efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317065850 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: AMERICAN TRUCKING ASSOCIATIONS INC ☐ Address change 53-0026970 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 950 N GLEBE ROAD NO 210 ☐ Amended return ☐ Application pending (703) 838-1959 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 222034181 G Gross receipts \$ 50,141,036 Name and address of principal officer: H(a) Is this a group return for CHRISTOPHER SPEAR □Yes ☑No subordinates? 950 N GLEBE RD STE 210 H(b) Are all subordinates ARLINGTON, VA 22203 ☐ Yes ☐No included? 501(c)(3) ✓ 4947(a)(1) or 501(c) (6) ◀ (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.TRUCKING.ORG L Year of formation: 1933 M State of legal domicile: DC **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE COMMON BUSINESS INTERESTS WITHIN THE TRUCKING INDUSTRY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 137 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 137 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 158 Total number of volunteers (estimate if necessary) 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 6,934,041 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 863,932 1,358,018 Ravenue 39,200,031 40,203,186 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 928,585 914,451 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,295,285 3,072,741 44,287,833 45,548,396 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 731,057 805,070 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 23,206,894

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 22,781,053 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 22,911,910 22,294,164 46,424,020 46,306,128 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -757,732 Revenue less expenses. Subtract line 18 from line 12 . -2,136,187 Net Assets or Fund Balances Beginning of Current Year **End of Year**

22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) .

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

Sign	
Hara	

Signature of officer CHRISTOPHER SPEAR PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P01361002

Paid Preparer Use Only

self-employed ► JONES MARESCA & MCQUADE PA Firm's EIN ► 52-1853933 Firm's address ▶ 10500 LITTLE PATUXENT PARKWAY SUITE Phone no. (410) 884-0220 COLUMBIA, MD 21044 ☑ Yes ☐ No

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

49,336,646

31,000,802

18,335,844

Form 990 (2019)

50,247,332

30,595,448

19,651,884

Form	990 (2019)				Page 2						
Pa	statement	of Program Service Acc	complishments								
	Check if Sche	dule O contains a response o	note to any line in this Part III		🗆						
1	Briefly describe the o	organization's mission:	•								
<u>TO E</u>	FFECTIVELY ADVOCAT	E AND COMMUNICATE EFFOR	TS DESIGNED TO IMPROVE SAF	ETY AND PROFITABILITY FOR OUR	MEMBERS.						
2	Did the organization	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on Schedule	0.								
3	Did the organization	cease conducting, or make si	gnificant changes in how it condu	ucts, any program							
	services?	🗌 Yes 🗹 No									
	If "Yes," describe the	ese changes on Schedule O.									
4	Section 501(c)(3) an		required to report the amount o	largest program services, as mease of grants and allocations to others,							
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 servi										
	(Expenses \$	including	grants of \$) (Revenue \$)						
4e	Total program serv	vice expenses ▶									
					Form 990 (2019)						

18

19

18

19

20a

20b

21

Yes

Form **990** (2019)

Nο

Nο

No

Pai	tiV Checklist of Required Schedules			- age 5
	·		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm	990 (2019)			Page 4			
Par	Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b					
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"						
	complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				
Da	Statements Regarding Other IRS Filings and Tax Compliance						

	organization: If res, complete senedate N, ran v, mie 2								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O								
Pa	TV 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 1a 113								

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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	158						
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	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	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 authori financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No				
b	If "Yes," enter the name of the foreign country: ►	- (FBAR).						
5a	a 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				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. 5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?	ization 6a	Yes					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g not tax deductible?	ifts were 6b	Yes					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a provided to the payor?	nd services 7a						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir Form 8282?	red to file 7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	, / / / / / / / / / / / / / / / / / / /						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	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:							
	Initiation fees and capital contributions included on Part VIII, line 12							
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? 12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration parachute payment(s) during the year?	or excess 15	Yes					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income If "Yes," complete Form 4720, Schedule O.	e? · · 16		No				

				9-
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗹
Se	ction A. Governing Body and Management			
	Established with a second and of the second and the second of the second		Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 137			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
<u>Se</u> 17	List the states with which a copy of this Form 990 is required to be filed			
1 <i>7</i> 18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
-0	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶JAMES R DUCKWORTH 950 N GLEBE ROAD NO 210 ARLINGTON, VA 222034181 (703) 838-1959	-	orm 99	0 (201

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization organiz	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) 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) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,	related	ated	
	See Additional Data Table												
													—
													—

Pa	rt VII Section A. Officers, Direct	tors, Trustees	, Key	Empl	loye	es,	and	High	nest Com	npensa	ited	Emplo	yees	(conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours	than d	ne b	ox, u ın off	t che inles ficer	eck moss pers and a	son	Report compe from organi	rtable nsation the ization	rtable Reportable nsation compensati n the from relate zation organizatio		ortable ensatior related	able Estimat sation amount of lated compensa ations from the		ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	, ,	(1099- SC)		MISC)			organizat relat organiz	:ed
See	Additional Data Table													+		
						\vdash					+			+		
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		<u> </u>				\vdash					+			+		
											+					
														+		
														+		
_	Total from continuation sheets to Pa Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos	<u></u>		—— bov	e) who	rece		48,525 e than s	\$100	,000		0		249,730
3	Did the organization list any former of			ee, k	ey ei	mpl	oyee, o	or hi	ghest com	pensate	ed er	nploye	e on		Yes	No
4	line 1a? If "Yes," complete Schedule 5 For any individual listed on line 1a, is	the sum of repo	ortable ·									· ·		3		No
	organization and related organization individual	s greater than \$	• •	0?17	"Yes	," c	ompiet •	e Sc	chedule J f	or such				4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization									ion or ir	ndivic	lual for •		5		No
Se	ection B. Independent Contract	ors.				_										
1	Complete this table for your five high from the organization. Report comper													mpens	ation	
	· · ·	(A) and business addre		, 241	-//	9		,,,	1			(B)			(Compos	
FREE	MAN DECORATING CO	and pusiness addre	- 25						N	DE MEETING		ion of se AGEMEN			Comper 1	,502,221
	OX 650036															
	AS, TX 752650036 COMMUNICATIONS								P	UBLISHI	ING					825,527
	OX 932987															
AQUA	ELAND,OH 44193 ARIAN								N	MEETING	PROE	UCTION	ı			445,865
	C WALKER RD P O BOX 1110															
	T FALLS, VA 22066 GIAN STRATEGIES LLC									CONSULT	ING					251,351
	PENNSYLVANIA AVE NW SUITE 10															
	HINGTON, DC 20004 Y PARTNERS LLC									CONSULT	ING					234,156
	POTOMAC ST NW SUITE 102															
	HINGTON, DC 20007 Fotal number of independent contractor	rs (including but	not lim	ited t	to the	056	listed	ahov	(e) who re	ceived	more	than	\$100 OC	nn of		

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

compensation from the organization ► 16

		(2019)									Page 9
Part	VII		tatement neck if Sche			a resno	onse or note to any	line in this Part VIII			🗆
			ieck ii Jelie	uule	O contains a	атезро	inse of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1	a Fede	rated camp	aigns		1 a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Mem	bership due	s.		1 b					
9		c Fund	lraising ever	nts .		1c					
ifts, ar A	d Related organizations					1d					
<u>a</u>		e Gover	rnment grants	(cont	tributions)	1e	10,000				
ions Sii			her contributio imilar amount			1f	1,348,018				
buti the		a Nonca	e ash contributio	ons in	cluded in	_ <u> </u>	1,546,018				
n tri		lines	1a - 1f:\$			1 g					
<u>5</u>		h Tota	I. Add lines	1a-1	f			1,358,018			
							Business Code				
_	2	а МЕМВЕ	RSHIP DUES				900099	20,263,950	20,263,950		
Program Service Revenue	ł	MEETIN	NGS				900099	11,886,788	11,886,788		
ice Re	,	PERIO	DICALS				541800	7,723,157	844,699	6,878,458	
Servi	,	SPONS	ORSHIPS				900099	291,500	291,500		
ogran	•	SUBSC	RIPTIONS				511120	37,791	37,791		
δ	f	All oth	ner program	serv	ice revenue						
	g	J Total	l. Add lines	2a-2	f	. ▶	40,203,186				
			nent income amounts) .		luding divid		nterest, and other	513,546			513,546
	ı		•				ond proceeds	•			
	5	Royaltie	es	. <u> </u>			•	2,132,866			2,132,866
					(i) Rea	al	(ii) Personal	4			
	6	a Gross	rents	6a	2,	150,780					
	b	Less: expen		6b	1.	723,609)				
	С	Rental	l income					1			
	١.	or (los	ss) ental incom	6c		427,171		_ 		33,949	393,222
	'	u Net I	entai incom		(i) Secur	ities	(ii) Other	1,		33,545	333,222
	78	a Gross a	mount	_				_			
		from sa assets than in		7a	3,	021,312	2 8,65				
	b		ost or asis and xpenses	7b	2,	629,057	7	0			
	l	Gain or		7c		392,255					
	l		ain or (loss)				· · · •	400,905			400,905
Other Revenue		(not inc	cluding \$ utions reporte	ed on I	of line 1c).						
ev.			art IV, line 18			8a		4			
ner f	ı		direct exper come or (lo:			8b sing eve	ents				
	_	Cross	income from	a - mai	ing potivition						
	9a		art IV, line 19			9a					
	ı		direct exper			9b					
	۱ '	c Net in	come or (lo	ss) fr	om gaming	activiti	ies 🕨	1			
	10	a Gross	sales of inv	entor	y, less						
			s and allow			10a	661,612 239,974				
			cost of good come or (lo:			invent	,	421,638	400,004	21,634	
		o Nec III	Miscellaneo			IIIVCIIC	Business Code				
	1:	1a _{CONF}	ERENCE SE	RVIC	ES		56149	9 91,066	91,066		
		b									
			er revenue								
			. Add lines 1				• • •	91,066			
	1:	2 Total	revenue. S	See ir	structions	• •	• • • •	45,548,396	33,815,798	6,934,041	3,440,539

orr	n 990 (2019)				Page 10
Р	Statement of Functional Expenses		All II		(4)
	Section 501(c)(3) and 501(c)(4) organizations must of		_		umn (A).
Dο	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b,		(B)	(c)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	805,070			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,904,877			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,682,924			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	445,573			
9	Other employee benefits	2,708,993			
10	Payroll taxes	1,464,527			
	Fees for services (non-employees):				
ā	ı Management				
ı	Legal	220,617			
(: Accounting	119,344			_
(Lobbying	1,044,133			
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	54,039			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,276,583			
12	Advertising and promotion	714,803			
13	Office expenses	1,477,523			
14	Information technology	651,203			
15	Royalties				
16	Occupancy	2,796,060			
	Travel	1,982,484			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,643,475			
20	Interest	129,222			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,170,979			
23	Insurance	210,048			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PRINTING & PUBLICATIONS	922,663			
	b MEMBER RELATED SERVICES	428,200			
	c MEMBERSHIP DUES	289,480			
	d BAD DEBT EXPENSE	138,942			
	e All other expenses	24,366			
25	Total functional expenses. Add lines 1 through 24e	46,306,128			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form	n 990	(2019)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			-1,275,304	1	-412,055
	2	Savings and temporary cash investments .		[0	2	0
	3	Pledges and grants receivable, net		,	0	3	0
	4	Accounts receivable, net		[3,636,411	4	3,113,642
	5	Loans and other payables to any current or forn key employee, creator or founder, substantial creatity or family member of any of these persons	0	5	0		
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			0	6	0
S	7	Notes and loans receivable, net		[0	7	0
ssets	8	Inventories for sale or use		[108,318	8	102,732
AS	9	Prepaid expenses and deferred charges			1,909,215	9	1,876,897
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	47,238,956			
	b	Less: accumulated depreciation	10b	25,086,697	24,035,613	10 c	22,152,259
	11	Investments—publicly traded securities .			20,922,393	11	23,413,857

0

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0

49,336,646

15,812,315

7.659.767

4,574,096

2,954,624

31.000.802

15,842,832

2,493,012

18,335,844

49,336,646

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50,247,332

16,510,375

8.336.820

3,546,902

2,201,351

30.595.448

16,754,044

2,897,840

19,651,884

50,247,332

Form 990 (2019)

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Liabilities 22

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

POLITICIANS AND REGULATORS ABOUT THE INDUSTRY AS THEY DEVELOP RULES AND REGULATIONS THAT IMPACT TRUCKING.

MEMBERSHIP - TRAVELED THE COUNTRY TO RECRUIT AND RETAIN MEMBERS TO JOIN THE ASSOCIATION. A DIVERSE MEMBERSHIP BASE IS ESSENTIAL WHEN EDUCATING

Form 990, Part III, Line 4b: PERIODICALS - TRANSPORT TOPICS - PUBLISHED NATIONAL WEEKLY NEWSPAPER FOR THE TRUCKING INDUSTRY WITH A PAID CIRCULATION OF MORE THAN 22,600 AND A READERSHIP OF APPROXIMATELY 71,500. THIS PUBLICATION IS THE PRIMARY SOURCE OF INFORMATION FOR THE TRUCKING INDUSTRY.

Form 990, Part III, Line 4c: MEETINGS AND CONVENTIONS - HELD SEVERAL ANNUAL MEETINGS FOR DIFFERENT SEGMENTS OF THE TRUCKING INDUSTY AND VARIOUS EDUCATIONAL SEMINARS FOR SPECIFIC AREAS OF FINANCE, SAFETY, SECURITY, ENVIRONMENTAL, ETC. MEETINGS WERE HELD IN ALL REGIONS OF THE U.S.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours	and	a dir	ecto	•	ustee)	,	organization	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANDREW T BOYLE VICE CHAIRMAN	5.00 1.00	Х		х				0	0	0	
MICHAEL L DUCKER TREASURER UNTIL 10/9/2019	5.00 1.00	Х		х				0	0	0	
SHERRI GARNER BRUMBAUGH FIRST VICE CHAIRMAN	15.00	Х		х				0	0	0	
RANDY P GUILLOT	20.00	Х		х				0	0	0	

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FIRST VICE CHAIRMAN	
RANDY P GUILLOT	20.00
CHAIRMAN	
JOHN A SMITH	5.00
TREASURER	1.00
	l

JOHN M SMITH

HAROLD SUMERFORD JR

SECOND VICE CHAIRMAN

DANIEL L VAN ALSTINE

VICE CHAIRMAN

JASON H ANDRUS

STATE VICE PRESIDENT

SARAH AMICO

.......

AT-LARGE MEMBER UNTIL 2/14/2019

SECRETARY

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

COMMITTEE CHAIR UNTIL 10/9/2019

.........

THOMAS S BRENNAN

HOUSTON BRITTAIN

GREGORY D BROWN

KARY BRYCE

STATE VICE PRESIDENT

CARL BUMGARNER

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERIC ANSON AT-LARGE MEMBER	1.00	Х						0	0	0
SCOTT BARNETT STATE VICE PRESIDENT UNTIL 4/4/2019	1.00	Х						0	0	0
JESS BOSMA STATE VICE PRESIDENT	1.00	Х						0	0	0
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VICE I RESIDENT SINTE 4/4/2013								L
JESS BOSMA	1.00	~				0	0	
STATE VICE PRESIDENT		^				9	0	
DONALD M BOWMAN JR	1.00	v				0	0	
PAST CHAIRMAN		^				0	0	
MARC D BOYLE - CARRIER POLICY	5.00	V		·			0	
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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the and a director/trustee) any hours organization organizations from the

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

	,			 .,	,	·	(11) 2/1000	(14) 2/4000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
CHRIS N BUNNING AT-LARGE MEMBER	1.00	Х					0	0	0	
KEVIN W BURCH PAST CHAIRMAN	1.00	х					0	0	0	
JAMES BURG - CARRIER POLICY COMMITTEE CHAIR UNTIL 10/31/2019	5.00	Х					0	0	0	
FRED C BURNS JR PAST CHAIRMAN	1.00	х					0	0	0	

	l
COMMITTEE CHAIR UNTIL 10/31/2019	
FRED C BURNS JR	
PAST CHAIRMAN	
PHILIP L BYRD SR	ſ
PAST CHAIRMAN	l

BRUCE A CAMPBELL

MICHAEL S CARD

W TOBIN CASSELS

AT-LARGE MEMBER

PAST CHAIRMAN

WILLIAM T CASSELS JR

RANDALL J CLIFFORD

AT-LARGE MEMBER

AT-LARGE MEMBER UNTIL 2/13/2019

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ATA LITIGATION CENTER CHAIRMAN

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

4	1 6 1	1			•	,	,	1 (1) 2 (1000	1 (1) 2/4000	1
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID'S CONGDON AT-LARGE MEMBER	1.00	X						0	0	0
THOMAS CONNERY AT-LARGE MEMBER UNTIL 3/4/2019	1.00	X						0	0	0
CHRISTOPHER RONALD COOPER AT-LARGE MEMBER	1.00							0	0	0
DONALD COX STATE VICE PRESIDENT	1.00	X						0	0	0
RICHARD COYLE AT-I ARGE MEMBER	1.00	X						0	0	0

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DONALD COX
STATE VICE PRESIDENT
RICHARD COYLE
AT-LARGE MEMBER

WES DAVIS

ATA TRUCK PAC CHAIRMAN

DENNIS DELLINGER

AT-LARGE MEMBER

BRENDA DITTMER

JAMES H DIXON

EMERITUS MEMBER

RONALD DROGAN JR

STATE VICE PRESIDENT UNTIL 1/29/2019

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STATE VICE PRESIDENT

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the any hours and a director/trustee) organization organizations from the

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

and Independent Contractors

ROBEY W ESTES JR

AT-LARGE MEMBER

STATE VICE PRESIDENT

MARCIA FASCHINGBAUER

CARRIER POLICY COMMITTEE CHAIR

SMALL CARRIER COMMITTEE CHAIR

STATE VICE PRESIDENT

SAMUEL C FAUCETTE

RON FAULKNER

......

CALVIN E EWELL

	organizations below dotted line)		Institutional Trustee	Key employee	Highest compensated	Former	MISC)	MISC)	related organizations
SHEPARD DUNN - CARRIER POLICY COMMITTEE CHAIR UNTIL 8/1/2019	5.00	Х					0	0	0
AMBER EDMONDSON STATE VICE PRESIDENT	1.00	х					0	0	0
DANIEL J EINWECHTER AT-LARGE MEMBER	1.00	х					0	0	0

DANIEL J EINWECHTER	1.00				ر ا	١	
AT-LARGE MEMBER		^				0	
JOHN K ELLIOTT II	1.00				0	0	
AT-LARGE MEMBER		^				9	
DANIEL E ENGLAND	1.00	v			0	0	
PAST CHAIRMAN		^			١	0	

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

and Independent Contractors

DAVID G FREE

ERIC FULLER

AT-LARGE MEMBER

AT-LARGE MEMBER

MARK H GEORGE

SCOTT GEORGE

AT-LARGE MEMBER

CHARLES WAYNE GAUMER

STATE VICE PRESIDENT

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STATE VICE PRESIDENT UNTIL 10/9/2019

	6			 		•	(14/ 2/1000	(14/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director		Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations		
MATHIEU FAURE AT-LARGE MEMBER	1.00	х					0	0	0
GLENN FEHRIBACH CARRIER POLICY COMMITTEE CHAIR	5.00	X					0	0	0
JAMES FIELDS AT-LARGE MEMBER	1.00	х					0	0	0
J FRANK FILGO CAE TAEC REPRESENTATIVE UNTIL 7/24/2019	1.00	×					0	0	0

JAMES FIELDS	1.00	X			0)	(
AT-LARGE MEMBER		Λ.					•
J FRANK FILGO CAE	1.00						
TAEC REPRESENTATIVE UNTIL 7/24/2019	••••••	X			0	'	C
ALVIN FOLEY	1.00	v			0	1	(
AT-LARGE MEMBER		^					٠

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

ROBERT F HAAG

JEFF HAMMONDS

STEVE HANSEN

CHERYL HARPER

CRAIG HARPER

AT-LARGE MEMBER

........

AT-LARGE MEMBER

CARRIER POLICY COMMITTEE CHAIR

SMALL CARRIER COMMITTEE CHAIR

CARRIER POLICY COMMITTEE CHAIR

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHRIS GILTZ SMALL CARRIER COMMITTEE CHAIR	5.00	Х						0	0	0	
RICHARD GIROUX STATE VICE PRESIDENT	1.00	х						0	0	0	
SCOTT GRAHAM AT-LARGE MEMBER UNTIL 4/3/2019	1.00	х						0	o	0	
JOSEPH A GREENSTEIN STATE VICE PRESIDENT	1.00	х						0	0	0	
MACK H GUEST IV STATE VICE PRESIDENT	1.00	x						0	o	0	

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AT-LARGE MEMBER UNTIL 4/3/2019						
JOSEPH A GREENSTEIN	1.00	×			0	
STATE VICE PRESIDENT		Λ				
MACK H GUEST IV	1.00	~			0	
STATE VICE PRESIDENT		^				

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

BEN HOGAN III

STEVE HOLTGEERTS

RICK HOOGENDOORN

STATE VICE PRESIDENT

STATE VICE PRESIDENT UNTIL 8/2/2019

STATE VICE PRESIDENT UNTIL 8/26/2019

		·						(14, 2/4,000	(14/ 2/1000	avanniantion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DARREN D HAWKINS	1.00	X						0	0	0	
AT-LARGE MEMBER	1.00										
ERICH H HELGE STATE VICE PRESIDENT	1.00	х						0	0	0	
SCOTT HICKS STATE VICE PRESIDENT HINTH 6/30/2019	1.00	х						0	0	0	

SCOTT HICKS		¥			٥	n	
STATE VICE PRESIDENT UNTIL 6/30/2019		^			0	0	
JASON HIGGINBOTHAM	1.00	Y			0	0	
AT-LARGE MEMBER		^				0	
WILLIAM HILL	1.00	Y			0	0	
STATE VICE PRESIDENT		^			0	0	

JASON HIGGINBOTHAM	1.00						
AT-LARGE MEMBER		^			U	U	
WILLIAM HILL	1.00	×			0	0	
STATE VICE PRESIDENT					J		
MATTHEW BRIAN HITCHCOCK	1.00						
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AT-LARGE MEMBER		Х			0	0	
WILLIAM HILL	1.00	Y			0	0	
STATE VICE PRESIDENT		^				0	
MATTHEW BRIAN HITCHCOCK	1.00	V			0	0	
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AT-LARGE MEMBER		^			0	0	0
WILLIAM HILL	1.00	Y			0	0	0
STATE VICE PRESIDENT		^			0	0	0
MATTHEW BRIAN HITCHCOCK	1.00	×			0	0	0
CONFERENCE VICE PRESIDENT			l		ľ	ŭ	ľ

AT-LARGE MEMBER								
WILLIAM HILL	1.00				0	0	()
STATE VICE PRESIDENT								
MATTHEW BRIAN HITCHCOCK	1.00				0	0		- 1
CONFEDENCE VICE PRECIDENT		^			U	o l	\ 	,

MATTHEW BRIAN HITCHCOCK	1.00	x				0	0
CONFERENCE VICE PRESIDENT		,,					
G TOMMY HODGES	1.00	Y			0	0	0
ATA AUDIT COMMITTEE CHAIRMAN	E 00	^				0	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

4	for related						(W- 2/1099-	(W- 2/1099-	organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
D MITCHELL JACKSON AT-LARGE MEMBER	1.00	X						0	0	0
WILLIAM E JAYNE III AT-LARGE MEMBER	1.00	X						0	0	0
WILLIAM E JAYNE JR EMERITUS MEMBER	1.00	X						0	0	0
ROYAL JONES AT-LARGE MEMBER	1.00	X						0	0	0
DEAN E KAPLAN - STATE	1.00								0	0

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ROYAL JONES
AT-LARGE MEMBER
DEAN E KAPLAN - STATE
VICE PRESIDENT UNTIL 11/12/2019

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CARRIER POLICY COMMITTEE CHAIR

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POLICY COMMITTEE CHAIR UNTIL 2/1/2019

KEVIN P KNIGHT

DUSTIN KOEHL

AT-LARGE MEMBER

WILLIAM T KRETSINGER

JEFFREY C LANG - CARRIER

AT-LARGE MEMBER

DEREK J LEATHERS

AT-LARGE MEMBER

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the any hours and a director/trustee) organization organizations from the

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

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	MISC) Former Former and employee		(W- 2/1099- MISC)	organization and related organizations	
THOMAS LEE STATE VICE PRESIDENT	1.00	X						0	0	0	
KEVIN LHOTAK STATE VICE PRESIDENT	1.00	X						0	0	0	
L DUANE LONG PAST CHAIRMAN	1.00							0	0	0	
ROBERT E LOW AT-LARGE MEMBER	1.00	Х						0	0	0	
DAVID LOWRY	1.00						\Box	0	0	0	

PAST CHAIRMAN
ROBERT E LOW
AT-LARGE MEMBER
DAVID LOWRY

......

STATE VICE PRESIDENT UNTIL 8/9/2019

SECOND IMMEDIATE PAST CHAIRMAN

AT-LARGE MEMBER

BRUCE DD MACRAE

STATE VICE PRESIDENT

RICHARD C MADDOX

MICHAEL MASSENGILL

STATE VICE PRESIDENT

RICHARD W MCARDLE

AT-LARGE MEMBER

DAVID MANNING

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RUBY MCBRIDE AT-LARGE MEMBER	1.00	Х						0	0	0
KATHLEEN MCCANN - CONFERENCE VICE PRESIDENT UNTIL 9/1/2019	1.00	Х						0	0	0
DAVID G MCCORKLE PAST CHAIRMAN	1.00	Х						0	0	0
ELI MCCORMICK AT-LARGE MEMBER	1.00	Х						0	0	0
JUDY R MCREYNOLDS	5.00	v						0	0	0

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ELI MCCORMICK
AT-LARGE MEMBER
JUDY R MCREYNOLDS

EDWIN A MEYER

MICHAEL L MILLER

FRANK MORRIS

EDWIN J NAGLE III

AT-LARGE MEMBER

AT-LARGE MEMBER

DENNIS A NASH

STATE VICE PRESIDENT

STATE VICE PRESIDENT

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STATE VICE PRESIDENT UNTIL 7/31/2019

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

AT-LARGE MEMBER

AT-LARGE MEMBER

G CLIFTON PARKER

SCOTT PAUCHNIK

STATE VICE PRESIDENT

STATE VICE PRESIDENT

DAVID R PARKER

	for related organizations below dotted line)	o	Institutional Trustee	Offic	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THOMAS J O'CONNOR CARRIER POLICY COMMITTEE CHAIR	5.00	X					0	0	0
RICHARD O'DELL AT-LARGE MEMBER	1.00	Х					0	0	0
HOWARD J O'MALLEY JR	1.00	Х					0	0	0

HOWARD J O'MALLEY JR	1.00	×			,	0	
AT-LARGE MEMBER		^					
EVAN ONETO	1.00	.,					
STATE VICE PRESIDENT		X			0	0	
DONALD G OREN	1.00	v			0	0	
AT-LARGE MEMBER					١		

AT-LARGE MEMBER							
EVAN ONETO	1.00	v			0	0	
STATE VICE PRESIDENT		^					
DONALD G OREN	1.00				0	0	
AT-LARGE MEMBER		^					

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AT-LARGE MEMBER		^					Ĭ	
TONN M OSTERGARD	1.00	×			0	0	0	
AT-LARGE MEMBER		Λ					Ĭ	
GREGORY L OWEN	1.00							

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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally llouis	1	a un	ecto	717 (1)	usice)	/ '	Organization	organizations	l lioni the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN PAUGH STATE VICE PRESIDENT	1.00	X						0	0	0
ROBERT A PETERSON STATE VICE PRESIDENT	1.00	X						0	0	0
CHARLES PHILLIPS CONFERENCE VICE PRESIDENT	5.00	X						0	0	0
STEVEN PONDER	1.00							0	0	0

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CHARLES PHILLIPS CONFERENCE VICE PRESIDENT	5.00	X			
STEVEN PONDER ALLIED MEMBER	1.00	X			
CHELSEA POTTLE DEMMONS	1.00	X			

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and Independent Contractors

STATE VICE PRESIDENT

IMMEDIATE PAST CHAIRMAN

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BARRY E POTTLE

PAST CHAIRMAN

AT-LARGE MEMBER

AT-LARGE MEMBER

STATE VICE PRESIDENT

KENNETH J REED

JOWELL RIVERA

JAMES REED

CHARLES RAMORINO

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	6,	1			,	,	, ,	(11, 2,4,000	(14/ 2/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
EDWARD A ROCHA EMERITUS MEMBER	1.00	Х						0	0	0
EVERETT ROEHL AT-LARGE MEMBER	1.00	х						0	0	0
RICHARD ROEHL STATE VICE PRESIDENT	1.00	Х						0	0	0
TRACY ROSSER AT-LARGE MEMBER UNTIL 2/14/2019	1.00	Х						0	0	0
JOHN ROSWICK SR STATE VICE PRESIDENT	1.00	х						0	0	0
STEPHEN J RUSH	1.00						\Box			

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AT-LARGE MEMBER UNTIL 2/14/2019
JOHN ROSWICK SR
STATE VICE PRESIDENT
CTEDUEN 1 DIICU

CONFERENCE VICE PRESIDENT

JOHN R SCHAUPP

DAVID SCHROYER

STATE VICE PRESIDENT

AT-LARGE MEMBER UNTIL 12/17/2019

LEE PHILIP SHAFFER

PAST CHAIRMAN

PAUL F SIMMONS

AT-LARGE MEMBER

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally liburs	anu	ı a uıı	eccc	J1 / C1	ustee	,	Organización	organizacions	1 110111 (116
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY SMITH STATE VICE PRESIDENT UNTIL 1/30/2019	1.00	х						0	0	0
MIKE STEVENS STATE VICE PRESIDENT	1.00	X						0	0	0
COLLIN STEWART STATE VICE PRESIDENT	1.00	х						0	0	0
JOHN STOMPS	1.00							_		

MIKE STEVENS	1.00					
STATE VICE PRESIDENT	••••••	X			0	
COLLIN STEWART	1.00	V				
STATE VICE PRESIDENT		Х			0	
JOHN STOMPS	1.00				0	
AT-LARGE MEMBER		^			J	

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and Independent Contractors

EVAN STOUTEN

BRIAN D SUHRE

PAT THOMAS

TIM THORNE

AT-LARGE MEMBER

STATE VICE PRESIDENT

STATE VICE PRESIDENT

STATE VICE PRESIDENT

WILLIAM A USHER JR

AT-LARGE MEMBER

GREG VENABLE

PAST CHAIRMAN UNTIL 3/22/2019

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN VESCO AT-LARGE MEMBER	1.00	х						0	0	0
STEPHEN WADHAMS STATE VICE PRESIDENT	1.00	х						0	0	0
JOEL WALLACE AT-LARGE MEMBER	1.00	х						0	0	0
RYAN WALPOLE	1.00	Х						0	0	0

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JOEL WALLACE	
AT-LARGE MEMBER	
RYAN WALPOLE	
STATE VICE PRESIDENT	
JAMES E WARD	Г

......

AT-LARGE MEMBER

PAST CHAIRMAN

DAVID R WILLIAMS

KIRK A WILLIAMS

MICHAEL P WILSON

STATE VICE PRESIDENT

PAST CHAIRMAN UNTIL 4/8/2019

BARBARA J WINDSOR

CHARLES L WHITTINGTON

CARRIER POLICY COMMITTEE CHAIR

STATE VICE PRESIDENT UNTIL 6/1/2019

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	compensat ee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
LAWRENCE W WOOLSON CARRIER POLICY COMMITTEE CHAIR	5.00	X				ed		0	0	0
MICHAEL D YADON STATE VICE PRESIDENT	1.00	х						0	0	0
ROBERT A YOUNG III EMERITUS MEMBER	1.00	х						0	0	0
CHRISTOPHER SPEAR	29.00			х				1,820,866	0	30,061

Χ

Х

Χ

Χ

Χ

0

0

0

0

0

0

334,882

334,005

333,127

396,746

198,596

30,061

10,900

30,061

30,061

16,508

6,893

ROBERT A YOUNG III	1.00	x				0	
EMERITUS MEMBER		^				9	
CHRISTOPHER SPEAR	29.00		_			1,820,866	
PRESIDENT AND CEO	11.00					1,820,866	
JENNIFER HALL	30.00			v		332 110	

10.00 40.00

40.00

33.00

7.00 40.00

40.00

.

		Х			
EMERITUS MEMBER					
CHRISTOPHER SPEAR	29.00		v		
PRESIDENT AND CEO	11.00		^		
JENNIFER HALL	30.00			v	
EXECUTIVE VP & GENERAL COUNSEL	10.00			^	

and Independent Contractors

SUE HENSLEY ROBUSTO

WILLIAM SULLIVAN

JAMES R DUCKWORTH

ELISABETH BARNA

KEVIN TRAVER

VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

CHIEF FINANCIAL OFFICER

EXECUTIVE VICE PRESIDENT

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

Χ

organization

306,395

279,984

233,982

organizations

from the

16,508

8,883

23,451

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

and Independent Contractors

ROBERT COSTELLO

ED GILROY

VICE PRESIDENT

VICE PRESIDENT

SARAH RAJTIK

SENIOR VICE PRESIDENT

					,		'	1 (1) 1 2 4 2 2 2	0.00 0.0000	l
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RICHARD PIANKA	20.00					x		295,644	0	16,282
VICE PRESIDENT	20.00								-	
REBECCA BREWSTER	0.00									
SENIOR VICE PRESIDENT	40.00					X		382,188	0	30,061

40.00

40.00

40.00

................

.

any hours

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

DLN: 93493317065850

EZ)

SCHEDULE C (Form 990 or 990-

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

	rtment of the Treasury nal Revenue Service	Go to <u>www.irs.gov/Form990</u> for instr	uctions and the la	itest information.	Inspection
f the	Section 501(c)(3) organizations: Section 501(c) (other than section Section 527 organizations: Comeorganization answered "Yes Section 501(c)(3) organizations Section 501(c)(3) organizations	" on Form 990, Part IV, Line 4, or Form that have filed Form 5768 (election unde that have NOT filed Form 5768 (election " on Form 990, Part IV, Line 5 (Proxy T ions), then	ete Part I-C. rts I-A and C below. 990-EZ, Part VI, Iii r section 501(h)): Counder section 501(f	Do not complete Part I-B. ne 47 (Lobbying Activities complete Part II-A. Do not co n)): Complete Part II-B. Do restructions) or Form 990	s), then mplete Part II-B. not complete Part II-A. EZ, Part V, line 35c
	me of the organization ERICAN TRUCKING ASSOCIATIONS I	NC		' '	tification number
Par	rt I-A Complete if the or	ganization is exempt under sect	ion 501(c) or is	53-0026970 a section 527 organiz	zation.
1 2 3	"political campaign activities"; Political campaign activity exp Volunteer hours for political co	ganization's direct and indirect political c enditures (see instructions)anpaign activities (see instructions)		>	or definition of \$300,296
Par	t I-B Complete if the or	ganization is exempt under sect	ion 501(c)(3).		
1 2 3 4a	Enter the amount of any excis If the organization incurred a Was a correction made?	e tax incurred by the organization under te tax incurred by organization managers section 4955 tax, did it file Form 4720 fo	under section 4955 r this year?		\$
b Par	If "Yes," describe in Part IV. rt I-C Complete if the or	ganization is exempt under sect	ion 501(c), exc	ept section 501(c)(3)	
1		ended by the filing organization for section			\$
2	Enter the amount of the filing	organization's funds contributed to other	organizations for se	ection 527 exempt	\$
3	Total exempt function expend	itures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments. of political contributions receive	nd employer identification number (EIN) For each organization listed, enter the al yed that were promptly and directly deliv nittee (PAC). If additional space is neede	mount paid from the ered to a separate p	e filing organization's funds. political organization, such a	ch the filing . Also enter the amount
	(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					
2					
3					
1					
5					
5					

Schedule C (Form 990 or 990-EZ) 2019

Form 5768 (election under section 501(h)).

or a	ach "Ves" response on lines 1a throu	gh 1i below, provide in Part IV a detailed description of the lobbying	(a)	_	(b)	
activ		gri ir below, provide irri are iv a detained description of the lobbying	Yes	No	1	Amoun	ıt
1		nization attempt to influence foreign, national, state or local legislation, public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?						
b		compensation in expenses reported on lines 1c through 1i)?			İ		
c	•				İ		
d		r the public?					
е		cast statements?					
f	· ·	bbying purposes?					
g	-	r staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars,	conventions, speeches, lectures, or any similar means?					
i				<u> </u>	<u> </u>		
j a-	3				<u> </u>		
2a		e organization to be not described in section 501(c)(3)?		-	İ		
b		ax incurred under section 4912			<u> </u>		
C		ax incurred by organization managers under section 4912					
		section 4912 tax, did it file Form 4720 for this year?	<i>-</i>	<u> </u>	<u> </u>		
Par		anization is exempt under section 501(c)(4), section 501(c)	(5), 0	r secti	on		
	501(c)(6).					Yes	No
1	Were substantially all (90% or more	e) dues received nondeductible by members?		Г	1	1.05	No
2		nouse lobbying expenditures of \$2,000 or less?					No
3	•	over lobbying and political expenditures from the prior year?			3		No
Par		anization is exempt under section 501(c)(4), section 501(c)			on '	501(6	1/61
1	answered "Yes."	TH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A	, line 3	, is	19.7	12,856
2	Section 162(e) nondeductible lobby expenses for which the section	ring and political expenditures (do not include amounts of political 527(f) tax was paid).					
a			2a				511,337
b	,		2b				
C			2c	<u> </u>			11,337
3	== = :	ion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	<u> </u>		2,/	759,800
4	the organization agree to carryover	nt on line 2c exceeds the amount on line 3, what portion of the excess does to the reasonable estimate of nondeductible lobbying and political	١.				
5	•	litical expenditures (see instructions)	5				248,463
) 3				-40,403
Pro		t l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II-	-A, lines	1 an	ıd 2 (se	:e
	Return Reference	Explanation					
PART	TI-A, LINE 1:	HE AMERICAN TRUCKING ASSOCIATIONS, INC.'S INDIRECT POLITICAL CAM OF PROVIDING FACILITIES AND CATERING SERVICES TO THE ATA TRUCK PA LEG. SEC. 1.527-6(B)(1)(I) PROVIDES THAT A SECTION 501(C) ORGANIZAT	C FOR	THEIR E	VEN	TS. TRE	AS.
	A S (I P	RE OTHERWISE PERMITTED UNDER THE FEDERAL ELECTION CAMPAIGN ACT TATUTE ARE FOR AN EXEMPT FUNCTION ONLY TO THE EXTENT PROVIDED I B)(3). TREAS. REG. SEC. 1.527-6(B)(3) HAS BEEN RESERVED (I.E., NO REG ROMULGATED UNDER THIS SECTION). T.D. 7744 STATES THAT WHEN FINA	T (FECA N TREA ULATIO L REGU	A) OR SI AS. REG. DNS HAV JLATION:	MILA SEC E BE S AR	AR STAT :. 1.527 :EN :E ISSU	TE '-6 ED
	A T C M E R II	INDER THIS SECTION, THEY WILL BE APPLIED ON A PROSPECTIVE BASIS IF INFECTED. PERMITTED ACTIVITIES OF A CORPORATION UNDER THE FECA IN HINGS, PAYING THE COSTS OF ESTABLISHING A SEPARATE SEGREGATED FOONTRIBUTIONS TO SUCH FUND (SUBJECT TO VARIOUS RESTRICTIONS), COMBEMBERS ABOUT CANDIDATES FOR PUBLIC OFFICE (IN THE CASE OF A MEMING A POLITICAL CALUM IN CERTAIN NONPARTISAN ACTIVITIES DURING A POLITICAL CALUM IN CERTAIN NONPARTISAN ACTIVITIES DURING A POLITICAL CALUM IN CORPORATION DRIVES. UNDER THE CURRENT REGULATIONS, IF A SECTION SUCH SINDIRECT EXPENSES, SUCH AS EXPENSES INCURRED IN SOLICITINGHE IRS WILL NOT IMPOSE TAX ON SUCH EXPENDITURES UNDER SECTION SUCH EXPENDED SUCH SUCH SUCH SUCH SUCH SUCH SUCH SUCH	ICLUDE FUND A OMMUN IBERSH MPAIGN I 501(C G CONT	E, AMONG ND SOLI NICATION NIP CORP N SUCH A E)(6) ORG	G OT CITI NS W ORA AS V GANI ONS	HER NG /ITH TION), OTER ZATION TO A P	AND N AC,
	l l	RGANIZATION TO REPORT SUCH EXPENDITURES ON FORM 1120-POL.	()(,			

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493317065850

OMB No. 1545-0047

2019

Supplemental Financial Statements

▶ 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	e of the organization ICAN TRUCKING ASSOCIATIONS INC				Emplo	yer ide	entification	number
					53-00			
Par	Organizations Maintaining Donor Advi Complete if the organization answered "Ye				or Acco	unts.		
	Complete if the organization answered Te			ed funds	(1) Fund	s and other	accounts
	otal number at end of year	(4) 5011	or davis	ica ranas	ļ .) i ana	dia direi	decounts
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					nds are		Yes 🗆 N
	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	ny other purpose			missible	Yes 🗆 N
ar	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990	. Part 1	V, line 7.				
	Purpose(s) of conservation easements held by the orga							
	Preservation of land for public use (e.g., recreation	•		Preservation of a	n historica	ally imp	ortant land a	area
	Protection of natural habitat	<i></i> ,		Preservation of a				
	Preservation of open space							
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	ation co	ntribution in the fo	orm of a c			of the Year
3	Total number of conservation easements				2a			
)	Fotal acreage restricted by conservation easements				2b			
	Number of conservation easements on a certified histori	ic structure include	ed in (a)		2c			
	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	, and no	ot on a historic	2d			
	Number of conservation easements modified, transferre	ed, released, extin	guished	, or terminated by	the orga	nization	during the	
	Number of states where property subject to conservation	on easement is loc	ated ►_					
	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold:				of violati	ons,	☐ Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of	violation	s, and enforcing o	conservati	on ease	ments durir	ng the year
	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violat	ions, an	d enforcing conse	rvation ea	sement	s during the	e year
	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	above satisfy the	require	ments of section	170(h)(4)	(B)(i)	☐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the o					ind	
art	Organizations Maintaining Collections Complete if the organization answered "Ye				her Sim	ilar As	sets.	
3	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition,	educati	on, or research in	furtheran			
)	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:							
(i	Revenue included on Form 990, Part VIII, line 1					▶ \$		
	Assets included in Form 990, Part X					_		
	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or c	ther sin	nilar assets for fin				
		. ,	_					
a	Revenue included on Form 990, Part VIII, line 1					> \$		

 ${f c}$ Leasehold improvements

d Equipment .

e Other .

		(161111 396) 2019								Page 2
Par	****	Organizations Maintaining C	ollections of	Art, Histori	cal T	reasures,	or Othe	r Similar As	sets (co	ontinued)
3		g the organization's acquisition, access s (check all that apply):	ion, and other r	·	any of	the following	g that are	a significant u	se of its	collection
а		Public exhibition		d		Loan or exc	change pro	ograms		
b		Scholarly research		e		Other				
С		Preservation for future generations								
4	Provi Part :	de a description of the organization's o	collections and e	xplain how the	ey furtl	ner the orgai	nization's	exempt purpos	se in	
5		ng the year, did the organization solicit is to be sold to raise funds rather than							☐ Yes	s □ No
Par	t IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		on Form 990	, Part	IV, line 9,	or repor	ted an amou	nt on Fc	orm 990, Part
1 a		e organization an agent, trustee, custo ded on Form 990, Part X?							☐ Yes	s 🗆 No
b	If "Y€	es," explain the arrangement in Part XI	III and complete	the following	table:			Aı	mount	
С		nning balance	•	_			1c			
d	-	ions during the year					1d			
е		ibutions during the year					1e			
f		ng balance					1f			
2a	Did tl	he organization include an amount on	Form 990, Part	X, line 21, for	escrow	or custodia	l account	liability?	☐ Yes	
b		es," explain the arrangement in Part XI								
	rt V	Endowment Funds.	Check here i	r circ explanae	ion nas	been provid	100 111 1 011			
		Complete if the organization and	swered "Yes"	on Form 990	, Part	IV, line 10				
			(a) Current		rior yea		years bac	k (d) Three yea	rs back (e) Four years back
1 a	Beginn	ning of year balance								
b	Contril	butions								
C	Net inv	vestment earnings, gains, and losses								_
d	Grants	or scholarships								
		expenditures for facilities ograms								
f	Admin	istrative expenses								
g	End of	year balance								
2	Provi	de the estimated percentage of the cu	rrent vear end b	alance (line 1	a, colu	mn (a)) held	as:	•		
а		d designated or quasi-endowment 🕨	,	`	J ,	(//				
b	Perm	anent endowment ►								
		porarily restricted endowment >								
С		percentages on lines 2a, 2b, and 2c sho		6						
3a	Are t	here endowment funds not in the poss nization by:	•		t are h	eld and adm	inistered (for the		Yes No
	_	nrelated organizations							3a(
	(ii) r	elated organizations							3a((ii)
b		es" on 3a(ii), are the related organizati	ons listed as red	quired on Sche	dule R	?			31	b
4	Desci	ribe in Part XIII the intended uses of th	ne organization'	s endowment	funds.					
Par	t VI	Land, Buildings, and Equipm Complete if the organization and		on Form 990	, Part	IV, line 11	a. See F	orm 990, Pai	rt X, line	e 10.
	Descr	iption of property (a) Cost or (investi	other basis (b) Cost or other				depreciation	<u> </u>	I) Book value
	Land				15	50,204				150,204
		ngs				7,593		9,484,957		18,822,636

11,844,423

1,314,736

5,622,000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,069,579

161,286

948,554

22,152,259

9,774,844

1,153,450

4,673,446

Part VII	Investments—Other Securities.				•
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, li (b) Book	ne 11	(c) Metho	Part X, line 12. d of valuation: -year market value
	(mercaning name of security)	value		2031 OF EIIU-OF	, our market value
(1) Financia(2) Closely-	I derivatives				
(3)Other	The acquity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (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, F	Part IV li	ne 11	See Form 990	Part X line 13
	(a) Description of investment	are iv, ii	110 110	(b) Book value	(c) Method of valuation:
					Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV lir			+ V line 15
	(a) Description	art IV, III	ie IIu	. See Form 990, Pa	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV. lir	ne 11e	or 11f.See Form	990, Part X, line 25.
1.	(a) Description of liability				(b) Book value
(1) Federal (3)	income taxes				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the or	rganiza	tion's financial state	
•	's liability for uncertain tax positions under FIN 48 (ASC 740). Check l		-		

Schedule D (Form 990) 2019

	Complete if the organi	zation answered 'Yes' on Form 990, Part	IV, li	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	·	zation answered 'Yes' on Form 990, Part			T .	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		I		
a	Donated services and use of facili		2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F			1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines 4a and 4b				4c	
5		1c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	ride the descriptions required for P ines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide	4; Pari any a	t IV, lines 1b and 2b; Par Idditional information.	t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC.

Supplemental Information

Explanation

FITS OR LIABILITIES THAT NEED TO BE RECORDED.

Return Reference

THE ASSOCIATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN, AND AS SUC H, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENE

PART X, LINE 2:

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

2019 Open to Public

Employer identification number

53-0026970

Inspection

DLN: 93493317065850

OMB No. 1545-0047

Department of the
Treasury
Internal Revenue Service
Name of the organization
AMERICAN TRUCKING ASSOCIATIONS INC

General Information on Grants and Assistance

Part I

(Form 990)

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

To to www.ns.gov/Tormsso

 Describe in Part IV the organ Part II Grants and Other As that received more the 	ssistance to Dom	estic Organizations a			rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sectio3 Enter total number of other							5

(7)

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

Explanation

Return Reference

PART I, LINE 2: THE AMERICAN TRUCKING ASSOCIATIONS, INC. DOES NOT DISTRIBUTE GRANTS TO THIRD PARTIES. THE AMOUNTS LISTED ON PART II ARE CONTRIBUTIONS TO

THE LISTED ORGANIZATIONS. Schedule I (Form 990) 2019

Additional Data

RESEARCH INSTITUTE 950 N GLEBE ROAD SUITE 210 ARLINGTON, VA 22203

PO BOX 1200

US CHAMBER OF COMMERCE

WASHINGTON, DC 20013

Software ID: Software Version: **EIN:** 53-0026970

53-0045720

Name: AMERICAN TRUCKING ASSOCIATIONS INC

Torm 550, beneather, Turk 11, 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	53-2039775	501(C)3	558,500				CONTRIBUTION				

50,000

CONTRIBUTION

Form 990 Schedule T. Part TI. Grants and Other Assistance to Domestic Organizations and Domestic Governments

501(C)6

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 91-0461630 501(C)6 25,000 CONTRIBUTION WASHINGTON TRUCKING ASSOCIATION

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

242337

MONTGOMERY, AL 36124

2102 CARRIAGE DR SW SUITE F OLYMPIA, WA 98502					
ALABAMA TRUCKING ASSOCIATION - TAEC 7550 HALCYON POINTE DRIVE PO BOX	63-0147352	501(C)6	20,000		CONTRIBUTION

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MARINE CORPS HERITAGE 52-1147967 501(C)3 20,000 CONTRIBUTION FOLINDATION

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

BROOKLYN CENTER, MN

55430

18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 22172					
MINNESOTA TRUCKING ASSOCIATION 6160 SUMMIT DR NORTH STE 330	41-0499260	501(C)6	15,000		CONTRIBUTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-4268450 501(C)6 11.250 CONTRIBUTION OHIO TRUCKING ASSOCIATION 655 COOPER ROAD WESTERVILLE, OH 43081

655 COOPER ROAD
WESTERVILLE, OH 43081

MAJOR COUNTY SHERIFFS OF 54-1865566 501(C)6 10,000

AMERICA
1450 DUKE STREET SUITE 207

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

ALEXANDRIA, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NATIONAL FRATENAL ORDER 52-1606785 501(C)3 10.000 CONTRIBUTION OF POLICE FOUNDATION 328 MASSACHUSETTS AVE NE WASHINGTON, DC 20002

NEW JERSEY MOTOR TRUCK 22-1153380 501(C)6 10.000 CONTRIBUTION ASSOCIATION

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

160 TICES LANE E BRUNSWICK, NJ 08816

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) RHODE ISLAND TRUCKING 82-2406185 501(C)3 10.000 ICONTRIBUTION

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

16220 N SCOTTSDALE ROAD

SCOTTSDALE, AZ 85254

SUITE 500

PAWTUCKET, RI 02860 TECHFORCE FOUNDATION	59-3828402	501(C)3	10,000		CONTRIBUTION
ASSOCIATION FOUNDATION INC 660 ROOSEVELT AVENUE					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 55-0307300 501(C)6 10.000 CONTRIBUTION WEST VIRGINIA TRUCKING

CONTRIBUTION

6.500

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

501(C)7

ASSOCIATION						
2006 KANAWHA BLVD EAST						
CHARLESTON, WV 25311						
NATIONAL DEMOCRATIC CLUB						

30 IVY STREET SE WASHINGTON, DC 20003

53-0233594

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)4 6.000 ALLIANCE FOR TOLL-FREE 46-3799666 ICONTRIBUTION INTERSTATE PO BOX 25522

ALEXANDRIA, VA 22313

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	17065	850
Sch	nedule J	C	ompensat	ion Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	•		
		Complete if the org		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20)19)
Denar	tment of the Treasury	▶ Go to www.irs.ad		ito Form 990. instructions and the latest infori	mation.	Open		
Intern	al Revenue Service					Insp	ectio	n
	me of the organiza ERICAN TRUCKING A				Employer identifica	tion nu	ımber	
	- Our all	B			53-0026970			
Pa	rt I Questi	ons Regarding Compensa	ition				Yes	No
1 a				f the following to or for a person liste y relevant information regarding the			163	
		s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up payment	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Li	mo 1 = 2	2	Yes	
	unectors, truste	es, officers, including the CEO/1	executive Directo	r, regarding the items checked on Li	ne ia:			
3				ed to establish the compensation of t not check any boxes for methods	he			
				CEO/Executive Director, but explain	in Part III.			
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
c	• •	. , , , , ,	,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons liste		on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		
b	=					5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	,					6 b		
_	· ·	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye	on A, line 1a, did s," describe in Pa	the organization provide any nonfixe rt III	ed	7		
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No.	50053T Schedule	(Forn	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap				
(A) Name and Title	((B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
	_							
	+-							

Schedule J (Form 990) 2019 Page 3 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 PART I, LINE 1A CHAIRMAN TRAVEL - THE CHAIRMAN AND CHAIRMAN'S SPOUSE MAY TRAVEL FIRST CLASS DUE TO HEAVY TRAVEL SCHEDULES. THE POSITION IS AN UNPAID ONE YEAR POSITION, PRESIDENT TRAVEL - THE PRESIDENT & CEO MAY TRAVEL FIRST CLASS DUE TO A HEAVY TRAVEL SCHEDULE, SPOUSE TRAVEL - THE PRESIDENT & CEO'S SPOUSE MAY TRAVEL FIRST CLASS TO MEETINGS FOR BUSINESS PURPOSES. SERVICE AWARDS - SERVICE AWARDS TO ALL STAFF ARE GROSSED UP. FOR TAXES, TWO OF THE LISTED EMPLOYEES RECEIVED SERVICE AWARDS.

Schedule 1 (Form 990) 2019

EXECUTIVE VICE PRESIDENT

6KEVIN TRAVER

VICE PRESIDENT

7RICHARD PIANKA

8REBECCA BREWSTER

9ROBERT COSTELLO

10ED GILROY

VICE PRESIDENT

11SARAH RAJTIK

VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

VICE PRESIDENT

(ii) (i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

197,635

276,402

314,866

293,085

258,420

215,605

Software ID:

Software Version:

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

EIN: 53-0026970

Name: AMERICAN TRUCKING ASSOCIATIONS INC

	<u>,</u>			-,p,, aa.	goot ooponouto	ш =р.о у с с с		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive	(iii) Other reportable	(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
			compensation	compensation				prior Form 990
1CHRISTOPHER SPEAR PRESIDENT AND CEO	(i)	1,338,277	425,000	57,589	8,400	21,661	1,850,927	0
	(ii)	0	0	0	0	0	0	0
1JENNIFER HALL EXECUTIVE VP & GENERAL	(i)	301,300	30,000	810	8,400	21,661	362,171	0
COUNSEL	(ii)	0	0	0	0	0	0	0
2 SUE HENSLEY ROBUSTO EXECUTIVE VICE	(i)	304,072	30,000	810	8,400	2,500	345,782	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
3WILLIAM SULLIVAN EXECUTIVE VICE	(i)	302,763	30,000	1,242	8,400	21,661	364,066	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
4 JAMES R DUCKWORTH CHIEF FINANCIAL OFFICER	(i)	300,805	30,000	2,322	8,400	21,661	363,188	0
	(ii)	0	0	0	0	0	0	0
5ELISABETH BARNA	(i)	364,424	30,000	2,322	8,400	8,108	413,254	0

961

1,242

2,322

810

3,564

377

5,929

8,174

8,400

8,400

7,832

6,552

964

8,108

21,661

8,108

1,051

16,899

205,489

311,926

412,249

322,903

288,867

257,433

0

0

0

0

0

	(11)	U	0	0	0	I
1JENNIFER HALL EXECUTIVE VP & GENERAL	(i)	301,300	30,000	810	8,400	21,66
COUNSEL	(ii)	0	0	0	0	
2SUE HENSLEY ROBUSTO	(i)	304,072	30,000	810	8,400	2,50

18,000

65,000

12,500

18,000

18,000

efile GRAPH	IC print - DO NOT PROCESS	DLN: 93493317065850
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	
	NG ASSOCIATIONS INC	nployer identification number -0026970
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	- ANDREW T. BOYLE AND MARC D. BOYLE HAVE A FAMILY AND BUSINESS RELATIONS SSELS, III AND WILLIAM T. CASSELS, JR. HAVE A FAMILY AND BUSINESS RELATIONSH LER, DENNIS NASH, AND MICHAEL DUCKER HAVE A BUSINESS RELATIONSHIP SCO D MANNING HAVE A BUSINESS RELATIONSHIP JUDY R. MCREYNOLDS, CHERYL HA HAVE A BUSINESS RELATIONSHIP BARRY E. POTTLE AND CHELSEA POTTLE DEMM RELATIONSHIP LAWRENCE W. WOOLSON, EVERETT ROEHL AND RICHARD ROEHL IONSHIP JAMES E. WARD AND DONALD M. BOWMAN, JR. HAVE A BUSINESS RELATIONSHIP.	HIP ERIC FUL DTT GEORGE AND DAVI RPER AND TIM THORNE IONS HAVE A FAMILY HAVE A BUSINESS RELAT

Return Explanation
Reference

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE AMERICAN TRUCKING ASSOCIATIONS, INC. (ATA) BOARD OF DIRECTORS, AS OF DECEMBER 31, 2019, CONSISTS OF ONE HUNDRED TWENTY MEMBERS PLUS SEVENTEEN EMERITUS MEMBERS FOR A TOTAL OF ON E HUNDRED THIRTY-SEVEN VOTING MEMBERS. FIFTY-SEVEN OFFICERS AND VICE PRESIDENTS AT LARGE A RE ELECTED BY THE BOARD ITSELF ANNUALLY. FIFTEEN COMMITTEE CHAIRS ARE APPOINTED ANNUALLY B Y THE CHAIRMAN, WHO SERVES A ONE YEAR TERM. FORTY-EIGHT STATE ASSOCIATIONS, AFFILIATED CON FERENCES REPRESENTING INDUSTRY SEGMENTS, AND OTHER RELATED ORGANIZATIONS EACH ELECT ONE AT A MEMBER AS THEIR REPRESENTATIVE TO THE BOARD. EMERITUS MEMBERS ARE EX-OFFICIO LIFETIME ME MBERS.

ARD MEMBERS ON THEIR WEB PAGE

Return

Reference

FORM 990, PART VI, SECTION B, DRAFT VERSIONS OF THE 990 TAX RETURNS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER OF THE O RGANIZATION 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

Explanation

LINE 11B

I THE MANAGEMENT COMMITTEE IS AUTHORIZED BY THE 137 MEMBER BOARD TO ACT ON ALL FINANCIAL A

ND ADMINISTRATIVE AFFAIRS OF THE ORGANIZATION. THE RETURN IS THEN MADE AVAILABLE TO ALL BO

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
IEW PROCESS. IF AN EMPLOYEE IS MADE AWARE OF A CONFLICT THEY ARE INSTRUCTED TO DISCLOSE TH
LINE 12C

F SITUATION THROUGH THE PROPER CHAIN SO THAT THE APPROPRIATE ACTION MAY TAKE PLACE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AMERICAN TRUCKING ASSOCIATIONS (ATA) USES AN OUTSIDE COMPENSATION CONSULTANT TO CONDUC T 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 COMPEN SATION OF CEO'S OF COMPARABLE TRADE ASSOCIATIONS. THE ATA COMPENSATION COMMITTEE IS A SUBC OMMITTEE OF THE ATA EXECUTIVE COMMITTEE, A SUBCOMMITTEE OF THE ATA BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE CONSIDERS THE RESULTS OF THESE ANALYSES WHEN DETERMINING COMPENSAT ION LEVELS OF THE CEO. THE SENIOR STAFF'S COMPENSATION IS COMPARED TO COMPENSATION OF COMPARABLE POSITIONS IN A COMPARATOR GROUP OF TRADE ASSOCIATIONS AND REVIEWED BY THE PRESIDENT AND CEO.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. CHANGE IN VALUE OF PENSION EQUITY CHARGE 240.027.

PART XI. LINE 9:

Return Explanation

Reference	
PART XII,	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS OF AN
LINE 2C:	INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493317065850

Open to Public Inspection

Schedule R (Form 990) 2019

Employer identification number

Internal	Revenu	e Service	
Name	of the	organiz	ation

Department of the Treasury

(Form 990)

AMERICAN TRUCKING ASSOCIATIONS INC							53-0	026970				
Part I Identification of Disregarded Entities. Com	nplete if the orgar	nization answ	ered "Yes	s" on Form	990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	tivity	(c Legal domio or foreign) cile (state country)	(d) Total inc	ome	(e) End-of-year a	ssets	Direct co	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax	nizations. Compl year.	ete if the org	anization	answered			, Part 1	V, line 34 b	ecause	e it had one or		
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co) de section	Public (if sect	(e) charity status on 501(c)(3))	Di	(f) irect controlling entity	Section (13) con enti	512(b) ntrolled ity?
(1)AMERICAN TRANSPORTATION RESEARCH INSTITUTE 950 N GLEBE RD STE 210	RESEARCH			VA	501(C)3		7		АТА		Yes	
ARLINGTON, VA 22203 54-2039775 (2)TRUCKING CARES FOUNDATION 430 1ST STREET SE STE 100	CHARITABL	_E		VA	501(C)3		7		ATA		Yes	
WASHINGTON, DC 20003 82-3015119											_	
											-	

Cat. No. 50135Y

(a) Name, address, and related organiza	l EIN of tion	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelatea excluded fi tax unde sections 5 514)	ated, total inc d, rom er		Disprop ar alloca	h) ortionate ations?	(i) Code V-Ul amount in l 20 of Schedule k (Form 106	50x m (-1 (5)	partner	or Perc g own	(k) entag ership
								Yes	No		Y	es N	<u> </u>	
													+	
						I								
art IV Identification of Related O because it had one or more re							answered "Y	es" on	Form 9	990, Part	IV, li	ine 3	ļ ļ	
because it had one or more re (a) Name, address, and EIN of related organization		s a corporatio	on or tru (c) egal micile or foreign	st during th	(d) t controlling		(f) Share of tot	al Share	(g) e of end- year assets	of- Per	IV, li	ge	Section (13) co ent	ntroll tity?
because it had one or more re (a) Name, address, and EIN of	elated organizations treated as (b)	s a corporatio	on or tru (c) egal micile	st during th	(d) t controlling entity	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h)	ge iip	Section (13) co	ntroll tity?
because it had one or more re (a) Name, address, and EIN of related organization	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntrolle tity?
because it had one or more re (a) Name, address, and EIN of related organization ATA SERVICES INC AND SUBSIDIARY N GLEBE RD STE 210 INGTON, VA 22203	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntroll tity?
because it had one or more re (a) Name, address, and EIN of related organization ATA SERVICES INC AND SUBSIDIARY N GLEBE RD STE 210 INGTON, VA 22203	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntrolle tity?
because it had one or more re (a) Name, address, and EIN of related organization ATA SERVICES INC AND SUBSIDIARY N GLEBE RD STE 210 INGTON, VA 22203	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntrolle tity?
because it had one or more re (a) Name, address, and EIN of related organization ATA SERVICES INC AND SUBSIDIARY N GLEBE RD STE 210 INGTON, VA 22203	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntrolle tity?
because it had one or more re (a) Name, address, and EIN of related organization ATA SERVICES INC AND SUBSIDIARY N GLEBE RD STE 210 INGTON, VA 22203	elated organizations treated as (b) Primary activity	s a corporatio	on or tru (c) egal micile or foreign untry)	st during th	(d) t controlling entity	r. (e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	of- Per	(h) centaç nersh	ge iip	Section (13) co ent Yes	ntrolle tity?

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.											
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No								
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes									
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)	1 d		No								
e Loans or loan guarantees by related organization(s)	1e		No								
f Dividends from related organization(s)	1f		No								

Page 3

1k

1 Yes

1m

1n

10 Yes

1p

1q Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

ACTUAL CONTRIBUTION

BUDGETED FEE

ACTUAL COSTS

ACTUAL TRANSFER

No

No

No

No

No

No

d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1 f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

(b)

Transaction type (a-s)

0

Amount involved

558,500

200,000

1,212,079

1,445,899

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

Name of related organization

Reimbursement paid to related organization(s) for expenses .

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

(1)AMERICAN TRANSPORTATION RESEARCH INSTITUTE

(2)AMERICAN TRANSPORTATION RESEARCH INSTITUTE

(3) AMERICAN TRANSPORTATION RESEARCH INSTITUTE

(4) AMERICAN TRANSPORTATION RESEARCH INSTITUTE

Reimbursement paid by related organization(s) for expenses . . .

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) Are all partners section 501(c)(3) ir organizations?		(g) Share of end-of-year assets	(h) Disproprtiona allocations?	Disproprtionate allocations?		(j) General or x managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

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Part VII	Supplemental Information							
	mation for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						