Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

IIILEI	iiai neve	► Go to www.irs.gov/Form990 for instructions and			Inspection
A	For th	e 2018 calendar year, or tax year beginning $$ OCT 1 , $$ 2018 $$ and $$ 6	ending S	EP 30, 2019	
В	Check if applicab	C Name of organization		D Employer identific	cation number
				' '	
	Addre	ACTIVE TRANSPORTATION ALLIANCE			
	Name chang	pe Doing business as		36-3	385886
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
F	Final returr		1782	(312	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2613557.
Г	Amen	ded CUTCACO TI 60601		H(a) Is this a group re	
F	Appli			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	Тау-еу	empt status: X 501(c)(3)	or 527	1	list. (see instructions)
		te: NWW.ACTIVETRANS.ORG	021	H(c) Group exemption	•
		f organization: X Corporation Trust Association Other	I Vear		State of legal domicile: IL
	art I	Summary	L Todi	or formation. ±303 N	Otate of legal dofficite, 22
	1	Briefly describe the organization's mission or most significant activities: TO IM	MDROWE	THE ENVIRO	NMENT AND
õ	'	PUBLIC HEALTH THROUGH PROMOTING BICYCLING	TAW T	KING AND TR	ANSIT. TO
Governance		. [
Ver	2	Check this box if the organization discontinued its operations or dispos		1 1	25
Ĝ	3			3	25
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			32
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			200
Ξ	6	Total number of volunteers (estimate if necessary)			0.
Be		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		
			-	Prior Year	Current Year 1243655.
ne	8	Contributions and grants (Part VIII, line 1h)		1325334.	
Revenue	9	Program service revenue (Part VIII, line 2g)		1362132.	1242529.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2506.	8573.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		327918.	118800.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3017890.	2613557.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		1523168.	1442640.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă. X	b	Total fundraising expenses (Part IX, column (D), line 25) 11210		1252261	4400556
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1353264.	1190576.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2876432.	2633216.
	19	Revenue less expenses. Subtract line 18 from line 12		141458.	-19659.
Net Assets or Fund Balances	<u> </u>		Ве	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		1340357.	1284872.
t As	21	Total liabilities (Part X, line 26)		158851.	123025.
		Net assets or fund balances. Subtract line 21 from line 20		1181506.	1161847.
_	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
Не	re	AMY RYNELL, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ROBERT REHAYEM ROBERT REHAYEM	0	8/13/20 if self-employe	
Pre	parer	Firm's name ► WSDD CPAS, LTD.	•	Firm's EIN ▶	36-2996439
Use	Only	Firm's address 303 W. MADISON ST., SUITE 2075			

CHICAGO, IL 60606-3395

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

X Yes No

Phone no. (312) 332-6622

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO IMPROVE THE ENVIRONMENT AND PUBLIC HEALTH THROUGH PROMOTING
	BICYCLING, WALKING AND TRANSIT.
	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	WORK WITH COMMUNITY MEMBERS, DECISION MAKERS, POLITICAL LEADERS AND
	ADVOCATES TO BUILD A COMMUNITY-CENTERED MOVEMENT AIMED AT WINNING
	CULTURAL AND POLICY CHANGE THAT CREATES A SAFE, SEAMLESS, CONVENIENT
	AND CONNECTED TRANSPORTATION ENVIRONMENT THAT IS ABUNDANT WITH WALKING,
	BIKING, AND TRANSIT OPTIONS.
4b	(Code:) (Expenses \$
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2038222.
	Form 990 (2018)

Form 990 (2018) ACTIVE TRANSPORTATION ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		122
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
J	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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ĭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	34		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
JZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	L

832004 12-31-18

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 32								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
			3a 3b		X					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				7.7					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х					
b	If "Yes," enter the name of the foreign country:	(FDAD)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		F		Х					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30							
ou	any contributions that were not tax deductible as charitable contributions?		6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		- ou							
-	were not tax deductible?	-	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required								
	to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8	,									
_	sponsoring organization have excess business holdings at any time during the year?									
9										
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
а		11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1								
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c			77					
14a			14a 14b		X					
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O									
15										
	excess parachute payment(s) during the year?		15		X					
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х					
10	If "Yes," complete Form 4720, Schedule O.	L IIIOUIIIE!	10							
	ii 165, complete i oim 4720, conedule o.									

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

	Check it Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
				Yes	No
1a		25			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a					
	more members of the governing body?	7	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·			
	persons other than the governing body?	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	· F			
а		5	8a	х	
b			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	· _	-		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>		
	and by the memory the memory about politics not required by the memory the memory the memory that the memory t			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	T4	l0a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. F	-		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	4	ю		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a		Х
b		H	I		
12a		1	l2a	х	
b		· ⊢	2b	X	
		·	20		
·	in Schedule O how this was done	4	12c	х	
13		· –	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	. –	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	.	<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
2	The organization's CEO, Executive Director, or top management official	4	15a	х	
a h	Other officers or key employees of the organization		5b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· '	30		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
ıva	taxable entity during the year?	4	l6a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	· ·	loa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
		1	6b		
Sec	exempt status with respect to such arrangements?	<u> '</u> '	UU		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	(3) s c	onlv)	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	,5,5 €	y <i>)</i>	a runc	
	X Own website X Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fi	inanı	rial	
13	statements available to the public during the tax year.	ariu II	ıı ıal I(JIGI	
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20	AYESHA KHAN - (312) 427-3325				
	35 E. WACKER PL., SUITE 1782, CHICAGO, IL 60601				
	<u> </u>				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	er box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BOB HOEL PRESIDENT	1.00	x		Х				0.	0.	0.
(2) RUBANI SHAW	1.00	^		<u> </u>				0.	0.	<u></u>
VICE PRESIDENT	0.50	Х		X				0.	0.	0.
(3) JEFF JUDGE	1.00	25		1				0.	0.	
SECRETARY	0.50	x		x				0.	0.	0.
(4) PEGGY REINS	1.00									
TREASURER	0.50	Х		x				0.	0.	0.
(5) DIONNE BAUX	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(6) KIM BAYMA	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(7) JANE BLEW HEALY	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(8) COREY COSCIONI	1.00								_	_
DIRECTOR	0.50	Х						0.	0.	0.
(9) LEE CRANDELL	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(10) ROHAN GALLOWAY-DAWKINS	1.00	١							•	•
DIRECTOR	0.50	Х						0.	0.	0.
(11) ARTHUR GILFAND	1.00	,,							0	0
DIRECTOR	0.50 1.00	Х						0.	0.	0.
(12) JAY GOLDSTEIN DIRECTOR	0.50	x						0.	0.	0.
(13) ADOLFO HERNANDEZ	1.00	^						0.	0.	<u> </u>
DIRECTOR	0.50	X						0.	0.	0.
(14) JIM KREPS	1.00								•	
DIRECTOR	0.50	x						0.	0.	0.
(15) LARRY MYSZ	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(16) RANDY NEUFELD	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(17) SAUMIL PARIKH	1.00									
DIRECTOR	0.50	Х			L			0.	0.	0.

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Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	a Hi	igne	st (compensated Employe	es (continuea)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	I			ed .	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensatio		ar	nount	of
	week (list any	\vdash					T	from the	from related organizations			other	tion
	hours for	direct							(W-2/1099-MIS			pensa	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/*1099*14110	,0,		anizat	
	organizations	truste	al trus		yee	mper		(** = 2. 1000 *********************************			·	d relat	
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est co	-E				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
(18) ARIEL REBOYRAS	1.00												
DIRECTOR		Х						0.		0.			0.
(19) MARGARITA REINA	1.00									_			_
DIRECTOR		Х						0.		0.			0.
(20) JAMES ROGERS	1.00	l								•			•
DIRECTOR		Х						0.		0.			0.
(21) ELLIOT ROSSEN	1.00	ļ								•			•
DIRECTOR	0.50	Х						0.		0.			0.
(22) CECILIA ROTH	1.00	١								•			•
DIRECTOR		Х				_		0.		0.			0.
(23) KEVIN STANCIEL	1.00	,,								0			^
DIRECTOR	0.50	Х				_		0.		0.			0.
(24) EMILY TAPIA-LOPEZ	1.00	\ •						0.		0.			0
DIRECTOR	1.00	Х				-		0.		0.			0.
(25) PETER TAYLOR		X						0.		0.			0.
C26) RON BURKE	35.00	^				\vdash		0.		0.			<u> </u>
(26) RON BURKE EXECUTIVE DIRECTOR	5.00	1		x				128393.		0.		86	61.
	l				<u> </u>			128393.		0.			$\frac{61.}{61.}$
1b Sub-total								0.		0.		- 00	0.
d Total (add lines 1b and 1c)								128393.		0.		86	61.
Total number of individuals (including but n							no r		L 1000 of reportable				
compensation from the organization	iot iii iiited to ti	1030	iioto	Ju ai	50 V (C) WI	10 1	cocived more triair wroc	,,000 or reportable	C			1
compondation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	nplo	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s	•			•	•	•					3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	/ uni	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	= -	-								pens	ation '	from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	<u>ithir</u>	n the organization's tax	year.				
(A) Name and business		376		_				(B))	C)	_
Name and business	address	ИС	ONI	<u> </u>			\dashv	Description of s	services		ompe	nsatio	
							\dashv						
							\dashv						
2 Total number of independent contractors (i	•	ot lii	mite	d to	tho	se li: N	stec	d above) who received m	nore than				

36-3385886 ACTIVE TRANSPORTATION ALLIANCE Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 114756. **b** Membership dues 109425. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1019474 similar amounts not included above 235236. g Noncash contributions included in lines 1a-1f: \$ 1243655. h Total. Add lines 1a-1f Business Code 611710 1162514 1162514. 2 a PROGRAM EVENTS Program Service Revenue b MERCHANDISE SALES 448000 80015. 80015. С All other program service revenue 1242529. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8573 8573 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$109425. ofcontributions reported on line 1c). See 9000. Part IV, line 18 a Other 0. **b** Less: direct expenses 9000. 9000. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a EXPENSE REIMBURSEMENT 103458 103458 561000 b OTHER 900099 6342. 6342. С d All other revenue 109800. e Total. Add lines 11a-11d

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2613557.

Total revenue. See instructions

1352329

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

	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 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		·	Ţ .	·
	and domestic governments. See Part IV, line 21				
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,	405000	22525	4.600.7	5665
	trustees, and key employees	105289.	80687.	16937.	7665.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10010=1		1==40.1	
7	Other salaries and wages	1091851.	836735.	175634.	79482.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		444		
9	Other employee benefits	153727.	118370.	30745.	4612.
10	Payroll taxes	91773.	70665.	18355.	2753.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	11325.		11325.	
d	Lobbying	15625.	15625.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	732681.	689514.	40579.	2588.
12	Advertising and promotion				
13	Office expenses	73725.	47655.	24783.	1287.
14	Information technology	87879.	14613.	73070.	196.
15	Royalties				
16	Occupancy	112057.	86284.	22411.	3362.
17	Travel	44487.	11916.	32172.	399.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6064.	4669.	1213.	182.
23	Insurance	48642.	17435.	31207.	
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 0.)				
а	PRINTING	52070.	42139.	399.	9532.
b	MISCELLANEOUS	6021.	1915.	4056.	50.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2633216.	2038222.	482886.	112108.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	159351.	1	477421.		
	2	Savings and temporary cash investments			100594.	2	100836.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		232114.	4	61174	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net	—		7		
۲	8	Inventories for sale or use		8822.	8	8822	
	9	Prepaid expenses and deferred charges		12521.	9	24956	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60254.			
	b	Less: accumulated depreciation	10b	49518.	13031.	10c	10736
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		813924.	15	600927	
	16	Total assets. Add lines 1 through 15 (must equ	1340357.	16	1284872		
	17	Accounts payable and accrued expenses	155639.	17	119663		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			3212.	25	3362.
	26	Total liabilities. Add lines 17 through 25			158851.	26	123025.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			100000		4000-0
auc	27	Unrestricted net assets		<u> </u>	1082889.	27	1069972.
Fund Balances	28	Temporarily restricted net assets			98617.	28	91875.
밀	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
ğ		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
je	32	Retained earnings, endowment, accumulated in			4404-06	32	446151=
z	33	Total net assets or fund balances			1181506.	33	1161847.
	34	Total liabilities and net assets/fund balances			1340357.	34	1284872.

Form	1 990 (2018) ACTIVE TRANSPORTATION ALLIANCE	36-3385	888	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>57.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.			
3	Revenue less expenses. Subtract line 2 from line 1	3			59.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	<u>815</u>	06.			
5	Net unrealized gains (losses) on investments	5						
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	11	<u>618</u>	47.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>			
			\Box	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2 b	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2c	х				
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ACTIVE TRANSPORTATION ALLIANCE **Employer identification number** 36-3385886

Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.				
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)					
1	Ŭ.	A church, convention of ch	•	•	•	•					
2	一						-7676-7-				
	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
4	ш	•	ation operated in col	njunction with a nospita	i described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in conju	ınction with a land-grant	college			
		or university or a non-land-g				-	-	-			
		university:	,			,,	,,	,			
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	nort from	contribution	ons membershin fees a	and aross receints from			
		activities related to its exen	•	· · · · · · · · · · · · · · · · · · ·				-			
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ilred by the organization	arter June 30, 1975.			
		See section 509(a)(2). (Cor					20()(4)				
11	H	An organization organized a	-	•	-						
12	ш	An organization organized a	· ·	•	•		•				
		more publicly supported or	•					Check the box in			
		lines 12a through 12d that	• •			-	•				
а			ınization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting			
	_	organization. You must c	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,			
		its supported organization					•				
d		Type III non-functionally		•				ization(s)			
		that is not functionally int					• • • • • •				
		requirement (see instruct	-	-	•		•				
۵		Check this box if the orga	-	-							
Ŭ		functionally integrated, or					z type i, type ii, type iii				
	Ento	er the number of supported o		nally integrated support	ing organiz	zation.					
'		ride the following information		d organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
	•	organization	.,	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)			
				above (see instructions))							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2188431.	2541162.	1392809.	1325334.	1243655.	8691391.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2188431.	2541162.	1392809.	1325334.	1243655.	8691391.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						383689.	
6	Public support. Subtract line 5 from line 4.						8307702.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	2188431.	2541162.	1392809.	1325334.	1243655.	8691391.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	371.	140.	925.	2506.	8573.	12515.	
9	Net income from unrelated business						_	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	6564.	2463.	3809.	9943.	6342.	29121.	
11	Total support. Add lines 7 through 10						8733027.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	6353767.	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stop	here					<u> </u>	
	ction C. Computation of Publ						05 12	
14	Public support percentage for 2018 (I					14	95.13 %	
15	Public support percentage from 2017					15	95.81 %	
16a	33 1/3% support test - 2018. If the o	-						
	stop here. The organization qualifies							
b	33 1/3% support test - 2017. If the c							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes	ū					•	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	_						
	more, and if the organization meets the		•					
40	organization meets the "facts-and-circ							
<u>18</u>	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	,	,				
Calendar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	-					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						1
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired offer June 20, 1075						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b				1		
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2018 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by I	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che	•			•	•	
mie to is not more than 33 1/3%, the		hox on line 14 19				

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	uon 21 1 jpo 1 oupportung organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	, , ,			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A					
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	rt v Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	<u> </u>	Current Year	
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	9		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

(See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization

36-3385886 ACTIVE TRANSPORTATION ALLIANCE Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule							
General Nuie							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribute	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	ution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

ACTIVE TRANSPORTATION ALLIANCE

36-3385886

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$115600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$105000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Training additions and En 1 1	\$50000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number

ACTIVE TRANSPORTATION ALLIANCE

36-3385886

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$37500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Humo, address, and En 1 1	\$30000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, address, and Zir + 4	\$ 25000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ACTIVE TRANSPORTATION ALLIANCE

36-3385886

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<u> </u>		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
— [<u> </u>		

Name of organization **Employer identification number** 36-3385886 ACTIVE TRANSPORTATION ALLIANCE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. **Employer identification number** Name of organization 36-3385886 ACTIVE TRANSPORTATION ALLIANCE Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities _______ > \$_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______▶\$ __ 4 Did the filing organization file Form 1120-POL for this year? 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. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?	X	Λ	1	L5625.
j Total. Add lines 1c through 1i			1	L5625.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from to Part III-B Complete if the organization is exempt under section 501(c)(4), sect			ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	o list); Part I	I-A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE ORGANIZATION HIRED A CONSULTANT TO ADVOCATE AND E	יחוור <i>א</i> יחוי	ILLI	NOTS	
STATE LEGISLATORS AND STAFF ON THE IMPORTANCE OF BICY	CLING	, WALK	ING A	ND
TRANSIT IN IMPROVING THE ENVIRONMENT AND PUBLIC HEALT	Ή.			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACTIVE TRANSPORTATION ALLIANCE

Employer identification number 36-3385886

Schedule D (Form 990) 2018

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

832051 10-29-18

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

	t III Organizations Maintaining C	ollections of Ar	rt, His	torical Tr	easures, d	or Othe	r Similaı	Asse	ts (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	ıt are a si	gnificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exer	npt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, hi	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	on has been	provided on	Part XIII				
Pai										
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance	` ,					.,		, , ,	
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end halanc	e (line 1	a column (a)) held as:	L				
a	Board designated or quasi-endowment	crit your oria balano	%	9, 001411111 (0	a)) Hold do.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c shot									
32	Are there endowment funds not in the posses		ation the	at are hold a	and administa	rad for th	o organiza	tion		
Ja		ssion of the organiza	ation the	at are rielu a	ina administe	neu ioi ii	ie organiza	LIOIT	T.	es No
	by: (i) unrelated organizations									62 140
										_
b	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	rod on S	chodulo D2					3b	_
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		willelit	iulius.						
· u	Complete if the organization answered) Dort IV	/ lino 11a 9	Soo Form 900	Dort V	lino 10			
									(al) Deale	
	Description of property	(a) Cost or of basis (investn			or other (other)		cumulated reciation		(d) Book	value
	Land	- · · · · · · · · · · · · · · · · · ·	nont)	Dasis	(ou ioi)	ueh	n GOIALIOIT			
	Land									
	Buildings							+		
	Leasehold improvements				60254.		4951	<u> </u>	1	0736.
	Equipment				00234.		- J J I	- 		0/30.
	Other		V colum	nn (D) line i	100)		1	+	1	0736.
ıvıd	. Aug intes la tinough le, (Coluinn (u) must et	yuarı uırı əəu, Fdfl.	A, CUIUI	וווו עטן, וווופ ו	<i>UU.)</i>			_		J , J U •

Schedule D (Form 990) 2018

		Tage •
on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	7990.
(2) DUE FROM WBG AND ATN - RELATED PARTIES	592937.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 600927.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	FUNDS HELD AS FISCAL AGENT	3362.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3362.	

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

Schedule D (Form 990) 2018

sche	edule D (Form 990) 2018 ACITYE TRANSPORTATION A	THITAMCE	30-336366	Page •
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

PART X, LINE 2:

ACCOUNTING STANDARDS PROVIDE GUIDANCE FOR HOW CERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S RETURNS TO DETERMINE WHETHER THE TAX POSITION ARE "MORE-LIKELY-THAN-NOT" OF BEING "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX SUSTAINED **AUTHORITY.** TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT AND ASSET OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. THE ORGANIZATION FILES RETURNS IN THE U.S. THE ORGINAZATION IS FEDERAL JURISDICTION AND ILLINOIS STATE JURISDICTION. NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS BY TAX

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

ACTIVE TRANSPORTATION ALLIANCE

Employer identification number 36-3385886

Schedule G (Form 990 or 990-EZ) 2018

1101111	TIGHTOT OTCITITE OTC		~		30 3303	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
1 Indicate whether the organization rais		na acti	vities	Check all that apply		
a Mail solicitations				overnment grants	•	
b Internet and email solicitations				nment grants		
	g ∟ Special	lunura	using	evenis		
d In-person solicitations		/! I		cc:		
2 a Did the organization have a written of						
key employees listed in Form 990, P				-		
b If "Yes," list the 10 highest paid indiv		iant to	agree	ements under which	the fundraiser is to t	oe .
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	(-1) A
(i) Name and address of individual	(ii) Activity	fundr have c	Did raiser ustody trol of	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	, , ,	or cor contrib	trol of utions?	from activity	fundraiser listed in col. (i)	organization "
		Vaa	Nia		,,	
		Yes	No			
- Fotal			•			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	or has been notified	d it is exempt from re	egistration
or licensing.						

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events AWARDS NONE (add col. (a) through RECEPTION col. (c)) (event type) (total number) (event type) 1 Gross receipts 118425 118425. 109425. 109425. 2 Less: Contributions 9000. 9000. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 14354. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 ACTIVE TRANSPORTATION ALLIANCE 36 -	3385886	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Director/officer Employee maependent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	ACTIVE T	RANSPORTATION	ALLIANCE	36-3385886 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)		
		·	•		
-					
•					
•					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number 36-3385886 ACTIVE TRANSPORTATION ALLIANCE

		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ai	mount	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	5	92928				
26	Other (ADVERTISING)	X	1	90000				
27	Other ► (SERVICES)	X	8	52938	FMV			
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be	used for			
	exempt purposes for the entire holding period?							_X
b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contrib	outions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncas	h			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
111	For Denominant Dedication Act Notice and	Ala a I.a a A a	4: fau Fauna 00	^	Calaaduda N	A / E	- 000	0040

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACTIVE TRANSPORTATION ALLIANCE

Employer identification number 36-3385886

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCATE FOR WALKING, BIKING AND PUBLIC TRANSIT TO CREATE HEALTHY,

SUSTAINABLE AND EQUITABLE COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FINANCE DIRECTOR WORKS CLOSELY WITH THE FORM 990

PREPARER IN ANSWERING ALL QUESTIONS ON THE FORM AS WELL AS PROVIDING

ACCURATE FINANCIAL AND OTHER INFORMATION FOR INCLUSION. A DRAFT OF THE

FORM IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR PRIOR

TO FINALIZATION. ANY CHANGES THEY DETERMINE ARE REQUIRED ARE INCORPORATED

INTO THE FORM PRIOR TO FILING. A COPY OF THE FORM 990 IS PROVIDED TO THE

ORGANIZATION'S GOVERNING BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD OF DIRECTORS ANNUALLY REVIEWS CONFLICT OF INTEREST STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

ACTIVE TRANSPORTATION ALLIANCE MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization ACTIVE TRANSPORTATION ALLIANCE	Employer identification numbe 36-3385886
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAMS AND EVENTS:	
PROGRAM SERVICE EXPENSES	647152
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	2588
TOTAL EXPENSES	649740
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	14367
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	14367
CONTRACT EXPENSES:	
PROGRAM SERVICE EXPENSES	105
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	105
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	42257
MANAGEMENT AND GENERAL EXPENSES	26212
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	68469
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	732681

SCHEDULE R (Form 990)

Part I

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

ACTIVE TRANSPORTATION ALLIANCE

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

Employer identification number 36-3385886

(a) Name, address, and EIN (if applical of disregarded entity	ole) Pr	(b) imary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year	assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exe organizations during the tax year.	npt Organizations. Comple	ete if the organization an	swered "Yes" on Form 990,	, Part IV, line 34, l	pecause it had one	or more related tax-ex-	empt
(a) Name, address, and EIN	Prir	(b) mary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 512(b)(13) controlled

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WALK BIKE GO - 47-3992158	TO MAKE PHYSICALLY ACTIVE						
35 E. WACKER PL., SUITE 1782	TRANSPORTATION A VIABLE				SAME BOARD OF		
CHICAGO, IL 60601	PART OF DAILY LIFE.	ILLINOIS	501(C)(3)	LINE 7	DIRECTORS		X
ACTIVE TRANSPORTATION NOW - 83-2863200	TO PROMOTE BETTER WALKING,						
35 E. WACKER PL., SUITE 1782	BICYCLING AND PUBLIC				SAME BOARD OF		
CHICAGO, IL 60601	TRANSIT.	ILLINOIS	501(C)(4)	LINE 7	DIRECTORS		X
	-						
	-						

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity				ntrolling Predominant income			Diagrapartianeta		Diagrapartianata			Genera	orPercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo			
											<u> </u>			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: 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 organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
b	Gift, grant, or capital contribution to related organization(s)	1b		X		
С	Gift, grant, or capital contribution from related organization(s)	1c		Х		
d	Loans or loan guarantees to or for related organization(s)	1d	Х	Х		
	e Loans or loan guarantees by related organization(s)					
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х			
	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s		Х		
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WALK BIKE GO	D	570834.	
(2) WALK BIKE GO	N	105541.	
(3) WALK BIKE GO	0	116814.	
(4) ACTIVE TRANSPORTATION NOW	D	22103.	
(5) ACTIVE TRANSPORTATION NOW	N	421.	
(6) ACTIVE TRANSPORTATION NOW	0	38545.	

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispre	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes N	0
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Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print ACTIVE TRANSPORTATION ALLIANCE 36-3385886 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 35 E. WACKER PL., NO. 1782 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHICAGO, IL 60601 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 AYESHA KHAN • The books are in the care of ▶ 35 E. WACKER PL., SUITE 1782 - CHICAGO, IL 60601 Telephone No. \blacktriangleright (312) $4\overline{27-3325}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. AUGUST 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year ► X tax year beginning OCT 1, 2018 , and ending SEP 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

За

3b

0.

any nonrefundable credits. See instructions.