Department of the

Internal Revenue Service

Treasury

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.

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

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

OMB No. 1545-0047

DLN: 93493296011130

2019

Open to Public Inspection

A Fo	or the	e 2019 d	alendar year, or tax year begin	ning 01-01-2019 , and ending 12-3	31-2019			_
B Chec	ck if a	pplicable:	C Name of organization AMERICAN WATERWAYS OPERATORS	SINC		D Employer	r identification number	
		change	AMERICAN WATERWATS OFFICATORS	, live		53-01739	915	
□ Nar		-	Doing business as					
		rurri n/terminated						
		return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite	E Telephone	number	
☐ App	olicatio	on pending	801 N QUINCY ST NO 500			(703) 84:	1-9300	
			City or town, state or province, coun ARLINGTON, VA 222031708	try, and ZIP or foreign postal code				
			ARCHOTON, VA 222001700			G Gross rece	eipts \$ 7,939,355	
			F Name and address of principal JENNIFER CARPENTER	officer:	H(a) Is	this a group retu		
			801 N QUINCY ST NO 500			bordinates?	□Yes 🗹 No)
			ARLINGTON, VA 222031708			e all subordinate: cluded?	S ☐ Yes ☐No)
I Tax	-exen	npt status	: ☐ 501(c)(3) ☑ 501(c)(6)◀(insert no.) \square 4947(a)(1) or \square 527	If	"No," attach a lis	st. (see instructions)	
J W	ebsit	: e:▶ W\	WW.AMERICANWATERWAYS.COM		H(c) Gr	oup exemption n	number 🟲	
					I Voor of fo	ormation: 1944	M State of legal domicile: VA	
K Form	n of or	rganizatior	n: 🗹 Corporation 🔲 Trust 🔲 Assoc	ciation ☐ Other ►	L real of it	Jilliadoli. 1944	• State of legal dofficile. V	1
Pa	rt I	Sum	nmary			L		
			scribe the organization's mission or					
e Ce	<u> </u>	TRADE AS	SSOCIATION OF THE TUGBOAT, TO	WBOAT AND BARGE INDUSTRY.				
an	_							
еш	-							
Governance				continued its operations or disposed of				г.
×5				g body (Part VI, line 1a)			3	54
es.			· -	the governing body (Part VI, line 1b)		•		54
VIC			, ,	endar year 2019 (Part V, line 2a)			<u> </u>	30
Activities &			mber of volunteers (estimate if nec	* *			7a	0
`				VIII, column (C), line 12		•	7a 7b	- 0
	ь	Net unie	stated business taxable income from	Form 930-1, line 39		Prior Year	Current Year	_
	Q	Contribu	tions and grants (Part VIII, line 1h)			Piloi Teal	0	
ē.			service revenue (Part VIII, line 2g)			7,087,85		
Ravenue		-	ent income (Part VIII, column (A), li			218,81		
æ			venue (Part VIII, column (A), lines 5	•		55,50	·	
				st equal Part VIII, column (A), line 12)		7,362,17	· ·	
			and similar amounts paid (Part IX, co			152,25	· ·	
			paid to or for members (Part IX, co	, ,,		132,23	0	0
			,	nefits (Part IX, column (A), lines 5–10)		4,480,43		
Expenses			onal fundraising fees (Part IX, colun	, , , , , , , , , , , , , , , , , , , ,		1,100,10	0	0
) en			Iraising expenses (Part IX, column (D), li	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
Ä			penses (Part IX, column (A), lines 1	· ———		2,546,43	36 2,974,6	 660
			penses. Add lines 13–17 (must equ	•		7,179,12		
			e less expenses. Subtract line 18 fro			183,05		
e S			<u> </u>		Beginn	ing of Current Yea		—
Net Assets or Fund Balances								
Ass. Bal			sets (Part X, line 16)			7,700,35		
let,			bilities (Part X, line 26)			2,949,94		
			ets or fund balances. Subtract line 2	1 from line 20		4,750,40	07 4,907,7	765
	rt II		nature Block perjury I declare that I have exami	ned this return, including accompanying	a schedules	and statements	and to the hest of my	—
				Declaration of preparer (other than off				is
any ki	nowle	edge.						—
		****	« *			2020-10-22		
Sign		Signat	ture of officer			Date		_
Here		JENNI	FER CARPENTER PRESIDENT AND CEO					
			or print name and title					_
		<u> </u>	Print/Type preparer's name		Date		IN	-
Paic	1					self-employed	01332734	
Prep	oare	er	Firm's name RSM US LLP			Firm's EIN ► 42-07	714325	
Use		H	Firm's address ► 2021 L STREET NW 400			Phone no. (202) 29		—
			WASHINGTON, DC 200	36		(, 		
May +	ne IP	S discus	s this return with the preparer show				✓ Yes □ No	
			eduction Act Notice, see the separate	•	Cat N	o. 11282Y	Form 990 (20	110)

Form	990 (2019)				Page 2
Pa	statement	of Program Service Ac	complishments		
			r note to any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:			
SER\ AS A PRO\	/ING THE RIVERS, COA DRIVER OF THE U.S. I	ASTS, GREAT LAKES AND HAI ECONOMY WITH A POSITIVE	THE COMPANIES THAT OWN AND RBORS OF THE UNITED STATES. A IMPACT ON THE AMERICAN QUALIVATER POLLUTION, RELIEVING HIGH	WO PROMOTES THE INDUSTRY'S TY OF LIFE, MOVING VITAL COM	VALUE TO THE NATION MODITIES SAFELY,
2	-	undertake any significant pro	ogram services during the year whi	ch were not listed on	□ Yes ▼ No
	•	ese new services on Schedule			Lifes Lino
3	•		ignificant changes in how it conduc	ts any program	
_	services?		<u> </u>		□Yes ✓No
		ese changes on Schedule O.			
4	Section 501(c)(3) an		mplishments for each of its three la e required to report the amount of service reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d		ces (Describe in Schedule O.)			
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program serv	vice expenses ►			

18

19

Nο

Nο

Nο

Nο

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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	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? <i>If "Yes," complete Schedule D,</i> Part 📆	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? If "Yes," complete Schedule D, Part V	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 2	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	11d	Yes	
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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?

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Checklist of Required Schedules (continued)			
		Yes	No
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
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	
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
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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
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
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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
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
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	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b 36	Yes	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 **		Yes	No
	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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and III of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1,00,000 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 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-E2? If "Yes," complete Schedule I., Part II 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 I., Part II 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 35% controlled entity (incl	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. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part II Did the organization provide 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 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? If "Yes," complete Schedule L, Part IV Did the org	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. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

Yes

58

0

1c

1a

1b

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
24	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: ►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			NI NI
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5с 6а	Yes	
	solicit any contributions that were not tax deductible as charitable contributions?	Ua	163	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
	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 and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

01111	330 (2				rage
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	" respo	onse to	lines V
Se		A. Governing Body and Management			
				Yes	No
1a	Enter (the number of voting members of the governing body at the end of the tax year 1a 54			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 54			
2		y officer, director, trustee, or key employee have a family relationship or a business relationship with any other, director, trustee, or key employee?	2	Yes	
3		e organization delegate control over management duties customarily performed by or under the direct supervision ters, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the	e organization have members or stockholders?	6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more ers of the governing body?	7a	Yes	
b		y governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or as other than the governing body?	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by lowing:			
а	The go	overning body?	8a	Yes	
b	Each c	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the zation'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	e Code	e.)	
				Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?	10a		No
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?	e organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were of conflic	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to ts?	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in ule O how this was done	12c	Yes	
13	Did the	e organization have a written whistleblower policy?	13	Yes	
14	Did the	e organization have a written document retention and destruction policy?	14	Yes	
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The or	ganization'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		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No
b	in join	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation t venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?			1
			16b		
		C. Disclosure			
17 10		e states with which a copy of this Form 990 is required to be filed			
18	only) a	n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
19		wn website Ll Another's website 🗹 Upon request Ll Other (explain in Schedule O) be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
19		and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: OMANO 801 N QUINCY ST NO 500 ARLINGTON, VA 222031708 (703) 841-9300			

 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 no. 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 or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	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 or any related organization or any related organization or any related organization of from the organization of from the organization org	year.		•						, ,		-	n's ta	Κ
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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 of													
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) 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	(A) Name and title Average hours per week (list any hours (B) Position (do n than one box, is both an o			o no ox, u n of or/t	t che inles ficer	s pers	on	(D) 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		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII

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

Page 8

	4													
(A) Name and title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Rep comp comp fro orga							(D) ortable ensation m the nization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and		
0	for related organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer	Key employee	Highest compens	Former		2/1099- ISC)	(W-2/1099- MISC)		organizati relate organiza	ed	
		ě.	rustee			ensated								
See Additional Data Table					\vdash									
					$ \Box $									
					\dashv									
			!		1	'	!						<u></u>	
1b Sub-Total				-		•	_							
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	•					>	_	2,:	165,865	C)		596,699	
Total number of individuals (including be of reportable compensation from the organization)			e liste	ed ab	ove	e) who	· rece	eived mo	re than \$10	00,000				
3 Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J fo</i>				•		, ,		ighest cor	•	employee on	•	Yes	No	
For any individual listed on line 1a, is the organization and related organizations or the organization and related organizations.	ne sum of repo	ortable c	compe	ensa	ation	n and o	other	r compens	sation from	the	3		No	
 individual Did any person listed on line 1a receive services rendered to the organization?If 									tion or indi	vidual for	4	Yes	*1.	
								<u> </u>	<u> </u>	<u> </u>	5		No	
Section B. Independent Contractor Complete this table for your five highest from the organization. Report compensation.	t compensated										pens	ation		
	(A)		7		115	777				(B)		(C)		
THOMPSON & COBURN	d business addre	3S							Descr LEGAL	ription of services	_	Compen	179,042	
1909 K STREET NW 600 WASHINGTON, DC 200061600														
K & L GATES									LEGAL				102,511	
1601 K STREET NW WASHINGTON, DC 200061600														

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 ▶ 2

		(2019)								Page 9
Part	VII						l: : II: B 1//III			
		Check if Sched	dule O co	ntains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1	.a Federated campa	igns .		1 a			1010		
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s	Ĺ	1 b					
0 m		c Fundraising even	ts	L	1c					
iffs, ar A		d Related organizat	tions	L	1d					
nië.		e Government grants	(contribut	ions)	1e					
Sil		f All other contributio and similar amounts	ns, gifts, g s not inclu	grants, ded	.					
Contributions, Gifts, and Other Similar A		above q Noncash contributio	ne includa	L din I	1f					
ĒŽ		lines 1a - 1f:\$	nis include	``` L	1 g					
ē Č		h Total. Add lines :	1a-1f .			•				
						Business Code				
	2	a MEMBERSHIP DUES				900099	6,952,935	6,952,935		
пПе	ŀ	SPECIAL PROJECTS					208,941	208,941		
e ve						900099				100.000
ce	•	SPONSORSHIPS				900099	106,370			106,370
Program Service Revenue		d MANAGEMENT SERVI	CES			900099	74,175	74,175		
E .						300033	5,085	5,085		
ogra	•	MEETINGS				900009	3,003	3,083		
\$		f All other program	convice r	01/08/10						
		J Total. Add lines 2				7,347,506				
	_	Investment income								
		similar amounts) .	`	· .	• 1	,	90,714	1		90,714
		Income from invest Royalties	ment of		npt bo	ond proceeds	-			
	_	Noyanies I I I		(i) Rea		(ii) Personal				
	6.	a Gross rents	6a							
		Less: rental	Ua							
		expenses	6b							
	С	Rental income or (loss)	6c							
		d Net rental income	or (loss)						
			(i) Securit	ties	(ii) Other				
	7	a Gross amount from sales of	7a	4	45,316	,				
		assets other than inventory								
	b	Less: cost or other basis and	7b	4	01,408					
		sales expenses								
	С	Gain or (loss)	7c		43,908	3				
		d Net gain or (loss)					43,908	3		43,908
e Te	8	a Gross income from fu (not including \$	ındraising	events of						
en		contributions reported See Part IV, line 18								
Other Revenue		b Less: direct expen			8a 8b		_			
ıer		c Net income or (los			ng eve	ents				
		Corrections and form								
	Эa	Gross income from See Part IV , line 19	· ·	·	9a					
	ı	b Less: direct expen	ses .		9b					
	,	c Net income or (los	s) from (gaming a	activiti	es >				
	10	aGross sales of inve	entory, le	:SS						
		returns and allowa			10a					
		b Less: cost of good			10 b					
	•	C Net income or (los Miscellaneo			nvent	ory ► Business Code				
	1:	1a _{MISCELL} ANEOUS				90009	99 43,819			43,819
	ı	b 75TH ANNIVERSA	RY BOOK	(90009	12,000			12,000
	,	с								
		d All other revenue								
		e Total. Add lines 1				•	55,819			
	1:	2 Total revenue. S	ee instru	ctions .	•	• • • •	7,537,947	7,241,136	5	0 296,811
										Form 990 (2019)

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must co		=	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u>.</u> <u>U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	181,014			
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	1,817,398			
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	2,389,524			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	80,822			
9 Other employee benefits	272,559			
10 Payroll taxes	229,328			
11 Fees for services (non-employees):				
a Management				
b Legal	62,637			
c Accounting	27,598			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,401		<u> </u>	
q Other (If line 11q amount exceeds 10% of line 25, column	172,990			
(A) amount, list line 11g expenses on Schedule O)	2,2,555			
12 Advertising and promotion				
13 Office expenses	105,192			
14 Information technology	144,582			
15 Royalties				
16 Occupancy	502,084			
17 Travel	225,084			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	763,569			
20 Interest	5,225			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	146,682			
23 Insurance	64,739			
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 SPECIAL PROJECTS EXPENS	272,467			
b SURGE EXPENDITURES	159,375			
c DUES & SUBSCRIPTIONS	126,860			
d STRATEGIC COMMUNICATION	106,678			
e All other expenses	68,497			
25 Total functional expenses. Add lines 1 through 24e	7,945,305			
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).				

10a

10b

Form 990	(2019)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	431,248	1	51,036
2	Savings and temporary cash investments	650,481	2	456,872
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	209,567	4	169,016
5	Loans and other 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		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	

1,466,889

1,146,313

7

10c

11

12 13

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17 18

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23

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27

28

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32

33

156,789

320,576

4,579,092

2,540,512

8,273,893

342,016

256.850

88,288

2.678.974

3.366.128

4.907,765

4,907,765

8.273.893

Form 990 (2019)

130,031

367,556

3,999,943

1,911,526

7,700,352

272,849

522,495

38,218

2,116,383

2.949.945

4,750,407

4,750,407

7,700,352

Assets
As

11

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21

23

24

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27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

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 ▶

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

or family member of any of these persons . . .

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

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

Form	990 (2019)				Page 12
Pai	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.	,537,947
2	Total expenses (must equal Part IX, column (A), line 25)	2			,945,305
3	Revenue less expenses. Subtract line 2 from line 1	3			-407,358
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,750,407
5	Net unrealized gains (losses) on investments	5			564,716
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4.	,907,765
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	_			~
		-		Yes	No
4	Accounting method used to prepare the Form 990:				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	i.
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signal And And OMB Circular A-1332	ngle	32		No

3b

Form **990** (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID:

Software Version:

EIN: 53-0173915

Name: AMERICAN WATERWAYS OPERATORS INC.

Form 990 (2019)

COMMERCE EFFICIENTLY.

Form 990, Part III, Line 4a: ADVOCACYSERVE AS THE LEADING NATIONAL ADVOCATE FOR THE TUGBOAT. TOWBOAT AND BARGE INDUSTRY WITH THE U.S. CONGRESS AND FEDERAL AGENCIES. AWO PROMOTES THE INDUSTRY'S VALUE TO THE NATION AS A DRIVER OF THE U.S. ECONOMY THAT PROVIDES FAMILY-WAGE JOBS AND MOVES THE NATION'S FREIGHT SAFELY WHILE REDUCING AIR AND WATER POLLUTION, RELIEVING TRAFFIC CONGESTION, AND PROTECTING HOMELAND SECURITY, AWO STAFF AND MEMBERS ADVOCATE FOR SOUND LEGISLATION. REGULATION AND PUBLIC POLICY THAT ENABLES THE INDUSTRY TO CONTINUE TO PROVIDE JOBS AND MOVE THE NATION'S

Form 990, Part III, Line 4b: MEMBERSHIP MEETINGSAWO CONDUCTS MEETINGS AT THE NATIONAL AND REGIONAL LEVELS TO EDUCATE MEMBERS ON PUBLIC POLICY ISSUES FACING THE TUGBOAT, TOWBOAT AND BARGE INDUSTRY AND PROMOTE SAFETY, SECURITY AND ENVIRONMENTAL STEARDSHIP. IN 2019 AWO HELD TWO NATIONAL CONVENTIONS ATTENDED BY APPROXIMATELY 180-220 MEMBERS AT EACH, PLUS 4 REGIONAL AND SAFETY MEETINGS WITH ATTENDANCE AT EACH RANGING FROM APPROXIMATELY 55-400

MEMBERS, AWO ALSO HELD A SERIES OF SMALLER REGIONAL ROUNDTABLE GATHERINGS THROUGHOUT THE SUMMER WITH ATTENDANCE AT EACH RANGING FROM 13-70.

MEMBERS.

Form 990, Part III, Line 4c: SAFETY AND ENVIRONMENTAL STEWARDSHIPAWO IS THE LEADING NATIONAL ADVOCATE FOR THE U.S. TUGBOAT, TOWBOAT AND BARGE INDUSTRY, WHICH SERVES THE NATION AS THE SAFEST AND MOST ENVIRONMENTALLY RESPONSIBLE MODE OF FREIGHT TRANSPORTATION. SINCE 1994, THE AWO RESPONSIBLE CARRIER PROGRAM (R). A COAST GUARD-ACCEPTED SAFETY MANAGEMENT SYSTEM. HAS PROVIDED A FRAMEWORK FOR MEMBER COMPANIES TO DEVELOP COMPANY-SPECIFIC SAFETY AND

MEMBERS AND CONVENES ITS INTERREGION AND COASTAL SAFETY COMMITTEES BIANNUALLY TO PROVIDE FORUMS FOR INDUSTRY SAFETY PROFESSIONALS AND GOVERNMENT PARTNERS TO SHARE INFORMATION AND LEARN ABOUT TIMELY SAFETY TOPICS. FURTHERMORE, FOR 25 YEARS, THE COAST GUARD-AWO SAFETY PARTNERSHIP HAS CREATED QUALITY ACTION TEAMS TO ENHANCE MARINE SAFETY AND ENVIRONMENTAL PROTECTION IN SUCH AREAS AS PREVENTING CREW

ENVIRONMENTAL POLICIES AND PROGRAMS DESIGNED TO CONTINUOUSLY IMPROVE SAFETY PERFORMANCE. AWO ALSO PROVIDES TANGIBLE SAFETY RESOURCES FOR

FATALITIES, PROMOTING BEST PRACTICES TO PREVENT TANK BARGE AND TOWING VESSEL OIL SPILLS, DEVELOPING CYBER RISK MANAGEMENT BEST PRACTICES, AND

ENHANCING AIDS TO NAVIGATION, AMONG OTHERS.

(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

	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
SCOTT MERRITT CHAIRMAN (AS OF 4/19)	5.00	Х		х				0	0	0
ART MEAD VICE CHAIRMAN (AS OF 4/19)	5.00	Х		х				0	0	0
CLARK TODD TREASURER (AS OF 4/19)	5.00	Х		х				0	0	0

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ART MEAD	3.00	v	v		٥	
VICE CHAIRMAN (AS OF 4/19)	0.00	^	^		0	
CLARK TODD	5.00	v	v		0	
TREASURER (AS OF 4/19)	0.00	^	^			
TOM MARIAN	5.00	V	>		0	
IMMED. PAST CHAIR (AS OF 4/19)	0.00		^			
DARIN ADRIAN	1.00					

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and Independent Contractors

DARIN ADRIAN

BOB ALDRICH

SHAWN BENNETT

ADAM BINSFELD

MARK BOURGEOIS

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

TODD CLOWER

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

and Independent Contractors

ZDAVE DELOACH

DIRECTOR

DIRECTOR

DEREK EGAN

MIKE ELLIS

DIRECTOR

DIRECTOR

JIM FLETCHER

MATT DEVALL

MICHAEL ECKART

DIRECTOR (AS OF 4/19)

DIRECTOR (AS OF 4/19)

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	any nours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARTIN CURTIN	1.00	Х						0	0	0
DIRECTOR	0.00							0	0	
ASHLEY DANIELSON	1.00	X						9	0	0
DIRECTOR	0.00							0	O	0
JC DANN	1.00									
DIRECTOR	0.00	Х						0	0	0
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ASHLEY DANIELSON	1.00	Х				
DIRECTOR	0.00				0	
JC DANN	1.00					
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DIRECTOR	0.00					
STEPHEN DANN	1.00					
		Х			0	
DIRECTOR	0.00					

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(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 related from the compensation from the

	any hours	and	a dir	recto		ustee)		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)	0 0 0 0	organization and related organizations
ED GRIMM	1.00									
DIRECTOR	0.00	Х						0	0	0
CATHY HAMMOND	1.00							0	0	0
DIRECTOR	0.00									
ROGER HARRIS DIRECTOR (AS OF 4/19)	1.00	Х						0	0	0
DIRECTOR (AS OF 4/19)	0.00			₩	₩					
CHAS HAUN	1.00								0	0
DIRECTOR	0.00	X						0	U	0
ED HOGAN	1.00									

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DIRECTOR (AS OF 4/19)
CHAS HAUN
DIRECTOR
ED HOGAN
DIRECTOR (AS OF 4/19)

BRIAN HUGHES

MOLLY ISNARDI

RICK IULIUCCI

DIRECTOR

JEFF KEIFER

DIRECTOR

DIRECTOR

KEITH KIRKEIDE

....... DIRECTOR

DIRECTOR

and Independent Contractors

(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

,	l for rolated	└						1 (W 2/1000)	1 (14/ 2/1000 1	organization and	
	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)	related organizations	
FRANCES KUEHNE DIRECTOR	0.00	Х						0	0	0	
ERIK LARSEN DIRECTOR	0.00	Х						0	0	0	
GEORGE LEAVELL DIRECTOR	0.00	Х						0	O	0	
HUGH MCCRORY DIRECTOR	0.00	Х						0	O	0	
SARAH PERRY MCGEE	1.00	X						0	0	0	

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DIRECTOR	
HUGH MCCRORY	
DIRECTOR	
SARAH PERRY MCGEE	
DIRECTOR	

MARIO MUNOZ

MICHAEL MYERS

DIRECTOR (AS OF 4/19)

DIRECTOR (AS OF 4/19)

DIRECTOR (AS OF 4/19)

DAVE O'LOUGHLIN

JEFF PARKER

DIRECTOR

.....

DIRECTOR

DAN NUTT

and Independent Contractors

(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 Independent Contractors

DIRECTOR

DIRECTOR

KAREN SHOOT

JEFF SLESINGER

MARK SMITH

PATRICK SMITH

MATT STUMP

DIRECTOR

DIRECTOR

DIRECTOR (AS OF 4/19)

DIRECTOR (AS OF 4/19)

	any hours	and	a dir	recto		ustee)		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
LARRY PERRYMAN	1.00									
DIRECTOR	0.00	X						0	0	0
TIM POWER	1.00							0		0
DIRECTOR	0.00	Х						0	0	0
MIKE REAGOSO	1.00	Х						0	0	0
DIRECTOR	0.00									_
BRUCE REED	1.00	Х						0	0	0
DIRECTOR	0.00									
CHRIS SENNER	1.00									

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MIKE REAGOSO	1.00					
DIRECTOR	0.00	^			0	
BRUCE REED	1.00					
DIRECTOR	0.00	^			0	
CHRIS SENNER	1.00					
		X			0	

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

	any hours	and	. a dir	ecto	ır/tr	rustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)		organization and related organizations	
KELLY TEICHMAN DIRECTOR	0.00	Х						0	0	0	
PAUL TOBIN DIRECTOR	0.00	Х						0	0	0	
DEL WILKINS	1.00	Х		Г				0	0	0	

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199,732

32,773

123,134

86,674

34,715

23,468

564,680

116,723

458,090

216,171

168,354

199,650

PAUL TOBIN	1.00	Х			0	
DIRECTOR	0.00	^				
DEL WILKINS	1.00	·				
DIRECTOR	0.00	X			0	
MATT WOODRUFF	1.00	v			0	
DIRECTOR	0.00	^			١	

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2.00 35.70

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and Independent Contractors

THOMAS ALLEGRETTI

MARY ANASTACIO

LYNN MUENCH

DIRECTOR - FINANCE

JENNIFER CARPENTER

CHARLES COSTANZO

CRAIG MONTESANO

VP-PACIFIC REGION OF AWO

VP-LEG. AFFAIRS OF AWO

EXEC VP & COO OF AWO

......

SR VP-REGIONAL ADVOCACY OF AWO

PRESIDENT & CEO OF AWO

and Independent Contractors (A) Name and Title

CARMINA SMITH

JOE MANION

BEN I FRNER

VP-OPS & ADMIN OF AWO

DIRECTOR - POLITICAL AFFAIRS

VP - PUBLIC AFFAIRS & COMMUNICATION

	week (list any hours for related organization below dotte line)
	40.
	0.0
	40.

(B)

Average

hours per عدنان بالمحيين

0.00 40.00

0.00

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than one box, erson is both a and a director/t							
esternt lanbivibat	Institutional Trustee	Officer	Key employee				

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

(C)

Position (do not check more

x, unless an officer r/trustee) Highest co employee Х

from organiz (W- 2/1 MIS(ation .099-
	163,743
	140,013
	138,441

(D)

Reportable

compensation

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

45,966

20,809

29,428

person is and a di

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Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493296011130

Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** AMERICAN WATERWAYS OPERATORS INC 53-0173915 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ Yes ☐ No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... 3 Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 801 NORTH QUINCY ST 500 126,500 ÀMERICAN WATERWAYS OPERATORS PAC ARLINGTON, VA 22203 2

PART I-A, LINE 1:

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	ed		
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying			a)	(b)
activi		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?	-	,	i
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ı
c	Media advertisements?	\neg		ı
d	Mailings to members, legislators, or the public?	$\overline{}$		 I
е	Publications, or published or broadcast statements?	$\overline{}$		<u> </u>
f	Grants to other organizations for lobbying purposes?	\neg		<u> </u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	$\overline{}$	<i>i</i>	1
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	$\overline{}$		
i	Other activities?	\neg		<u> </u>
j	Total. Add lines 1c through 1i			<u> </u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		, [i
b	If "Yes," enter the amount of any tax incurred under section 4912			ı
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		, [<u> </u>
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	J	, J	<u> </u>
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section	on
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		[3 Yes
	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,	r section, line 3	3, is
1	Dues, assessments and similar amounts from members	1		6,952,935
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		l	757 760
a	Current year	2a		757,769
b	Carryover from last year	2b		-3,131,021
С	Total	2c		-2,373,252
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3		347,647
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	l	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	i T	-2,720,899
Pa	art IV Supplemental Information			
Pro	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); cructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 and 2 (see
	Return Reference Explanation			

ACCORDANCE WITH FEDERAL ELECTION LAW.

MAKING POLITICAL EXPENDITURES THROUGH A CONNECTED POLITICAL ACTION COMMITTEE (PAC). ADDITIONALLY, AWO ACTS AS A COLLECTING AGENT FOR CONTRIBUTIONS MADE TO ITS PAC, IN

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DLN: 93493296011130

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** AMERICAN WATERWAYS OPERATORS INC 53-0173915 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

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

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	t III	Organizations Maintaining Co	llections of Art, F	listori	cal T	reasu	ires, or	r Other	Similar As	sets (cont	inued)
3		g the organization's acquisition, accessio s (check all that apply):	n, and other records,	check	any of	the fo	llowing t	hat are a	significant u	se of its col	lection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		е		Othe	r				
С		Preservation for future generations									
4	Provi Part 1	de a description of the organization's co XIII.	llections and explain l	how the	ey furtl	her the	e organiz	zation's e	xempt purpo	se in	
5		ng the year, did the organization solicit on ts to be sold to raise funds rather than t								☐ Yes	□ No
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, li	ne 9, oi	r reporte	ed an amou	nt on Forr	n 990, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?								Yes	□ No
b	If "Y	es " explain the arrangement in Part XII	I and complete the fo	llowina	table:		[A	mount	
C	, ,										
d	_	•					ŀ	1c 1d			
		cions during the year									
e		ibutions during the year					1	1e			
f	Endir	ng balance					· ·	1f			
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	v or cu	stodial a	ccount lia	ability?	☐ Yes	□ No
b	If "Ye	es," explain the arrangement in Part XII	I. Check here if the ex	kplanati	ion has	s been	provided	d in Part i	XIII		
Pa	rt V	Endowment Funds.		•			·				
		Complete if the organization answ	wered "Yes" on For	m 990	, Part	IV, li	ne 10.				
			(a) Current year	(b) P	rior yea	ar i	(c) Two y	ears back	(d) Three yea	ars back (e)	Four years back
1a	Beginr	ning of year balance									
b	Contril	butions									
С	Net in	vestment earnings, gains, and losses									_
d	Grants	s or scholarships									
e		expenditures for facilities rograms									
f	Admin	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curr	ent vear end balance	(line 1	a. colu	mn (a`)) held a	s:			
а		d designated or quasi-endowment	•	(– .	3 ,	(,	,,				
h		 nanent endowment ►									
_											
С		porarily restricted endowment mathematical control c									
3a	Are t	here endowment funds not in the posse nization by:		ion tha	t are h	eld an	d admini	istered fo	r the		Yes No
	-	nrelated organizations								3a(i)	+-+-
	(ii) r	elated organizations								3a(ii)	
b		es" on 3a(ii), are the related organizatio		on Sche	dule R	? .				3b	
4	Desc	ribe in Part XIII the intended uses of the	e organization's endov	vment i	funds.						
Pai	rt VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization answ		m 990	, Part	:IV, li	ne 11a.	. See Fo	rm 990, Pai	rt X, line 1	0.
	Descr	iption of property (a) Cost or ot (investm		or other	basis (other)	(c) Acc	umulated o	depreciation	(d) E	Book value
1 a	Land										
b	Buildin	ngs									
		nold improvements			32	20,610			259,039		61,571
		ment				81,336			843,126		-161,790
						64,943			44,148		420,795
		lines 1a through 1e. (Column (d) must	equal Form 990 Part	X. colu		•	10(c))		•		320,576
OLC	Aud	mies la unough le. (Column (a) must	equal Fulli 330, Part	A, COIU	ин (Ф,	, iiie	10(C).)		-		320,5/6

(inducting name of security) (induc	Ture VII	Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 11b.See Form 990, I	Part X, line 12.		
1) Treated de-Inchines 1) Closely-hald early internals 1) Complete it the organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. 1) Complete it the organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. 1) Complete it the organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. 1) Complete it The organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. 1) Complete if The organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. 1) Complete if The organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. 1) Complete if The organization and seared feet on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. 1) Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 15. 1) Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 15. 1) Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1) Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1) Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1) Departed Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1) Departed Complete if the organization and seared feet feet on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1) Departed Complete if the organization and seared feet feet feet of Form 990, Part X, line 25. 1) Departed Complete if the organization and s		(a) Description of security or category	(b) Book	(c) Metho	Method of valuation:		
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2a

564.716

Page 4

8,254,528

7,537,947

128,212

7,924,904

Schedule D (Form 990) 2019

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 20,401 4b b 20,401

Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 8,053,116 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a

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

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2019

1

2

3

4

а

2b Prior year adjustments 2c

C 2d d Other (Describe in Part XIII.) . . . 128,212

Add lines 2a through 2d . 2e е

Subtract line 2e from line 1 3

Amounts included on Form 990, Part IX, line 25, but not on line 1:

4a Investment expenses not included on Form 990, Part VIII, line 7b . . . 20.401 4b b Add lines **4a** and **4b** 4c

20,401 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 7.945.305 Supplemental Information

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation See Additional Data Table

chedule D (Forn	n 990) 2019	Page 5				
Part XIII Supplemental Information (continued)						
Return Reference		Explanation				

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 53-0173915

Name: AMERICAN WATERWAYS OPERATORS INC.

Return Reference PART XI, LINE 2D - OTHER

ADJUSTMENTS:

Explanation

PAC CONTRIBUTIONS 170,794. LOSS FROM SALE OF ASSET 1,472.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PAC EXPENSES 126,740. LOSS FROM SALE OF ASSET 1,472.

È

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

(Form 990)

Department of the

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

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

▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019
Open to Public

DLN: 93493296011130

Inspection

Internal Revenue Service							
Name of the organization AMERICAN WATERWAYS OPERAT	ORS INC					Employer identific	cation number
		and Assistance				53-0173915	
1 Does the organization mai			the grants or assistance	the grantoes' eligibility	for the grants or assistan	co. and	
the selection criteria used	to award the grants	s or assistance?	· · · · · · · · ·	· · · · · · · · ·	ior the grants or assistan	ce, and	☑ Yes 🗆 No
2 Describe in Part IV the org	•	_	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	i nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	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							1
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other							1 2
For Paperwork Reduction Act Notice				Cat. No. 5005			nedule I (Form 990) 2019

(5) (6)

(7)

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

Part IV

Return Reference

Explanation

Schedule I (Form 990) 2019

Additional Data

AMERICAN MARITIME

394 TAUGWONK ROAD

STONINGTON, CT 06378

PARTNERSHIP 1601 K STREET NW WASHINGTON, DC 20006 COAST GUARD FOUNDATION

Software ID: Software Version:

46-2571977

04-2899862

EIN: 53-0173915

Name: AMERICAN WATERWAYS OPERATORS INC

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

organization	if applicable	grant	cash	(book, FMV, appraisal,	İ
or government			assistance	other)	İ
					ĺ

(d) Amount of cash

104,000

50,000

(b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation

(a) Name and address of

501(C)6

501(C)3

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

PROGRAM SUPPORT

PROGRAM SUPPORT &

SPONSORSHIP

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 43-1926331 501(C)6 12.000l COALITION TO PROTECT THE IPROGRAM SUPPORT MISSOURI RIVER 519 W 9TH STREET

HERMAN, MO 65041

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49329	6011	130
	nedule J	С	ompensat	ion Information	0	MB No.	1545-0	0047
•	m 990) tment of the Treasury	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV ato Form 990. instructions and the latest inform	, line 23.	2 ()		
-	al Revenue Service	T do to minimisign	10.	moti detions and the latest infor			ectio	
	me of the organiza				Employer identifica			
					53-0173915			
Pa	rt I Questi	ons Regarding Compens	ation					
1 a				the following to or for a person liste y relevant information regarding the			Yes	No
	_	s or charter travel		Housing allowance or residence for	•			
		companions	📙	Payments for business use of perso				
	_	nification and gross-up paymen pary spending account	ts 🗀	Health or social club dues or initiati Personal services (e.g., maid, chau				
	□ Discretion	nary spending account		Personal services (e.g., maid, chau	rreur, cher)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a? . .	2		
3	organization's C used by a relate	EO/Executive Director. Check a	all that apply. Do r	ed to establish the compensation of the compensation of the control of the compensation of the compen				
		ent compensation consultant	$\overline{\mathbf{V}}$	Compensation survey or study				
	_ '	of other organizations	▽	Approval by the board or compensa	tion committee			
4	related organiza			ction A, line 1a, with respect to the f	iling organization or a	4a		No
a b		· ·		ified retirement plan?		4b	Yes	110
c	•		•	nsation arrangement?		4c	103	No
_			,	olicable amounts for each item in Par				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectiontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
а		1?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Section		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga	anization?				6b		
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		
8	subject to the in	nitial contract exception describ	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 E	Danerwork Pedu	ction Act Notice, see the In	structions for Fo	orm 990 Cat No. 5	50053T Schedule	1 (Form	990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
L THOMAS ALLEGRETTI PRESIDENT & CEO OF AWO	(i)	391,419	154,338	18,923	156,916	48,691	770,287	20,454
	(ii)	0	0	0	0	0	0	0
MARY ANASTACIO DIRECTOR - FINANCE	(i)	96,304	19,800	619	5,918	29,015	151,656	0
	(ii)	0	0	0	0	0	0	0
	(i)	320,980	130,000	7,110	96,800	31,861	586,751	0
	(ii)	0	0	0	0	0	0	0
	(i)	178,520	34,338	3,313	50,794	41,741	308,706	20,454
DE AWO	(ii)	0	0	0	0	0	0	0
CHARLES COSTANZO	(i)	141,436	25,000	1,918	8,235	28,880	205,469	0
/P-PACIFIC REGION OF AWO	(ii)	0	0	0	0	0	0	0
6 CRAIG MONTESANO	(i)	174,511	22,000	3,139	10,103	15,765	225,518	0
A LEG. ATTAINS OF AWO	(ii)	0	0	0	0	0	0	0
7 CARMINA SMITH	(i)	127,200	34,338	2,205	28,569	19,979	212,291	20,454
/P-OPS & ADMIN OF AWO	(ii)	0	0	0	0	0	0	0
JOE MANION	(i)	119,309	20,000	704	6,945	16,264	163,222	0
AFFAIRS	(ii)	0	0	0	0	0	0	0
BEN LERNER /P - PUBLIC AFFAIRS &	(i)	122,664	15,000	777	3,701	28,127	170,269	0
COMMUNICATION I	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
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
	THOMAS ALLEGRETTI, AND JENNIFER CARPENTER PARTICIPATED IN A 457F PLAN DURING 2019. THE ORGANIZATION CONTRIBUTED \$100,000 AND \$80,000 RESPECTIVELY. THESE AMOUNTS ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE UNDER THE TERMS OF THE CONTRACT.
	Schedule J (Form 990) 2019

efile GRAPH	IC print - D	O NOT PROCESS	As Filed Data -		DLN:	93493296011130
(Form 990 or 990- EZ) Complete to pro			ovide information for or 990-EZ or to provi ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional information n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Bethe อโด AMERICAN WATER		RS INC			Employer ident 53-0173915	ification number
Return Reference	e O, Supple	mental Informatio	n	Explanation		
FORM 990, PART VI, SECTION A, LINE 1	VICE CHAIR EGIONAL C THE BOARD OLLOWING CLUDES THE EST OF THE TO THE EXE E A ONE-YE BE EVALUA ARD FOR FI	RMAN OF THE BOARD HAIRMEN, AND THE CONTROLL OF SHALL ANNUALLY EXECT YEAR WILL BEST SERIAT THE APPOINTMENT HE SECUTIVE COMMITTEE FAR TERM UNTIL THE TED BY THE EXECUT	, THE IMMEDIATE PA CHAIRMEN OF THE IN NSURE THAT THE CO RVE THE NEEDS OF IT OF ADDITIONAL E CHALL RECOMMEND TO BE ELECTED AT NEXT ANNUAL MEETIVE COMMITTEE PRI HE ANNUAL MEETIN	ECTORS INCLUDES THE CHA ST CHAIRMAN OF THE BOARI IDUSTRY SECTOR COMMITTE OMPOSITION OF THE EXECUT THE ASSOCIATION. WHENEVE XECUTIVE COMMITTEE MEME THE APPOINTMENT OF UP TO THE ANNUAL MEETING OF TI TING. THE VICE CHAIRMAN'S OR TO THE ANNUAL MEETING G. THE PRESIDENT OF THE A	D, THE TREASURES. THE VICE CITIVE COMMITTEE ER THE VICE CHABERS WILL BE INDOTHREE AT-LARE HE ASSOCIATION RECOMMENDAT GAND PROVIDED	RER, THE R HAIRMAN OF E FOR THE F AIRMAN CON THE INTER GE MEMBERS N TO SERV ION SHALL D TO THE BO

Return Explanation
Reference

LINE 2

FORM 990, JC DANN, STEPHEN DANN - FAMILY RELATIONSHIP PART VI, SECTION A.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS SHALL BE CLASSIFIED AS FOLLOWS: 1) CARRIER MEMBERS - INCLUDING REGULATED FOR HIRE AND PRIVATE (INCLUDING THOSE WHO MOVE ONLY THEIR OWN MATERIALS), AND VESSEL OWNERS WHO REN T OR CHARTER THEIR FLOATING EQUIPMENT TO OTHERS. CARRIER MEMBERS WILL BE DESIGNATED WITH O NE OF THE FOLLOWING CLASSIFICATIONS: 1. PROVISIONAL MEMBERS 2) RCP CERTIFIED MEMBERS. 2) A SSOCIATE MEMBERS - THOSE SUBSIDIARIES, BRANCH OFFICES, AND SISTER COMPANIES OF ASSOCIATION MEMBERS THAT HOLD SEPARATE MEMBERSHIPS IN THE ASSOCIATION. THESE ASSOCIATE MEMBERS SHALL EXERCISE FULL RIGHTS OF MEMBERSHIP. 3) AFFILIATE MEMBERS - THOSE ASSOCIATIONS, CORPORATION S, PARTNERSHIPS, AND SOLE PROPRIETORSHIPS SHARING COMMON INTERESTS WITH CARRIER MEMBERS. O NE SEAT ON THE BOARD OF DIRECTORS SHALL BE FILLED BY AN AFFILIATE MEMBER NOMINATED BY THE CHAIRMAN OF THE BOARD AND ELECTED BY THE EXECUTIVE COMMITTEE. IN ADDITION, UP TO FIVE ADDITIONAL AFFILIATE MEMBERS - ONE FROM EACH REGION - MAY BE ELECTED BY THE EXECUTIVE COMMITTE E UPON THE NOMINATION OF THE CHAIRMAN OF THE RESPECTIVE REGION, IN CONSULTATION WITH THE D IRECTORS FROM THAT REGION, IF THE REGIONAL CHAIRMAN DEEMS SUCH NOMINATION TO BE IN THE BES T INTEREST OF THE ASSOCIATION. 3) OTHER MEMBERS - OTHER MEMBERS ARE THOSE ENTITIES WHOSE E LIGIBILITY FOR MEMBERSHIP IS DETERMINED BY THE BOARD OF DIRECTORS.

Return Explanation
Reference

FORM 990,	AT EACH ANNUAL REGIONAL MEETING, THE CARRIER MEMBERS SHALL, INDEPENDENT OF THE MEMBERS IN
PART VI,	OTHER REGIONS AND BY A MAJORITY VOTE, ELECT DIRECTORS ON THE BASIS PROVIDED IN SECTIONS 1
SECTION A,	AND 2 OF ARTICLE V OF THE BYLAWS. ADDITIONAL BOARD MEMBERS WILL BE ELECTED FROM THE REGION
LINE 7A	S ON THE BASIS OF TOTAL INCOME CONTRIBUTED AND NUMBER OF MEMBERS FROM EACH REGION

Return Explanation

FORM 990, PART VI, HE MEMBERSHIP FOR DETERMINATION INCLUDING ELECTIONS AS PROVIDED IN ARTICLE V, SECTION 3 OF SECTION A, THE BYLAWS, WHETHER SUCH QUESTION IS CONSIDERED AT A SPECIAL OR REGULAR MEETING OF THE ME MBERSHIP

Return Explanation

FORM 990,	OUR AUDITORS, RSM, WILL DO AN INTERNAL REVIEW OF THE FORM 990. THE DIRECTOR - FINANCE AND
PART VI,	THE PRESIDENT AND CEO WILL REVIEW THE FORM 990 IN DETAIL BEFORE IT IS FILED.
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990, AS ADMINISTERED BY THE AWO SECRETARY, EACH DIRECTOR WILL BE ASKED TO COMPLETE A CERTIFICAT ION OF AGREEMENT WITH THE POLICY AND DISCLOSURE OF ANY KNOWN CONFLICTS OF INTEREST UPON HI SECTION B, S OR HER ELECTION OR RE-ELECTION TO THE BOARD AND ANNUALLY THEREAFTER.

Return Explanation
Reference

FORM 990,	A COMPENSATION ANALYSIS IS CONDUCTED WITH AN INDEPENDENT, THIRD PARTY ORGANIZATION. THE RE
PART VI,	SULTS ARE SHARED WITH THE COMPENSATION COMMITTEE AS COMPENSATION DECISIONS ARE MADE.
SECTION B,	
LINE 15	

Return Explanation

LINE 19

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SECTION C,

Return Explanation Reference

FORM 990. THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. PART XII,

LINE 2C

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

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: 93493296011130

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2019

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Department of the Treasury

(Form 990)

Employer identification number ization AMERICAN WATERWAYS OPERATORS INC 53-0173915 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (d) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No Yes (1)THE AMERICAN WATERWAYS OPERATORS FOUNDATION CHARITABLE, EDUCATIONAL VA 501 (C)(3) LINE 7 AMERICAN WATERWAYS Yes 801 NORTH QUINCY STREET OPERATORS INC ARLINGTON, VA 22203 54-1493718 (2) AMERICAN WATERWAYS OPERATORS PAC VA POLITICAL ACTIVITY 527 AMERICAN WATERWAYS Yes **801 NORTH QUINCY STREET** OPERATORS INC ARLINGTON, VA 22203

Cat. No. 50135Y

(a) Name, address, and EIN o related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						zation ans	wered "Yes	s" on F	Form 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L	(c) egal micile		(d) controlling Type entity (C co	(e) e of entity rp, S corp,	(f) Share of total income	Share	(g) of end- year	-of- Perce	ntage ership	Sec (13	(i) ction 5) conti entity
related organization		(state	or foreign untrv)			r trust)		a	assets			_	~~
related organization		(state	or foreign untry)			r trust)		ē	assets			Y	es
related organization		(state				r trust)		6	assets			Y	es
related organization		(state				r trust)		ē	assets			Y	es
related organization		(state				r trust)		2	assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es

Schedule R (Form 990) 2019				Р	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b	o, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	d organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
f b Gift, grant, or capital contribution to related organization(s)				1 b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	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)				1f	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
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				1 Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r Yes	
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount involve	d
1)AMERICAN WATERWAYS OPERATORS PAC	R	126,500	FUNDS XFER-COLLECTING AGE	NT	

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 exc	clusion for certain inv	estment p	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 o	(e) (f) Are all partners section total forganizations?		e end-of-year allocations? amount in b 20 of Schedul		Code V-UBI General or amount in box managing		General or managing		
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2019

Schedule R (Form 990) 2019			Page 5
Part VII	Supplemental Info	emental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	