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

F (4	T X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	507	1	433
	2	Savings and temporary cash investments	7,985,765	2	3,446,565
	3	Pledges and grants receivable, net	618,551	3	796,679
	4	Accounts receivable, net	760,427	4	899,888
	5	Loans and other receivables from current and former officers, directors, trustees, keeployees, and highest compensated employees. Complete Part II of Schedule L	еу	5	
ts	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 employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiar organizations (see instructions) Complete Part II of Schedule L	rs	6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,113,405		613,618
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 3,747,		-	010,010
	ь	Less accumulated depreciation	902 227,098	10c	370,823
	11	Investments—publicly traded securities	9,694,131	11	12.656.987
	12	Investments—other securities See Part IV, line 11	3,551,151	12	12,000,001
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
			462,306		647,176
	15	Other assets See Part IV, line 11	<u> </u>		<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,862,190	16	19,432,169
	17	Accounts payable and accrued expenses	4,568,656		9,543,186
	18	Grants payable	11 500 715	18	1 000 010
	19	Deferred revenue	11,523,715		4,063,648
	20	Tax-exempt bond liabilities		20	_
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	314,324	25	44,402
	26	D	16,406,695	26	13,651,236
	26	Total liabilities. Add lines 17 through 25	10,400,033	26	13,031,230
Fund Balance		lines 27 through 29, and lines 33 and 34.	4,455,495		5,780,933
<u>ದ</u>	27	Unrestricted net assets	4,455,495	27	5,760,955
ă	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
ī.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and			
9	30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
S S I	32	Retained earnings, endowment, accumulated income, or other funds		32	
Α. Δ	33	Total net assets or fund balances	4,455,495	33	5,780,933
Net			<u> </u>		, ,
	34	Total liabilities and net assets/fund balances	20,862,190	34	19,432,169

Par	t XI Reconcilliation 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		29,9	986,440
2	Total expenses (must equal Part IX, column (A), line 25)	2		24,4	193,094
3	Revenue less expenses Subtract line 2 from line 1	3		5,4	193,346
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		4,4	155,495
5	Net unrealized gains (losses) on investments	5		- [579,743
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		-3,5	88,165
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,7	780,933
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	riewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversaudit, review, or compilation of its financial statements and selection of an independent accountant?	ight of the	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	

Software ID: Software Version:

EIN: 52-1007647

Name: AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				inless fficer tee)		(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		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 111307	2,1033 11130)	related organizations		
(1) PHILLIP A WASHINGTON CHAIR, APTA	4 00	х		х				0	0	0		
(1) VALARIE J MCCALL	2 00	х		х				0	0	0		
VICE CHAIR, APTA (2) DORAN J BARNES	2 00	Х		х				0	0	0		
SECRETARY/TREASURER, APTA (3) PETER VARGA	2 00	X		X				0	0	0		
IMMEDIATE PAST CHAIR, APTA (4) MICHAEL A ALLEGRA	1 00											
EXECUTIVE COMMITTEE MEMBER (5) CHRISTOPHER P BOYLAN	1 00	X						0	0	0		
EXECUTIVE COMMITTEE MEMBER (6) NATHANIEL P FORD SR	1 00	Х						0	0	0		
EXECUTIVE COMMITTEE MEMBER		Х						0	0	0		
(7) HUELON A HARRISON EXECUTIVE COMMITTEE MEMBER	1 00 5 00	х						0	0	0		
(8) ANGELA IANNUZZIELLO PENG FEC EXECUTIVE COMMITTEE MEMBER	1 00	х						0	0	0		
(9) PAUL C JABLONSKI	1 00	х						0	0	0		
EXECUTIVE COMMITTEE MEMBER (10) JEANNE KRIEG	1 00	х						0	0	0		
EXECUTIVE COMMITTEE MEMBER (11) DONNA P MCNAMEE	1 00	X						0	0	0		
EXECUTIVE COMMITTEE MEMBER (12) ROSA NAVEJAR	1 00								0			
EXECUTIVE COMMITTEE MEMBER (13) KEITH T PARKER AICP	1 00	X						0	0	0		
EXECUTIVE COMMITTEE MEMBER (14) THOMAS F PRENDERGAST	1 00	X						0	0	0		
EXECUTIVE COMMITTEE MEMBER		Х						0	0	0		
(15) MICHAEL A SANDERS EXECUTIVE COMMITTEE MEMBER	1 00	х						0	0	0		
(16) PATRICK J SCULLY EXECUTIVE COMMITTEE MEMBER	1 00	х						0	0	0		
(17) CARL G SEDORYK EXECUTIVE COMMITTEE MEMBER	1 00	х						0	0	0		
(18) LORRAINE ANDERSON	1 00	х						0	0	0		
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (19) ALICE N BRAVO PE	1 00	X						0	0	0		
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (20) ANDY BYFORD	1 00											
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (21) JOSEPH M CASEY	1 00	X						0	0	0		
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (22) PAUL COMFORT	1 00	Х						0	0	0		
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR		х						0	0	0		
(23) GRACE CRUNICAN DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0		
(24) FREDERICK L DANIELS JR DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0		
DESIGNATED TRANSPIRED STOTEM MEMBER DIRECTOR		I	<u> </u>		1			<u> </u>		<u> </u>		

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	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	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) FRANK DEPAOLA	1 00	х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (1) KEVIN DESMOND	1 00										
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR		×						0	0	0	
(2) VERONIQUE HAKIM DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0	
(3) THOMAS C LAMBERT	1 00	х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (4) NEIL S MCFARLANE	1 00							_	_		
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (5) ELLEN MCLEAN	1 00	Х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR		x						0	0	0	
(6) TOM NOLAN DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0	
(7) LEANNE P REDDEN DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0	
(8) JOHN REQUA DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR	1 00	х						0	0	0	
(9) GARY C THOMAS	1 00	х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (10) LUC TREMBLAY	1 00	х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (11) STEPHANIE WIGGINS	1 00	Х						0	0	0	
DESIGNATED TRANSIT SYSTEM MEMBER DIRECTOR (12) TYLER R BONSTEAD	1 00	х						0	0	0	
DESIGNATED BUSINESS MEMBER DIRECTOR (13) JOE GIBSON	1 00	x						0	0	0	
DESIGNATED BUSINESS MEMBER DIRECTOR (14) SCOTT HORNING	1 00	X						0	0	0	
DESIGNATED BUSINESS MEMBER DIRECTOR (15) JOE POLICARPIO	1 00										
DESIGNATED BUSINESS MEMBER DIRECTOR (16) JOSEPH E REED	1 00	Х						0	0	0	
DESIGNATED BUSINESS MEMBER DIRECTOR (17) SCOTT SHERIN	1 00	Х						0	0	0	
DESIGNATED BUSINESS MEMBER DIRECTOR		х						0	0	0	
(18) KENNETH C SHIELDS PE DESIGNATED BUSINESS MEMBER DIRECTOR	1 00	х						0	0	0	
(19) PAUL P SKOUTELAS DESIGNATED BUSINESS MEMBER DIRECTOR	1 00	х						0	0	0	
(20) TOM WEBB DESIGNATED BUSINESS MEMBER DIRECTOR	1 00	х						0	0	0	
(21) JASON WHITE DESIGNATED BUSINESS MEMBER DIRECTOR	1 00	х						0	0	0	
(22) DAN BLANKENSHIP AT LARGE DIRECTOR	1 00	х						0	0	0	
(23) JEFFREY F BOOTHE AT LARGE DIRECTOR	1 00	х						0	0	0	
(24) BILL CARPENTER	1 00	x						0	0	0	
AT LARGE DIRECTOR		_ ^							U		

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (nan o n is b	ne b oth	ox, ι an o	ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(51) FRANCIS BUDDY X COLEMAN	1 00	х						0	0	0	
AT LARGE DIRECTOR	1.00										
(1) ALBRECHT P ENGEL PEAT LARGE DIRECTOR	1 00	x						0	0	0	
(2) RONALD L EPSTEIN	1 00	x						0	0	0	
AT LARGE DIRECTOR		_ ^						0	0	0	
(3) RUFUS FRANCIS	1 00	l x						0	0	0	
AT LARGE DIRECTOR											
(4) RUSS FRANK	1 00	×						0	0	0	
AT LARGE DIRECTOR	1.00										
(5) FREDDIE C FULLER II	1 00	×						0	0	0	
AT LARGE DIRECTOR (6) LEE G GIBSON	1 00										
		×						0	0	0	
AT LARGE DIRECTOR (7) CAROL HERRERA	1 00										
		×						0	0	0	
AT LARGE DIRECTOR (8) ANDREW J JOHNSON	1 00										
AT LARGE DIRECTOR		×						0	0	0	
(9) DARRELL JOHNSON	1 00										
AT LARGE DIRECTOR		×						0	0	0	
(10) MICHAEL D JONES	1 00										
AT LARGE DIRECTOR		×						0	0	0	
(11) CHRISTIAN T KENT	1 00	,,									
AT LARGE DIRECTOR		X						0	0	0	
(12) JENNIFER MITCHELL	1 00	х						0	0	0	
AT LARGE DIRECTOR		^						Ů	0	<u> </u>	
(13) MARY JO MORANDINI	1 00	l x						0	0	0	
AT LARGE DIRECTOR											
(14) JESSE D OLIVER ESQ	1 00	×						0	0	0	
AT LARGE DIRECTOR	1 00									_	
(15) ELIZABETH PRESUTTI AICP	1 00	×						0	0	0	
AT LARGE DIRECTOR (16) TINA QUIGLEY	1 00										
		×						0	0	0	
AT LARGE DIRECTOR (17) MARYANNE ROBERTS	1 00										
AT LARGE DIRECTOR		×						0	0	0	
(18) JANET S ROGERS	1 00										
AT LARGE DIRECTOR		×						0	0	0	
(19) MICHAEL I SCHNEIDER	1 00							_	_	_	
AT LARGE DIRECTOR		×						0	0	0	
(20) DAVID M STACKROW SR CPA	1 00	.,									
AT LARGE DIRECTOR		X						0	0	0	
(21) WILLIAM T THOMSEN PE	1 00	х						0	0	0	
AT LARGE DIRECTOR		_ ^						0	0	0	
(22) JAROD V VARNER	1 00	х						0	0	0	
AT LARGE DIRECTOR											
(23) MAXINE WORTHAM	1 00	l x						0	0	0	
AT LARGE DIRECTOR					-						
(24) ALAN C WULKAN	1 00	x						0	0	0	
AT LARGE DIRECTOR	1 00										

(A) Name and Title	(B) A verage hours per	Posit more th	ion (d					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related	person and a	nıs b dıre	oth a	an of trus	ficer tee)		from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional	Officei	Ke, emplojee	ighest co	Former			related organizations	
		trustee r	nal Trustee)}66	Highest compensated employee					
(76) CHCANNAU (FDD ADIFD AV	1.00		Ψ.			2					
(76) SUSANNAH KERR ADLER AIA DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	×						0	0	0	
(1) LISA M BACOT DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	х						0	0	0	
(2) J BARRY BARKER	1 00	x						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (3) RAUL V BRAVO	1 00	^						Ŭ	-		
DESIGNATED COMMITTEE CHAIR DIRECTOR		x						0	0	0	
(4) MADELINE CHUN ESQ	1 00	х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (5) MARLENE B CONNOR	1 00										
DESIGNATED COMMITTEE CHAIR DIRECTOR		х						0	0	0	
(6) NATALIE E CORNELL DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	×						0	0	0	
(7) JEFFREY D ENSOR	1 00	х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (8) PETER GERTLER AICP	1 00										
DESIGNATED COMMITTEE CHAIR DIRECTOR (9) LYDIA C GROSE	1 00	Х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR		Х						0	0	0	
(10) JENNIFER KALCZUK DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	х						0	0	0	
(11) RONALD J KILCOYNE	1 00	х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (12) DAVID LEININGER	1 00	×						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (13) JONATHAN H MCDONALD PE	1 00										
DESIGNATED COMMITTEE CHAIR DIRECTOR (14) DIANA C MENDES AICP	1.00	X						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	×						0	0	0	
(15) BRAD J MILLER	1 00	х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (16) HUGH A MOSE PE	1 00										
DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	Х						0	0	0	
(17) DONALD A ORSENO DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	х						0	0	0	
(18) RONALD A PAVLIK JRDESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	×						0	0	0	
(19) HARRY SAPORTA CSP PE	1 00	x						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (20) LAUREN SKIVER	1 00										
DESIGNATED COMMITTEE CHAIR DIRECTOR	1.00	X						0	0	0	
(21) W CURTIS STITT DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	х						0	0	0	
(22) DAVID VOZZOLO DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	х						0	0	0	
(23) DOTTIE L WATKINS	1 00	х						0	0	0	
DESIGNATED COMMITTEE CHAIR DIRECTOR (24) JEFFREY WHARTON	1 00							_	<u> </u>		
DESIGNATED COMMITTEE CHAIR DIRECTOR	1 00	Х						0	0	0	

Compensated Employees, and Inde	1	itracto 						1		ı
(A) Name and Title	(B) A verage	(C) Position (do not check				(D) Reportable	(E) Reportable	(F) Estimated amount		
Walle and Field	hours per	more than one box, unless			;	compensation	compensation	of other		
	week (list		person is both an officer				from the	from related	compensation	
	any hours for related	and a	dire		trus'			organızatıon (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and
	organizations	용콥	=	Office	<u>중</u>		Former	2/1099-M13C)	2/1099-M13C)	related
	below	뚩	≇	☆	Φ.	등등	쿬			organizations
	dotted line)	Individual : or director	Institutional		Ke, emplojee	80	*			
		ੋਂ ≢	호		် မ] 3				
		Individual trustee or director	Trustee		ē	Highest compensat				
		<u>ā</u> .	<u>3</u>			15 15				
			"			2				
(101) MICHAEL MELANIPHY	32 50			.,				674.000		64.330
PRESIDENT & CEO	5 00			X				674,898	0	61,339
(1) MARY CHILDRESS	32 50				.,			207.402		24.545
CHIEF FINANCIAL OFFICER	5 00				X			207,493	0	34,515
(2) KATHRYN D WATERS	37 50				,			240.612	0	22.005
EXECUTIVE VP, MEMBERSHIP SERVICES					X			248,612	0	32,995
(3) ROBERT L HEALY JR	37 50				,,			200.002	0	F2 224
VP, GOVERNMENT AFFAIRS					X			208,083	0	53,324
(4) ARTHUR L GUZZETTI	37 50				х			202,256	0	50,857
VP, POLICY								202,230		30,037
(5) ROSEMARY SHERIDAN	37 50				×			204,380	0	41,196
VP, COMMUNICATIONS/MARKETING								204,300	0	41,190
(6) PETRA MOLLET	37 50				x			194,653	0	34,003
CHIEF OF STAFF								194,033		34,003
(7) JAMES P LARUSCH	37 50				x			193,744	0	27,397
CHIEF COUNSEL								133,711	<u> </u>	27,337
(8) PAMELA LYNN BOSWELL	37 50				x			186,212	0	37,908
VP, WORKFORCE DEVELOPMENT										
(9) LOUIS FREDERICK SANDERS	37 50					l x		171,082	0	42,863
DIR OF OPERATIONS & TECHNICAL SVCS										,
(10) JOHN GREGORY HULL	37 50					×		178,808	0	44,690
ASST VP, PUBLIC SAFETY OPERATIONS						,		170,000		11,030
(11) WILLIAM GRIZARD	37 50					l _x		146,792	0	19,704
DIRECTOR SAFETY AUDIT PROGRAMS						,		110,732		23,701
(12) JOSEPH NIEGOSKI	37 50					l x		150,660	0	28,015
DIRECTOR EDUCATIONAL SERVICES						(`		133,300		20,013
(13) KELLYANNE GALLAGHER	37 50					l _x		155,614	0	34,486
ASST VICE PRESIDENT MEMBER SERVICES										2.,.30

DLN: 93493132044046

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

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

- 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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

- 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 **Employer identification number** AMERICAN PUBLIC TRANSPORTATION ASSOCIATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).	(:	a)	(b	`
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amo	
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 Volunteers?				
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e f	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g h i	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j 2a b c	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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? **E III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), c	or secti	on
	301(0)(0).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	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 Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		14,0	33,48
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).			1 4	05.00
a b	Current year Carryover from last year	2a 2b			85,00 22,37
c	Total	2c			62,62
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			45,35
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		-1,8	82,73
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro see instructions), and Part II-B, line 1 Also, complete this part for any additional information	up lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493132044046

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN PUBLIC TRANSPORTATION ASSOCIATION 52-1007647 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. 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 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 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	TIPE Organizations Maintaining Col	llections of Art,	<u>, His</u>	<u>tori</u>	cal T	<u>reasu</u>	res, or O	the	r Similar <i>F</i>	\sse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	neck	any of	the foll	owing that a	re a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Γ	Loan	or excl	hange progr	ams				
b	Scholarly research		е	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n hov	v the	y furth	er the c	organization	's ex	empt purpos	e ın		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	o be maintained as	part c	of the	organ	ızatıon'	's collection	?		Γ,		┌ No
Par	Part IV, line 9, or reported an am						n answere	d "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribi	utions (or other ass	ets r	not	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able							
										Amou	nt	
С	Beginning balance							1 c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a b	Did the organization include an amount on Fo									Γ,		┌ No
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete if										•	•
	Endownent Fands. Complete	(a)Current year		Prior					Three years bac		Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	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 curr	ent year end balanc	e (lın	e 1g	, colun	nn (a)) l	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ition 1	that	are hel	d and a	dministered	for	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	_	Ba(i)		
b	(ii) related organizations								· · · ·	a(ii) 3b		
4	Describe in Part XIII the intended uses of th	<u>=</u>				•		•		<u> </u>		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1	nt. Complete if t				n ansv	vered 'Yes	' to	Form 990,	Part	[V, lır	ne
	Description of property	.0.			Cost o	r other stment)	(b)Cost or o		(c) Accumula depreciatio		(d) Bo	ook value
	Land											
	Buildings		•					3,438				148,438
	Leasehold improvements		•	-				3,604		3,331		15,273
	Equipment		•				· ·	2,797		5,629		187,168
	Other	aual Form 000 Part V		lmr /	B) lin-	10/01	l .	7,886		7,942		19,944
rota	. Aud illes ta ciliougii te (Column (a) must ed	quai ruilli 990, Pait X	, coiu	11111 (ווו, נט, ווחפ	10(C).)		•	Scheduk			370,823

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Col	mplete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	aluation
(a) bescription of investment	(b) book variation	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization		, Part IV, line 11d See	
(a) Descrip	ption		(b) Book value
Tabel (Calama (1) and 1)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			Ino 110 or 115 Coc
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nzation answered 'Yes' t	o roitti 990, Part IV, I	me 11e or 11r. 5ee
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEFERRED RENT	43,624		
DUE TO RELATED PARTIES	778		
Table (Orleans (1) and a second secon			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	44,402	h	Takatan and all at the second

Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	Return Complete If
1	Total revenue, gains, and other support per audited financial statements	1	31,259,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -579,743		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	1,273,213
3	Subtract line 2e from line 1	3	29,986,440
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............4b		
c	Add lines 4a and 4b	4 c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	29,986,440
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per audited financial statements	1	26,358,169
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,865,075
3	Subtract line 2e from line 1	3	24,493,094
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,493,094
Par	t XIII Supplemental Information		•
Par	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b t 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 rmation		de any additional
	Return Reference Explanation		
PARI	FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, THE ASSOCIATION THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMENTED TO BE AND THE CONSOLIDATED FINANCIAL STATEMENTS THE CONSOLIDATED FINANCIAL STATE	AT PF RMIN OGNI HE FE	ROVIDES GUIDANCE ED THAT NO ITION OR DERAL FORM 990,

PART X, LINE 2	FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, THE ASSOCIATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS	NORTH AMERICAN TRANSPORTATION STANDARDS ASSOCIATION 1,852,956 REVENUE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FOR 990 REPORTING
PART XII, LINE 2D - OTHER ADJUSTMENTS	NORTH AMERICAN TRANSPORTATION STANDARDS ASSOCIATION 1,865,075 EXPENSES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND EXCLUDED FOR 990 REPORTING
	Schedule D (Form 990) 2014

Jenedale 2 (1 31111 33 3) 23 13		1 age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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SCHEDULE F (Form 990)	Statement o	f Activities (Activities Outside the United States						
Department of the Traceury	► Comple ormation about Sche	e if the organizatio Part IV, line ► Attach t dule F (Form 990) a	14b, 15 o Form	ov/form990.	2014 Open to Public Inspection				
Name of the organization		ATION				Employer identification number			
AMERICAN PUBLIC TRANSPOR	RIATION ASSOCI	ATION				52-1007647			
Part I General Inform "Yes" to Form 990			he Un	i ted States. Co	mplete	e if the organiz	ation answered		
1 For grantmakers. Does	_					_			
and other assistance, the used to award the grant							┌ Yes ┌ No		
2 For grantmakers. Describes assistance outside the U		organızatıon's p	rocedu	ires for monitorii	ng the	use of its grant	ts and other		
3 Activites per Region (The	following Part I, lir	e 3 table can be d	uplicate	ed if additional spa	ice is ne	eeded)			
(a) Region	(b) Number of offices in the region		régi fundrais inve	ctivities conducted in on (by type) (e g , sing, program services, estments, grants to hents located in the region)	a progra	ctivity listed in (d) is am service, describe pecific type of vice(s) in region	(f) Total expenditures for and investments in region		
(1) NORTH AMERICA		0 0	FROM	RAM REVENUE MEMBERSHIP OF \$634,817					
(2) EAST ASIA AND THE PACIFIC		0 0	PROG FROM	RAM REVENUE MEMBERSHIP OF \$16,053					
(3) EUROPE (INCLUDING ICELAND & GREENLAND)	0 0	PROG FROM	RAM REVENUE MEMBERSHIP OF \$125,370					
(4) CENTRAL AMERICA AND CARIBBEAN	THE	0 0	PROG FROM	RAM REVENUE MEMBERSHIP OF \$5,209					
(5)				'					
3a Sub-total		0 0					0		
b Total from continuation sh to Part I		0 0					0		
c Totals (add lines 3a and 31 For Paperwork Reduction Act Notice			<u> </u>	Cat I	l No 500	82W Schedu	0 ule F (Form 990) 2014		

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 52-1007647

Name: AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

DLN: 93493132044046

Inspection

Employer identification number

52-1007647

Pa	rt 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

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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006	52-1616062	501(C)(3)	10,000				ANNUAL CONTRIBUTION
(2) CAPITOL HILL PUBLISHING 1625 K STREET NW SUITE 900 WASHINGTON, DC 20006		OTHER	. 20,000				SPONSORSHIP
(3) CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	7,500				GRASSROOTS ADVOCACY
(4) MONTEREY MOBILITY COALITION 330 CARMEL AVENUE MARINA, CA 93933	47-1498737	OTHER	7,500				GRASSROOTS ADVOCACY
(5) SJSU FOUNDATION MTI ENDOWMENT 210 N 4TH STREET 4TH FLOOR SAN JOSE,CA 95112	94-6017638	501(C)(3)	10,000				CONTRIBUTION
(6) SMART GROWTH AMERICA 1707 L STREET NW SUITE 250 WASHINGTON, DC 20036	27-0038938	501(C)(3)	15,000			1	GRASSROOTS ADVOCACY

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

Schedule I (Form 990) 2014							
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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	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					
	APTA REQUIRES WRITTEN REPORTS TO VERIFY THAT PROJECTS ARE COMPLETED AS SPECIFIED BY GRANT APTA REQUIRES THE ORGANIZATION TO SUBMIT 2 PROGRESS REPORTS, THE FIRST 6 MONTHS AFTER START OF PROJECT AND THE SECOND AT THE END					

Schedule I (Form 990) 2014

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DLN: 93493132044046

OMB No 1545-0047

Schedule J (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

ı G	Questions Regarding Compensation		ı ı			
			Yes	No		
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use					
	▼ Travel for companions					
	▼ Tax idemnification and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	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					
	▼ Compensation committee					
	✓ Independent compensation consultant ✓ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		Νo		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a				
b	Any related organization?	5b				
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a				
b						
	If "Yes," to line 6a or 6b, describe in Part III					
7						
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	8				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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)(1)-(111) 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 o	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII 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
,	THE CEO'S EMPLOYMENT CONTRACT SPECIFIES THAT APTA WILL PAY FOR SPOUSES' TRAVEL TO SPECIFIC APTA EVENT (WHICH IS INCLUDED IN TAXABLE WAGES), AND CERTAIN PAYMENTS SUCH AS HOUSING AND SUPPLEMENTAL RETIREMENT CONTRIBUTIONS
	COMPENSATION IS GROSSED UP FOR THOSE ITEMS

Schedule J (Form 990) 2014

Software ID:

Software Version: EIN: 52-1007647

Name: AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

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

(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
MICHAEL MELANIPHY, PRESIDENT & CEO	(1) (11)	440,909 0	30,980	203,009	27,700	33,639	736,237	0 0
MARY CHILDRESS, CHIEF FINANCIAL OFFICER	(ı) (ıı)	205,608 0	0	1,885 0	25,651 0	8,864 0	242,008	0
KATHRYN D WATERS, EXECUTIVE VP, MEMBERSHIP SERVICES	(I) (II)	242,281 0	0	6,331 0	30,197 0	2,798 0	281,607	0
ROBERT L HEALY JR, VP, GOVERNMENT AFFAIRS	(I) (II)	205,168 0	0	2,915 0	31,938 0	21,386 0	261,407	0
ARTHUR L GUZZETTI, VP, POLICY	(I) (II)	200,400 0	0	1,856 0	31,199 0	19,658 0	253,113	0
ROSEMARY SHERIDAN, VP, COMMUNICATIONS/MARKETING	(I) (II)	201,530 0	0	2,000	31,366 0	9,830 0	245,576	0
PETRA MOLLET, CHIEF OF STAFF	(I) (II)	194,235 0	0	418 0	24,245 0	9,758 0	228,656	0
JAMES P LARUSCH, CHIEF COUNSEL	(I) (II)	191,984 0	0	1,760 0	23,909	3,488 0	221,141	0
PAMELA LYNN BOSWELL, VP, WORKFORCE DEVELOPMENT	(I) (II)	185,313 0	0 0	1	28,912 0	8,996 0	224,120	0
LOUIS FREDERICK SANDERS, DIR OF OPERATIONS & TECHNICAL SVCS	(I) (II)	164,040	0	7,042	25,567 0	17,296 0	213,945	0
JOHN GREGORY HULL, ASST VP, PUBLIC SAFETY OPERATIONS	(I) (II)	174,150 0	0 0	4,658 0	27,113 0	17,577 0	223,498	0
WILLIAM GRIZARD, DIRECTOR SAFETY AUDIT PROGRAMS	(I) (II)	143,115 0	0	3,677 0	17,824 0	1,880 0	166,496	0
JOSEPH NIEGOSKI, DIRECTOR EDUCATIONAL SERVICES	(I) (II)	149,380 0	0	1,280	18,626 0	9,389 0	178,675	0
KELLYANNE GALLAGHER, ASST VICE PRESIDENT MEMBER SERVICES	(I) (II)	154,885 0	0	729 0	19,327 0	15,159 0	190,100	0

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SCHEDULE O

As Filed Data -

DLN: 93493132044046

OMB No 1545-0047

2014

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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 PUBLIC TRANSPORTATION ASSOCIATION

Employer identification number

52-1007647

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TWENTY DIRECTORS ARE DESIGNATED TRANSIT SYSTEM DIRECTORS THESE ARE THE TWENTY HIGHEST DUES- PAYING TRANSIT SYSTEM MEMBERS OF THE ASSOCIATION TEN DIRECTORS ARE DESIGNATED BUSINESS MEMBER DIRECTORS THESE ARE THE TEN HIGHEST DUES-PAYING BUSINESS MEMBERS OF THE ASSOCIATION THERE ARE TWENTY SEVEN DESIGNATED COMMITTEE CHAIRS THE REMAINING DIRECTORS ARE ELECTED BY THE MEMBERS AT AN ANNUAL MEETING

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE 990 WAS PROVIDED TO THE BOARD BEFORE IT WAS FILED WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C IN ADDITION, EXECUTIVE COMMITTEE MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY IF AN INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, EITHER BEFORE OR AFTER THE FACT, THEY ARE REQUIRED TO IMMEDIATELY MAKE FULL DISCLOSURE OF THE MATTER IN THE CASE OF AN OFFICER, DIRECTOR, OR COMMITTEE OFFICER, SUCH DISCLOSURE IS MADE TO THE ORGANIZATION'S EXECUTIVE COMMITTEE. WHENEVER, IN THE OPINION OF THE EXECUTIVE COMMITTEE, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST DETRIMENTAL TO THE AMERICAN PUBLIC TRANSPORTATION ASSOCIATION (APTA), THE EXECUTIVE COMMITTEE REQUIRES SUCH ACTION OR ABSTENTION BY THE INDIVIDUAL AS THE EXECUTIVE COMMITTEE DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF THE ORGANIZATION IN THE CASE	Return Reference	Explanation
OF AN AMERICAN PUBLIC TRANSPORTATION ASSOCIATION EMPLOYEE, SUCH DISCLOSURE IS MADE TO THE APTA PRESIDENT WHENEVER, IN THE OPINION OF THE APTA PRESIDENT, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST IS DETRIMENTAL TO APTA, THE APTA PRESIDENT REQUIRES SUCH ACTION OR ABSTENTION BY THE EMPLOYEE AS THE APTA PRESIDENT DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF APTA	PART VI, SECTION B,	IN ADDITION, EXECUTIVE COMMITTEE MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY IF AN INDIVIDUAL BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, EITHER BEFORE OR AFTER THE FACT, THEY ARE REQUIRED TO IMMEDIATELY MAKE FULL DISCLOSURE OF THE MATTER IN THE CASE OF AN OFFICER, DIRECTOR, OR COMMITTEE OFFICER, SUCH DISCLOSURE IS MADE TO THE ORGANIZATION'S EXECUTIVE COMMITTEE WHENEVER, IN THE OPINION OF THE EXECUTIVE COMMITTEE, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST DETRIMENTAL TO THE AMERICAN PUBLIC TRANSPORTATION ASSOCIATION (APTA), THE EXECUTIVE COMMITTEE REQUIRES SUCH ACTION OR ABSTENTION BY THE INDIVIDUAL AS THE EXECUTIVE COMMITTEE DETERMINES IS NECESSARY OR DESIRABLE TO PROTECT THE INTERESTS OF THE ORGANIZATION IN THE CASE OF AN AMERICAN PUBLIC TRANSPORTATION ASSOCIATION EMPLOYEE, SUCH DISCLOSURE IS MADE TO THE APTA PRESIDENT WHENEVER, IN THE OPINION OF THE APTA PRESIDENT, THE INTEREST DISCLOSED CONSTITUTES A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST IS DETRIMENTAL TO APTA, THE APTA PRESIDENT REQUIRES SUCH ACTION OR ABSTENTION BY THE EMPLOYEE AS THE APTA PRESIDENT DETERMINES IS NECESSARY OR DESIRABLE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT'S SALARY IS DETERMINED BY A COMPENSATION COMMITTEE THAT REPORTS TO THE EXECUTIVE COMMITTEE AND THE EXECUTIVE COMMITTEE APPROVES THE FINAL RECOMMENDATION THE COMPENSATION COMMITTEE ENGAGES A COMPENSATION CONSULTANT WHO SPECIALIZES IN ASSOCIATION COMPENSATION THE CONSULTANT SUGGESTS A BASE COMPENSATION AND APPROPRIATE OTHER COMPENSATION BASED ON CURRENT SURVEYS AND MARKET STUDIES THE CEO PRESENTS HIS PERFORMANCE FOR THE PRIOR YEAR BASED ON AGREED UPON BENCHMARKS AND THE COMPENSATION COMMITTEE EVALUATES THE ACHIEVEMENTS OF THE CEO AND USES THE BENCHMARK TO AWARD A SALARY INCREASE. THE REVIEW PROCESS IS DOCUMENTED, AND THE LAST REVIEW TOOK PLACE IN JUNE 2015 ALL OTHER ASSOCIATION POSITIONS ARE COMPENSATED BASED ON ANNUAL PERFORMANCE REVIEWS WITH SALARY RANGES ESTABLISHED BY POSITION RESPONSIBILITIES AND NON-PROFIT SURVEYS AS DETERMINED BY THE PRESIDENT

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference		Explanation		
FORM 990, PART IX, LINE 11G		OTHER PROFESSIONAL/CONSULTING FEES 3,209,238		

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN POST-RETIREMENT MINIMUM LIABILITY -3,588,165

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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.

DLN: 93493132044046

2014

Open to Public Inspection

Name of the organization
AMERICAN PUBLIC TRANSPORTATION ASSOCIATION

Employer identification number

52-1007647

Part I Identification of Disregarded Entities Complete	f the organization answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded 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	Section (b)(contro enti	on 512 (13) rolled
						Yes	No
(1) AMERICAN PUBLIC TRANSPORTATION FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 52-1616062	SCHOLARSHIP PROGRAM	DC	501(C)(3)		AMERICAN PUBLIC TRANSPORTATION ASSOCIATION	Yes	
(2) PUBLIC TRANSIT PARTNERSHIP FOR TOMORROW FOUNDATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 52-2337960	RESEARCH/COMMUNICATION/ADVOCACY	DC	501(C)(3)		AMERICAN PUBLIC TRANSPORTATION ASSOCIATION	Yes	
(3) NORTH AMERICAN TRANSPORTATION SERVICES ASSOCIATION 1300 I STREET NW SUITE 1200 EAST WASHINGTON, DC 20005 45-2731524	STANDARDS/PEER REVIEWS/SAFETY AUDITS	DC	501(C)(6)		AMERICAN PUBLIC TRANSPORTATION ASSOCIATION	Yes	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Yes No

Part V	Transactions With Related Or	ganizations Comp	plete if the orgai	nization answered '	'Yes" on Forn	า 990, Part IV	, line 34,	35b, or 36.

Note. Complete line 1 if any enti		
	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)
- I 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)
- 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)
- 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
(1) NORTH AMERICAN TRANSIT SERVICES ASSOCIATION	N	407,339	PERCENTAGE OF OVERHEAD
(2) NORTH AMERICAN TRANSIT SERVICES ASSOCIATION	0	534,607	ACTUAL LABOR
(3) AMERICAN PUBLIC TRANSPORTATION FOUNDATION	В	323,380	FAIR MARKET VALUE

1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1 i		No
1j		No
1k		No
11		No
1m		No
1n	Yes	
10	Yes	
1р		No
1q		No
1r		No
1s		No

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .	<u> </u>							

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Part VII Supplemental Information

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

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