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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

















**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  . . . . .	<b>2</b>	Yes
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  . . . . .	<b>3</b>	Yes
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>  . . . . .	<b>5</b>	Yes
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	<b>8</b>	No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	<b>9</b>	Yes
<b>10</b> 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>  . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .	<b>11a</b>	Yes
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .	<b>11b</b>	No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .	<b>11c</b>	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11e</b>	Yes
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	<b>11f</b>	Yes
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .	<b>12b</b>	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	No
<b>16</b> 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> . . . . .	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> 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>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		102	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		198	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? 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)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes
7 Organizations that may receive deductible contributions under section 170(c).		7a	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7d	
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	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c Enter the amount of reserves on hand		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 James R Duckworth 950 N Glebe Road Ste 210 Arlington, VA 22203 (703) 838-1959

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

**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

[illegible]



[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 66

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
PUBLISHERS PRESS INCORPORATED, PO BOX 37500 LOUISVILLE, KY 40233	PUBLISHING	947,289
FREEMAN DECORATING CO, PO BOX 650036 DALLAS, TX 752650036	MEETING MANAGEMENT	920,592
STORY PARTNERS LLC, 1000 POTOMAC STREET NW SUITE 102 WASHINGTON, DC 20007	CONSULTING	324,340
PERSONIFY INC, 1919 GALLOWES ROAD SUITE 400 VIENNA, VA 22182	SOFTWARE DEVELOPMENT	273,138
SSI US INC, PO BOX 98991 CHICAGO, IL 60693	EXECUTIVE RECRUITING	265,128

Form **990** (2016)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	11,964				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	756,704				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		768,668				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEMBERSHIP DUES		900099	17,898,120	17,898,120		
	<b>b</b> MEETINGS		900099	10,407,778	10,407,778		
	<b>c</b> PERIODICALS		541800	9,459,544	1,218,724	8,240,820	
	<b>d</b> SPONSORSHIPS		900099	245,882	245,882		
	<b>e</b> SUBSCRIPTIONS		511120	43,318	43,318		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .		38,054,642				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			517,437		517,437	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties . . . . .			2,079,789		2,079,789	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .			315,754	53,726	262,028	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .			-424,249		-424,249	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		544,735	524,188	20,547			
Miscellaneous Revenue		Business Code					
<b>11a</b> CONFERENCE SERVICES		561499	185,615	185,615			
<b>b</b> MISCELLANEOUS		900099	226	226			
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			185,841				
<b>12 Total revenue.</b> See Instructions . . . . .			42,042,617	30,523,851	8,315,093	2,435,005	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	732,483			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,835,974			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	14,852,420			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	461,625			
<b>9</b> Other employee benefits.	2,284,144			
<b>10</b> Payroll taxes.	1,302,103			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	130,451			
<b>c</b> Accounting.	126,585			
<b>d</b> Lobbying.	527,015			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	60,088			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,604,282			
<b>12</b> Advertising and promotion.	482,275			
<b>13</b> Office expenses.	1,706,756			
<b>14</b> Information technology.	591,140			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	2,719,044			
<b>17</b> Travel.	1,856,357			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	5,662,140			
<b>20</b> Interest.	189,507			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	2,183,003			
<b>23</b> Insurance.	193,260			
<b>24</b> 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):				
<b>a</b> PRINTING & PUBLICATIONS	1,085,513			
<b>b</b> MEMBER RELATED SERVICES	438,338			
<b>c</b> BAD DEBT EXPENSE	349,838			
<b>d</b> MEMBERSHIP DUES	135,590			
<b>e</b> All other expenses	22,500			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	45,532,431			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		4,154,959	<b>1</b>	1,500,942
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		4,298,486	<b>4</b>	4,148,370
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		177,761	<b>8</b>	175,471
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		4,859,202	<b>9</b>	4,198,281
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	47,260,555		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	19,380,060		
				29,844,883	<b>10c</b>	27,880,495
	<b>11</b>	Investments—publicly traded securities . . . . .		20,760,050	<b>11</b>	22,362,511
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		0	<b>15</b>	0	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		64,095,341	<b>16</b>	60,266,070	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		16,830,003	<b>17</b>	16,219,790
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		8,855,749	<b>19</b>	9,138,653
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		1,591,278	<b>21</b>	1,591,278
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		7,503,627	<b>23</b>	6,552,077
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		4,869,559	<b>25</b>	4,083,735
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		39,650,216	<b>26</b>	37,585,533
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		21,580,655	<b>27</b>	19,835,036
	<b>28</b>	Temporarily restricted net assets . . . . .		2,864,470	<b>28</b>	2,845,501
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		24,445,125	<b>33</b>	22,680,537
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		64,095,341	<b>34</b>	60,266,070

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	42,042,617
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,532,431
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-3,489,814
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	24,445,125
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,166,646
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	558,580
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	22,680,537

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0026970

**Name:** American Trucking Associations Inc

Form 990 (2016)

**Form 990, Part III, Line 4a:**

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

**Form 990, Part III, Line 4b:**

PERIODICALS TRANSPORT TOPICS PUBLISHED NATIONAL WEEKLY NEWSPAPER FOR THE TRUCKING INDUSTRY WITH A PAID CIRCULATION OF MORE THAN 25,000 AND A READERSHIP OF APPROXIMATELY 75,000 THIS PUBLICATION IS THE PRIMARY SOURCE OF INFORMATION FOR THE TRUCKING INDUSTRY

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**Form 990, Part III, Line 4c:**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DUANE W ACKLIE ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
MICHAEL L AHART ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
JASON H ANDRUS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JIM ARTHAUD ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
RALPH W ARTHUR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
RICHARD BARTOLIC ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CARI BAYLOR ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
DAVID C BERRY ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
RICHARD BINKLEY ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
ALVIN M BODFORD ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD M BOWMAN JR ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
ANDREW T BOYLE ..... COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
MARC D BOYLE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
THOMAS S BRENNAN ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
GREGORY D BROWN ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
KARY BRYCE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CARL BUMGARNER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CHRIS N BUNNING ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
KEVIN W BURCH ..... CHAIRMAN	20 0 ..... 0 0	X		X				0	0	0
JAMES BURG ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRED C BURNS JR ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
JOHN BURNS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
PHILIP L BYRD SR ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
BRUCE A CAMPBELL ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
MICHAEL S CARD ..... COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
W TOBIN CASSELS ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
WILLIAM T CASSELS JR ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
RANDALL J CLIFFORD ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DAVID S CONGDON ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
JOHN R CONKIN ..... ALLIED MEMBER	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER RONALD COOPER ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DONALD COX ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
DENNIS DELLINGER ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
MARK DIBLASI ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
BRENDA DITTMER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JAMES H DIXON ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
JOSEPH M DONALD III ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JAMES C DOYLE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
MICHAEL L DUCKER ..... TREASURER	5 0 ..... 0 0	X		X				0	0	0
SHEPARD DUNN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0

(A) Name and Title	(B) Average 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 \$15-24,999	(E) Reportable compensation from the organization \$25-49,999
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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REGGIE DUPRE' ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
DANIEL J EINWECHTER ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
D JEFFREY ENGLAND ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DANIEL E ENGLAND ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
TJ ENGLAND ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
WILLIAM K ENGLAND ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
ROBEY W ESTES JR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
CALVIN E EWELL ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
SAMUEL C FAUCETTE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JAMES FIELDS ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0



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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH A GREENSTEIN ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
RANDY P GUILLOT ..... VICE CHAIRMAN	5 0 ..... 0 0	X		X				0	0	0
ROBERT F HAAG ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
MICHAEL J HABECK ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
ROBERT HAMILTON ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CHARLES L HAMMEL III ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
ERICH H HELGE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
MATTHEW BRIAN HITCHCOCK ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
G TOMMY HODGES ..... PAST CHAIRMAN	5 0 ..... 0 0	X						0	0	0
JOHN N HOFSTETTER ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE HOLTGEERTS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
RICK HOOGENDOORN ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
GREG HUMES ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
D MITCHELL JACKSON ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
WILLIAM E JAYNE III ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
WILLIAM E JAYNE JR ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
THOMAS F JENSEN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
ROYAL JONES ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DEAN E KAPLAN ..... ATA TRUCK PAC CHAIRMAN	10 0 ..... 0 0	X						0	0	0
MICHAEL KELLEY ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
KATE KILLORY ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0	
KEITH R KLEIN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0	
KEVIN P KNIGHT ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0	
ALLEN I KOENIG ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0	
ROBERT J KORTENHAUS ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0	
TOM B KRETSINGER JR ..... COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0	
WILLIAM T KRETSINGER SR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0	
RAY KUNTZ ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0	
THOMAS LEE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0	
KEVIN LHOTAK ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0	

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
L DUANE LONG ..... SECOND IMMEDIATE PAST CHAIRMAN	5 0 ..... 0 0	X						0	0	0
ROBERT E LOW ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DAVID LOWRY ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
BRUCE DD MACRAE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
RICHARD C MADDOX ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JAMES MALTBY ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
DAVID MANNING ..... FIRST VICE CHAIRMAN	15 0 ..... 0 0	X		X				0	0	0
JEFFREY J MCCAIG ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DAVID G MCCORKLE ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
C JAMES MCCORMICK ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY R MCREYNOLDS ..... ATRI CHAIRMAN	5 0 ..... 0 0	X						0	0	0
EDWIN A MEYER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
MICHAEL L MILLER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
J LAVON MORTON ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
JAMES A MULLEN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
EDWIN J NAGLE III ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DENNIS A NASH ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
STEVEN L NISWANDER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
RICHARD O'DELL ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
HOWARD J O'MALLEY JR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANNY OPIE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
DANIEL L OREN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DONALD G OREN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
TONN M OSTERGARD ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
GREGORY L OWEN ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
ANDREW M OWENS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
ALTON PALMER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
DAVID R PARKER ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
G CLIFTON PARKER ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
ROBERT A PETERSON ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS E PFRANGLE ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CHARLES PHILLIPS ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
BARRY E POTTLE ..... SECOND VICE CHAIRMAN	1 0 ..... 0 0	X		X				0	0	0
CHELSEA POTTLE DEMMONS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
CHARLES RAMORINO ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
WILLIAM H REED JR ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JOWELL RIVERA ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
EDWARD A ROCHA ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
EVERETT ROEHL ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
RICHARD ROEHL ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ROSWICK	1 0									
STATE VICE PRESIDENT	0 0	X						0	0	0
STEPHEN J RUSH	1 0									
CONFERENCE VICE PRESIDENT	0 0	X						0	0	0
STEPHEN RUSSELL	1 0									
AT-LARGE MEMBER	0 0	X						0	0	0
NANCY SAWYER	1 0									
STATE VICE PRESIDENT	0 0	X						0	0	0
JOHN R SCHAUPP	1 0									
AT-LARGE MEMBER	0 0	X						0	0	0
DAVID SCHROYER	1 0									
STATE VICE PRESIDENT	0 0	X						0	0	0
LEE PHILIP SHAFFER	1 0									
PAST CHAIRMAN	0 0	X						0	0	0
CURTIS J SHEWCHUK	5 0									
CARRIER POLICY COMMITTEE CHAIR	0 0	X						0	0	0
JOHN M SMITH	5 0									
SECRETARY	0 0	X		X				0	0	0
BARRY STANG	1 0									
TAEC REPRESENTATIVE	0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILLY STEWART ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
COLLIN STEWART ..... COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
JOHN STOMPS ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DEBRA ANNE STONE CTP ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
EVAN STOUTEN ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
BRIAN D SUHRE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
RICHARD L SUHRE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
HAROLD SUMERFORD JR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
PETER SUMERFORD ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
AARON TENNANT ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT THOMAS ..... IMMEDIATE PAST CHAIRMAN	5 0 ..... 0 0	X						0	0	0
DANIEL TOMPKINS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
KEITH TUTTLE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
WILLIAM A USHER JR ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DAN VAN ALSTINE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
CHARLES A VAN ZOEREN ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
GREG VENABLE ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
STEPHEN WADHAMS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JOEL WALLACE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
JAMES E WARD ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT WARE ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
DONNA WEINRICH-LUCHT ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
JAMES L WELCH ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
THOMAS A WHITAKER ..... TAEC REPRESENTATIVE	1 0 ..... 0 0	X						0	0	0
JOHN WHITE ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
CHARLES L WHITTINGTON ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
JOHN S WHITTINGTON ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
PAUL WILL ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
DAVID R WILLIAMS ..... CARRIER POLICY COMMITTEE CHAIR	5 0 ..... 0 0	X						0	0	0
DENNIS H WILLIAMS ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIRK A WILLIAMS ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
MICHAEL P WILSON ..... STATE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
BARBARA J WINDSOR ..... PAST CHAIRMAN	1 0 ..... 0 0	X						0	0	0
THOMAS WITT ..... CONFERENCE VICE PRESIDENT	1 0 ..... 0 0	X						0	0	0
LARRY WOOLSON ..... AT-LARGE MEMBER	1 0 ..... 0 0	X						0	0	0
ROBERT A YOUNG III ..... EMERITUS MEMBER	1 0 ..... 0 0	X						0	0	0
CHRISTOPHER SPEAR ..... PRESIDENT AND CEO	30 0 ..... 10 0			X				429,353	0	8,872
WILLIAM GRAVES ..... PRESIDENT AND CEO	30 0 ..... 10 0			X				1,471,434	0	30,987
KARLA HULETT ..... EXECUTIVE VICE PRESIDENT & COO	30 0 ..... 10 0			X				355,641	0	16,610
ELISABETH BARNA ..... EXECUTIVE VICE PRESIDENT & COO	40 0 ..... 0 0			X				205,914	0	14,479

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER HALL ..... EXECUTIVE VP & GENERAL COUNSEL	40 0 ..... 0 0				X			86,261	0	3,985
SUE HENSLEY ROBUSTO ..... EXECUTIVE VICE PRESIDENT	40 0 ..... 0 0				X			91,380	0	2,999
WILLIAM SULLIVAN ..... EXECUTIVE VICE PRESIDENT	40 0 ..... 0 0				X			114,696	0	8,152
JAMES R DUCKWORTH ..... CHIEF FINANCIAL OFFICER	40 0 ..... 0 0				X			223,140	0	29,332
DAVID J OSIECKI ..... EXECUTIVE VICE PRESIDENT	40 0 ..... 0 0				X			377,158	0	19,255
JEFF MASON ..... EXECUTIVE VICE PRESIDENT	40 0 ..... 0 0				X			260,779	0	6,711
DAVID T BRODIE ..... SENIOR VICE PRESIDENT	40 0 ..... 0 0				X			288,195	0	30,601
WARREN E HOEMANN ..... SENIOR VICE PRESIDENT	40 0 ..... 0 0				X			234,684	0	23,249
CARL KIRK ..... VICE PRESIDENT	40 0 ..... 0 0				X			216,165	0	16,804
RICHARD PIANKA ..... VICE PRESIDENT	20 0 ..... 20 0				X			253,579	0	15,559

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA BREWSTER ..... SENIOR VICE PRESIDENT	0 0 ..... 40 0					X		354,439	0	30,525
ROBERT COSTELLO ..... SENIOR VICE PRESIDENT	40 0 ..... 0 0					X		341,987	0	16,177
MICHAEL P JOYCE ..... SENIOR VICE PRESIDENT	40 0 ..... 0 0					X		223,529	0	14,857
JOSEPH M HART ..... VICE PRESIDENT	40 0 ..... 0 0					X		212,466	0	15,786
DONALD G LYNN ..... SENIOR VICE PRESIDENT	40 0 ..... 0 0					X		212,240	0	20,550

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**www.irs.gov/form990.**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

**If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization American Trucking Associations Inc	<b>Employer identification number</b> 53-0026970
--	---

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV		
<b>2</b>	Political expenditures	▶	\$ 228,924
<b>3</b>	Volunteer hours		

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

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

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

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$	
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$	4,000
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$	4,000
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV			

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) STAND WITH AMERICA	455 CAPITOL MALL SACRAMENTO, CA 95814	45-5252199	4,000	
2				
3				
4				
5				
6				

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	17,898,120
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	2,057,222
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	2,057,222
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	2,505,737
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-448,515

**Part IV Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493311019737	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization American Trucking Associations Inc				Employer identification number 53-0026970	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

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

☒

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,204		150,204
b Buildings		28,273,656	6,747,242	21,526,414
c Leasehold improvements		11,788,452	7,341,338	4,447,114
d Equipment		1,536,790	1,409,555	127,235
e Other		5,511,453	3,881,925	1,629,528
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				27,880,495

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED RENT EXPENSE	4,013,188
PAYABLE TO RELATED ORGANIZATIONS	70,547
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	4,083,735

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

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

**Supplemental Information**

Return Reference	Explanation
ESCROW AGREEMENT	SCHEDULE D, PART IV, LINE 2B A REAL ESTATE SALE AGREEMENT REQUIRED ATA TO DEPOSIT FUNDS IN A SOIL MANAGEMENT ESCROW ACCOUNT HELD IN TRUST BY A LEGAL FIRM TO PAY HALF OF THE EXPENSES RELATING TO SOIL REMOVAL, TESTING AND DISPOSAL ON PREVIOUSLY OWNED PROPERTY

## Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2 THE AMERICAN TRUCKING ASSOCIATIONS' (ATA) ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS TO RECOGNIZE TAX POSITIONS IF THEY WILL MORE LIKELY THAN NOT BE ULTIMATELY REALIZED ATA DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT SHOULD BE RECORDED IN THE EVENT ATA WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS AN INCOME TAX EXPENSE TAX YEARS 2013 THROUGH 2016 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
American Trucking Associations Inc

Employer identification number  
53-0026970

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . 5

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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



Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN TRANSPORTATION RESEARCH INSTITUTE 950 N GLEBE ROAD SUITE 210 ARLINGTON, VA 22203	53-2039775	501(c)(3)	558,500				CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION
RHODE ISLAND TRUCKING ASSOCIATION 660 ROOSEVELT AVENUE PAWTUCKET, RI 028601008	05-0209060	501(c)(6)	35,000				CONTRIBUTION CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO MOTOR CARRIERS ASSOCIATION 4060 ELATI STREET DENVER, CO 80216	84-0173534	501(c)(6)	20,000				CONTRIBUTION CONTRIBUTION
COMMERICAL VEHICLE SAFETY ALLIANCE 1101 17TH STREET NW SUITE 803 WASHINGTON, DC 20036	91-1212247	501(c)(3)	11,000				CONTRIBUTION CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF GLOBAL AUTOMAKERS INC 1050 K STREET NW SUITE 650 WASHINGTON, DC 20001	23-7104188	501(c)(6)	10,000				CONTRIBUTION CONTRIBUTION
DEFEAT THE TAX ON OREGON SALES PO BOX 5275 SUITE 175 PORTLAND, OR 972085275	81-2889891		10,000				CONTRIBUTION CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTOR CARRIERS OF MONTANA 501 N SANDERS SUITE 201 HELENA, MT 59601	81-0170302	501(c)(6)	10,000				CONTRIBUTION CONTRIBUTION
US CHAMBER OF COMMERCE FOUNDATION 1615 H STREET NW PO BOX 50166 WASHINGTON, DC 20062	46-1561597	501(c)(3)	7,000				CONTRIBUTION CONTRIBUTION

Schedule J  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

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

Part I

Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

**Part III** **Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

**Additional Data**

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

**Part III, Supplemental Information**

Return Reference	Explanation
CHAIRMAN TRAVEL	PART I, LINE 1A T THE CHAIRMAN AND CHAIRMAN'S SPOUSE MAY TRAVEL FIRST CLASS DUE TO HEAVY TRAVEL SCHEDULES THE POSITION IS AN UNPAID ONE YEAR POSITION



**Part III, Supplemental Information**

Return Reference	Explanation
PRESIDENT TRAVEL	PART I, LINE 1A THE PRESIDENT & CEO MAY TRAVEL FIRST CLASS DUE TO A HEAVY TRAVEL SCHEDULE

**Part III, Supplemental Information**

Return Reference	Explanation
SPOUSE TRAVEL	PART I, LINE 1A THE PRESIDENT & CEO'S SPOUSE MAY TRAVEL FIRST CLASS TO MEETINGS FOR BUSINESS PURPOSES

**Part III, Supplemental Information**

Return Reference	Explanation
GOLF DUES	PART I, LINE 1A THE PRESIDENT & CEO'S GOLF CLUB DUES ARE PAID FOR BUSINESS PURPOSES PERSONAL USE IS REPORTED FOR TAXABLE PURPOSES

Part III, Supplemental Information

Return Reference	Explanation
SERVICE AWARDS	PART I, LINE 1A SERVICE AWARDS TO ALL STAFF ARE GROSSED UP FOR TAXES FOUR OF THE LISTED EMPLOYEES RECEIVED SERVICE AWARDS Severance Part I, Line 4a KARLA HULETT, EXECUTIVE VICE PRESIDENT & COO, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$123,495 THE PAYMENT WAS INCLUDED IN HER 2016 W-2 AND IS REFLECTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION DAVID J OSIECKI, EXECUTIVE VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$159,172 THE PAYMENT WAS INCLUDED IN HIS 2016 W-2 AND IS REFLECTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION JEFF MASON, EXECUTIVE VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$76,529 THE PAYMENT WAS INCLUDED IN HIS 2016 W-2 AND IS REFLECTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CHRISTOPHER SPEAR PRESIDENT AND CEO	(i)	275,803	150,000	3,550	3,173	5,699	438,225	0
	(ii)	0	0	0	0	- 0	- 0	0
1WILLIAM GRAVES PRESIDENT AND CEO	(i)	1,021,686	437,500	12,248	9,469	21,518	1,502,421	0
	(ii)	0	0	0	0	- 0	- 0	0
2KARLA HULETT EXECUTIVE VICE PRESIDENT & COO	(i)	348,415	147	7,079	6,774	9,836	372,251	0
	(ii)	0	0	0	0	- 0	- 0	0
3ELISABETH BARNA EXECUTIVE VICE PRESIDENT & COO	(i)	204,910	0	1,004	6,560	7,919	220,393	0
	(ii)	0	0	0	0	- 0	- 0	0
4JENNIFER HALL EXECUTIVE VP & GENERAL COUNSEL	(i)	71,261	15,000	0	1,627	2,358	90,246	0
	(ii)	0	0	0	0	- 0	- 0	0
5SUE HENSLEY ROBUSTO EXECUTIVE VICE PRESIDENT	(i)	91,335	0	45	2,596	403	94,379	0
	(ii)	0	0	0	0	- 0	- 0	0
6WILLIAM SULLIVAN EXECUTIVE VICE PRESIDENT	(i)	99,628	15,000	68	2,780	5,372	122,848	0
	(ii)	0	0	0	0	- 0	- 0	0
7JAMES R DUCKWORTH CHIEF FINANCIAL OFFICER	(i)	221,991	0	1,149	7,846	21,486	252,472	0
	(ii)	0	0	0	0	- 0	- 0	0
8DAVID J OSIECKI EXECUTIVE VICE PRESIDENT	(i)	375,548	893	717	6,630	12,625	396,413	0
	(ii)	0	0	0	0	- 0	- 0	0
9JEFF MASON EXECUTIVE VICE PRESIDENT	(i)	259,438	0	1,341	5,525	1,186	267,490	0
	(ii)	0	0	0	0	- 0	- 0	0
10DAVID T BRODIE SENIOR VICE PRESIDENT	(i)	284,004	0	4,191	9,126	21,475	318,796	0
	(ii)	0	0	0	0	- 0	- 0	0
11WARREN E HOEMANN SENIOR VICE PRESIDENT	(i)	230,398	406	3,880	7,652	15,597	257,933	0
	(ii)	0	0	0	0	- 0	- 0	0
12CARL KIRK VICE PRESIDENT	(i)	213,200	0	2,965	8,777	8,027	232,969	0
	(ii)	0	0	0	0	- 0	- 0	0
13RICHARD PIANKA VICE PRESIDENT	(i)	252,769	0	810	7,403	8,156	269,138	0
	(ii)	0	0	0	0	- 0	- 0	0
14REBECCA BREWSTER SENIOR VICE PRESIDENT	(i)	293,197	60,000	1,242	9,397	21,128	384,964	0
	(ii)	0	0	0	0	- 0	- 0	0
15ROBERT COSTELLO SENIOR VICE PRESIDENT	(i)	266,439	74,738	810	8,777	7,400	358,164	0
	(ii)	0	0	0	0	- 0	- 0	0
16MICHAEL P JOYCE SENIOR VICE PRESIDENT	(i)	223,056	0	473	6,720	8,137	238,386	0
	(ii)	0	0	0	0	- 0	- 0	0
17JOSEPH M HART VICE PRESIDENT	(i)	210,546	0	1,920	7,766	8,020	228,252	0
	(ii)	0	0	0	0	- 0	- 0	0
18DONALD G LYNN SENIOR VICE PRESIDENT	(i)	209,159	401	2,680	6,602	13,948	232,790	0
	(ii)	0	0	0	0	- 0	- 0	0

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

Department of the Treasury  
~~Internal Revenue Service~~

Name of the organization  
American Trucking Associations Inc

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

53-0026970

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
RELATIONSHIPS	FORM 990, PART VI, LINE 2 - JASON H ANDRUS AND JAMES C DOYLE HAVE A BUSINESS RELATIONSHIP - DONALS M BOWMAN, JR AND JAMES E WARD, JR HAVE A BUSINESS RELATIONSHIP - ANDREW T BOYLE AND MARC D BOYLE HAVE A FAMILY RELATIONSHIP - JOSEPH A GREENSTEIN AND JOHN ROSWICK HAVE A BUSINESS RELATIONSHIP - RAY KUNTZ AND JIM ARTHAUD HAVE A BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
ELECTING A GOVERNING BOARD	FORM 990, PART VI, LINE 7A THE AMERICAN TRUCKING ASSOCIATIONS, INC (ATA) BOARD OF DIRECTORS, AS OF DECEMBER 31, 2015, CONSISTS OF ONE HUNDRED TWENTY-THREE MEMBERS PLUS NINETEEN EMERITUS MEMBERS FOR A TOTAL OF ONE HUNDRED FORTY-TWO VOTING MEMBERS FIFTY-EIGHT OFFICERS AND VICE PRESIDENTS AT LARGE ARE ELECTED BY THE BOARD ITSELF ANNUALLY THIRTEEN COMMITTEE CHAIRS ARE APPOINTED ANNUALLY BY THE CHAIRMAN, WHO SERVES A ONE YEAR TERM FIFTY-TWO STATE ASSOCIATIONS, AFFILIATED CONFERENCES REPRESENTING INDUSTRY SEGMENTS, AND OTHER RELATED ORGANIZATIONS EACH ELECT ONE ATA MEMBER AS THEIR REPRESENTATIVE TO THE BOARD EMERITUS MEMBERS ARE EX-OFFICIO LIFETIME MEMBERS



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW	FORM 990, PART VI, LINE 11B DRAFT VERSIONS OF THE 990 TAX RETURNS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION AND THEN FORWARDED TO AN INDEPENDENT ACCOUNTING FIRM FOR REVIEW. FINAL DRAFTS ARE GIVEN TO THE MANAGEMENT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. THE MANAGEMENT COMMITTEE IS AUTHORIZED BY THE 142 MEMBER BOARD TO ACT ON ALL FINANCIAL AND ADMINISTRATIVE AFFAIRS OF THE ORGANIZATION. THE RETURN IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS ON THEIR WEB PAGE.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	Form 990, Part XI, line 9 Change in value of Pension Equity Charge \$558,580

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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
American Trucking Associations Inc

Employer identification number  
53-0026970

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)American Transportation Research Institutu 950 N Glebe Road Ste 210  Arlington, VA 22203 54-2039775	Research	VA	501 (C)(3)	7	ATA	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ATA Services Inc and Subsidiary 950 N Glebe Road Ste 210 Arlington, VA 22203 52-1066416	Computer Service	VA	NA	C Corp			100.000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN TRANSPORTATION RESEARCH INSTITUTE	b	558,500	ACTUAL CONTRIB
(2) AMERICAN TRANSPORTATION RESEARCH INSTITUTE	l	200,000	BUDGETED FEE
(3) AMERICAN TRANSPORTATION RESEARCH INSTITUTE	o	1,155,870	ACTUAL COSTS
(4) AMERICAN TRANSPORTATION RESEARCH INSTITUTE	q	1,073,407	ACTUAL TRANSFER



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.

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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