(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For the	e 2019 calendar year, or tax year beginning	and	ending						
	Check if	C Name of organization			D Employ	er identifi	cation number			
_	Addre	ST. PAUL TRANSPORTATION MANAGEMEN	T							
Ļ	chang Name	ORGANIZATION								
	chang Initial					1906261				
	return _Final	Number and street (or P.O. box if mail is not de 2446 UNIVERSITY AVE. W	,	Room/suite 170	E Telepho (651	ne numbe) 767-029				
	⊥return, termin ated				G Gross rece		701,778.			
	Amen	, , , , , , , , , , , , , , , , , , , ,	Zii oi loreigii postai code		H(a) Is this					
	Applic	·	ROCKWELL		ī	bordinates				
	pendir	SAME AS C ABOVE			H(b) Are all s					
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	◄ (insert no.)	or 527	1 ` ´		list. (see instructions)			
		te: WWW.MOVEMN.ORG	, (1	•	on number			
			ssociation Other	L Year	of formation:		M State of legal domicile: MN			
	art I	Summary					<u> </u>			
	1	Briefly describe the organization's mission or most	significant activities: WE LEA	D THE MOV	EMENT FOR	R AN				
Governance		EQUITABLE TRANSPORTATION SYSTEM THAT								
ra	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of	its net as	sets.			
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	10			
		Number of independent voting members of the gov					10			
စ္တ	5	Total number of individuals employed in calendar y	otal number of individuals employed in calendar year 2019 (Part V, line 2a)							
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	300					
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.			
_	b	Net unrelated business taxable income from Form	990-T, line 39	<u></u>		7b	0.			
					Prior Ye	ear	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)				78,705.	185,692.			
ž	9	Program service revenue (Part VIII, line 2g)			-	712,132.	514,101.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		-	19,984.	1,711.			
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			20,303.	274.			
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		-	791,156.	701,778.			
	13	Grants and similar amounts paid (Part IX, column (0.	0.				
	14	Benefits paid to or for members (Part IX, column (A	denefits paid to or for members (Part IX, column (A), line 4)							
S	15	Salaries, other compensation, employee benefits (F				348,919.	754,482.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				0.	0.			
ğ	. b	Total fundraising expenses (Part IX, column (D), line								
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,				347,399.	239,642.			
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		•	196,318.	994,124.			
		Revenue less expenses. Subtract line 18 from line	12			105,162.	-292,346.			
Net Assets or				Be	ginning of Cu		End of Year			
Sset	20	Total assets (Part X, line 16)				71,859.	689,854.			
et A	21	Total liabilities (Part X, line 26)				47,697.	58,038.			
_	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20			924,162.	631,816.			
			including accompanying achadula	a and atatama	nto and to th	a hoot of m	/ knowledge and heliaf it is			
		Ities of perjury, I declare that I have examined this return, it, and complete. Declaration of preparer (other than office				-	y kilowieuge allu bellel, it is			
uuc	, сопес	i, and complete. Declaration of preparer (other than office	i) is based oil all illioi lliation of wi	iicii pi epai ei	ilas ally Kilow	ieuge.				
Sig	n	Signature of officer			I Da	te				
Her		SAM ROCKWELL, EXECUTIVE DIRECTOR								
пеі	e	Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	d	DEIRDRE HODGSON		0/21/20	if self-employ					
	parer	Firm's name CLIFTONLARSONALLEN LLP			m's EIN ▶	41-0746749				
	Only	Firm's address 220 S 6TH STREET, SUITE	300			O LIN				
	,	MINNEAPOLIS, MN 55402			 Ph	one no 612	2-376-4500			
Mar	v the II	RS discuss this return with the preparer shown abo	ve? (see instructions)			0.10 110 2	X Yes No			
	01 01-2			ons.			Form 990 (2019)			

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Check Schedule Contains a response on cote to any line in this Part III Briefly describe the organization's mission: MOYE MINNESOTA LEADS THE MOVEMENT FOR AN EQUITABLE TRANSPORTATION 979TEM THAT FUTS PEOPLE FIRST. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If Yes, 'describe these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services? If Yes,' describe these new services on Schedule O. 4 Describe the organization by program service accomplishments for each of its three largest program services. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organizations are required to report the amount of grants and sillocations to others, the total expenses. Section 501(c)(S) and 501(c)(4) organization for the State Section Program Services (S) organization for the State Section Program Services (S) organization for the State Section Program Services (S) organization Section File Section File Section		990 (2019) ORGANIZATION	41-1906261	Page 2
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MOVE MINNESOTA LEADS THE MOVEMENT FOR AN EQUITABLE TRANSPORTATION SYSTEM THAT PUTS PEOPLE FIRST. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-627		Check if Schedule O contains a response or note to any line in this Part III		Х Х
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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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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 Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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Form 990 (2019)

Page 3

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

Form **990** (2019)

Form 990 (2019) ORGANIZATION Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22					
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		х			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
2 70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
		24a		х			
b	Schedule K. If "No," go to line 25a	24b					
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
·		24c					
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
		24u					
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
D	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	OEL		Х			
96	Schedule L, Part I	25b		21			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			Х			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v			
_	"Yes," complete Schedule L, Part IV	28a		X			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		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						
	contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
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?						
	If "Yes," complete Schedule R, Part V, line 2	36		Х			
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?						
Do:	Note: All Form 990 filers are required to complete Schedule 0	38	Х				
Pai							
	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 1a 2 Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable	-					
b	Litter the humber of Pornis W-2d included in line 1a. Enter -0-11 not applicable	4					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1 1c					

Form 990 (2019) ORGANIZATION | Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a In 17 b If the furnither of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 17 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to a-file (see instructions) 3b If the organization have unrelated business goes income of \$1,000 or more during the year? 3c If Was, Thas 1 filed a Form 980-T for this year? If Wo 1 for line 3b, provide an explanation on Schedule 0 3c If Was, Thas 1 filed a Form 980-T for this year? If Wo 1 for line 3b, provide an explanation on Schedule 0 3c If Was the organization have unrelated business goes income of \$1,000 or more during the year? 4a At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Year of the file of the section 40 file of the section 4					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit the organization have unrelated business gross is some of \$1,000 or more during the year? 31 bit If "Yes," has it filed a form 990°F for this year? If "No" to fine 8b, provide an explanation on Schedule O 32 bit If "Yes," and the direct when year of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 52 bit If "Yes," emperization are yet or a prohibet tax shetter frameacion at any time during the tax year? 53 Was the organization have yet or a prohibet tax shetter frameacion and any time during the tax year? 54 bit of any taxable party notify the organization that it was or is a party to a prohibitotian shet any time during or the tax year? 55 Was the organization have an interest and any time during the tax year? 56 Does the organization that any excellent and any time during the tax year? 57 bit If "Yes," did the organization that it was or is a party to a prohibitotian shet organization and year of the tax year. 58 Did any taxable party notify the organization the Firm 888617? 59 If "Yes," did the organization to the authority organization and year of the tax year. 50 If "Yes," and the organization shet was the an ormally greater than \$100,000, and did the organization solicit any contributions. 59 If "Yes," and the organization solicit was the an ormally greater than \$100,000, and did the organization solicit was the end of the organization solicit was the anomaly greater than \$100,000, and did the organization solicit was the anomaly greater than \$100,000, and did the organization solicit was the anomaly greater than \$100,000, and did the organization soli	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 17			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11'wes, "indicate the name of the foreign country (such as a park account, so-unifold and explanation on Schedule O 5b if 11'wes, "indicate the name of the foreign country (such as a bank account, so-unifold account, or other financial account in a foreign country (such as a bank account, so-unifold account, or other financial accounts (FBAP), 5c if 1''wes in line 5a or 5b, did the organization that it was or is a party to a prohibited tax whether transaction? 5c if 1''wes in line 5a or 5b, did the organization that it was or is a party to a prohibited tax whether transaction? 5c if 1''wes in line 5a or 5b, did the organization that it was or is a party to a prohibited tax whether transaction? 5c if 1''wes in line 5a or 5b, did the organization the form 88861'? 5d Doss the organization have annual gross monitys that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross monitys that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "organizations that may receive deductible as charitable contributions? 6d If "organizations that may receive deductible contributions under section 170(c). 6d If the organization receive a payment in excess of \$5's made parity as a contribution and party for goods and services provided to the payor? 7d If If "organization state and protective payor of the value of the goods or services provided? 7d If If "organization receive and contribution of a parity as a contribution of any and any arty for goods and services provided to the payor? 7d If If wes, "Indicate the number of Forms 8822 field during the year 7d If If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If If the organization receive any funds, directly or indirectly, to pay premiums or	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
b if "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4b if "Yes," enter the name of the foreign country is bank account. Securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on contributions? 5b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductibles of a charatale contributions or gifts were not tax deductibles of a charatale contributions or gifts were not tax deductibles of a charatale contributions or gifts were not tax deductibles of a charatale contributions or gifts were not tax deductibles on the tax properties of the state of		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
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the fire the name of the foreign country	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6	O	3b		
b if "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b I*Yes, "of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c I*Yes* to like the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes," did the organization include with every solicitation and parity for goods and services provided to the payor? 7a I*Yes," did the organization sell, succhange, or otherwise dispose of tangible personal property for which it was required to like Form \$252? 8d If Yes, "Indicate the number of Forms \$282? filed during the year 9 Did the organization sell, succhange, or otherwise dispose of tangible personal property for which it was required 10 Did the organization sell, succhange, or otherwise dispose of tangible personal property for which it was required 11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 12 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 12 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund the organization file a Form 1098 C? 13 Section 501(c)(12) qualified heathy plans in more than one state? 14 Gross reco	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
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c If "Yes" to line 5a or 5b, did the organization file Form 886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization stat may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1098-C? Sponsoring organization make any texable distributions, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? B Did the sponsoring organization make any taxable distributions under section 4966? B Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 B Section 501(c)(12) qualified nonprofit health insurance issuers. a Initiation fees and capital contributions included on Part VIII, line 12 B Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders c Gross income from members or shareholders b Gross income from members or shar						_
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		Х
If "Yes," complete Form 4720, Schedule O.						
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	

Page 6

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10								
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(The social 2 register members as at person in regalited by the internal his order		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MN								
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	only)	availa	ble					
-	for public inspection. Indicate how you made these available. Check all that apply.	,)		-					
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
.0	statements available to the public during the tax year.		-141						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	LINNEA HOUSE - (651)767-0298								
	2446 UNIVERSITY AVE. W, NO. 170, SAINT PAUL, MN 55114								

Form 990 (2019) ORGANIZATION 41-1906261 Page **7**

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai	lu a u	II ecto	i / ii us	(66)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	organization
	organizations	ruste	trus		99/	n ben		(***2/1099***********************************		and related
	below	dual t	ntio na	_	oldm	st co	<u></u>			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINNEA HOUSE	32.00									
INTERIM EXECUTIVE DIRECTOR				Х				56,231.	0.	17,169.
(2) JESSICA TREAT	40.00									
EXECUTIVE DIRECTOR (LEFT 5-2019)				Х				48,007.	0.	6,802.
(3) KEN RODGERS	4.00									
CHAIR		Х		Х				0.	0.	0.
(4) DARWIN YASIS	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) BEN RABE	4.00	1								
TREASURER	1	Х		Х				0.	0.	0.
(6) PATRICIA FITZGERALD	4.00	1								
SECRETARY		Х		Х				0.	0.	0.
(7) KIM BERGGREN	2.00	-								
TRUSTEE		Х						0.	0.	0.
(8) SARAH GHANDOUR	2.00	-							_	_
TRUSTEE		Х	_					0.	0.	0.
(9) LAURA GRETEMAN	2.00	-							_	
TRUSTEE	2 00	Х						0.	0.	0.
(10) PATRICK MARTIN TRUSTEE	2.00	x						0.	0.	_
(11) ANGELA PETERSON	2.00	Λ						0.	٠.	0.
TRUSTEE	2.00	x						0.	0.	0.
(12) SARAH SEVCIK TUMMALA	2.00	21						· · ·	· ·	<u> </u>
TRUSTEE	1.00	х						0.	0.	0.
									- •	
		1								
		1								
				L						
						L				

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

(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck i	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estimamou oth	nated int of
	(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-MIS	- 1	comper from organi and re organiz	the zation elated
		_										
								104 220				2 071
1b Subtotal c Total from continuation sheets to Part								104,238.		0.		3,971.
d Total (add lines 1b and 1c)								104,238.		0.	2	3,971.
2 Total number of individuals (including but							o re	eceived more than \$100,	000 of reportable	,		
compensation from the organization											Ye	es No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for											3	Х
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4	х
5 Did any person listed on line 1a receive or			•									
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch r	oers	on .					5	Х
Section B. Independent Contractors 1 Complete this table for your five highest of	ompensated inc	lana	nder	at co	ntr	acto	re th	nat received more than \$	100 000 of comp	oncat	ion from	
the organization. Report compensation for										onoat		
(A) Name and busines	o addraga	170						(B)	oniooo	0	(C) ompensa	tion
	s address	NO:	NE					Description of s	ei vices		ompensa	
2 Total number of independent contractors	(including but s	ot lin	nitos	1 + 0 +	than	o lic	+04	abovo) who received ma	aro than			
 Total number of independent contractors \$100,000 of compensation from the organ 		UL 111	mec	01		se iis 0	ıeu	above, who received mo	ne ulali			

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ORGANIZATION 41-1906261 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 185,692. 1f g Noncash contributions included in lines 1a-1f 185,692 h Total. Add lines 1a-1f **Business Code** 2 a PROJECT FEES 485000 514,101. 514,101. Program Service Revenue b f All other program service revenue 514,101, g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,711 1,711 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS 900099 274 274. b d All other revenue 274 e Total. Add lines 11a-11d

12 T(932009 01-20-20

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1,985.

701,778.

Total revenue. See instructions

514,101,

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	120 200	61 540	61 540	F 120
_	trustees, and key employees	128,209.	61,540.	61,540.	5,129
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	E00 276	260 572	67.054	70 940
7	Other salaries and wages	508,276.	360,573.	67,854.	79,849
8	Pension plan accruals and contributions (include	12 011	0 206	2 606	1 720
_	section 401(k) and 403(b) employer contributions)	12,811. 55,201.	8,386. 42,790.	2,696.	1,729
9	Other employee benefits			· · ·	
10	Payroll taxes	49,985.	34,590.	8,396.	6,999
11	Fees for services (nonemployees):				
a	Management	1,204.	494.	710.	
b	<u> </u>	12,104.	494.	12,104.	
C	5 ·····	12,104.		12,104.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, <u> </u>				
f	Investment management fees				
g	` '	26,260.	17,372.	4,913.	3,975.
40	column (A) amount, list line 11g expenses on Sch O.)	20,024.	17,444.	676.	1,904
12	Advertising and promotion	19,241.	13,052.	3,960.	2,229
13	Office expenses	21,715.	18,225.	1,541.	1,949
14	Information technology	21,713.	10,223.	1,541.	Ξ,5±5,
15	Royalties	71,285.	46,632.	15,017.	9,636,
16	Occupancy	315.	315.	13,017.	,,,,,,
17	Travel	313.	313.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
21					
22	Payments to affiliates	14,180.	8,508.	2,836.	2,836,
23		6,055.	3,803.	1,339.	913
23 24	Other expenses. Itemize expenses not covered	-,555.	5,555.	2,555.	213
4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) PROGRAM MATERIALS	20 254	19,248.	971.	35
a	DUES & SUBSCRIPTIONS	20,254. 12,536.	272.	50.	12,214
b	PROFESSIONAL DEVELOPMEN	7,461.	5,710.	1,676.	75
c	TROI ESSTONAL DEVELOPMEN	/,401.	5,710.	1,070.	75,
d	All other expenses	7,008.	5,055.	869.	1,084
	All other expenses Add lines 1 through 34e	994,124.	664,009.	189,420.	140,695
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JJ4,124.	004,003.	105,420.	140,095
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)				
	11 TOHOWING SOP 98-2 (ASC 938-720)				Earm 990 (201)

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

					(A)		(B)
					Beginning of year		End of year
	1			·····	40,335.	1	4,450.
	2	Savings and temporary cash investments			743,126.	2	499,838.
	3	Pledges and grants receivable, net			112,236.	3	120,424.
	4	Accounts receivable, net			8,203.	4	5,029.
	5	Loans and other receivables from any curren	t or former office	er, director,			
		trustee, key employee, creator or founder, su		utor, or 35%			
		controlled entity or family member of any of	-			5	
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descri				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			21,724.	9	9,024.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		133,095.			
	b	Less: accumulated depreciation		87,875.	46,235.	10c	45,220.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	5,869.	
_	16	Total assets. Add lines 1 through 15 (must e			971,859.	16	689,854.
	17	Accounts payable and accrued expenses		47,697.	17	58,038.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
∄		trustee, key employee, creator or founder, su		utor, or 35%			
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax		1			
		parties, and other liabilities not included on li	nes 17-24). Com	plete Part X			
		of Schedule D			45.605	25	F0 020
	26	Total liabilities. Add lines 17 through 25		v	47,697.	26	58,038.
ဖ		Organizations that follow FASB ASC 958,	check here				
<u>၁</u> င		and complete lines 27, 28, 32, and 33.			924 162		E42 402
ala I	27				824,162.	27	543,483.
Ä	28				100,000.	28	88,333.
ا ج		Organizations that do not follow FASB AS	re 🕨 🗀 📗				
Net Assets or Fund Balances	00	and complete lines 29 through 33.	-1-			00	
ts	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
t A	31	Retained earnings, endowment, accumulated			024 162	31	£21 01 <i>E</i>
	32	Total net assets or fund balances		1	924,162.	32	631,816.
	33	Total liabilities and net assets/fund balances			971,859.	33	689,854.

Form **990** (2019)

Form 990 (2019) ORGANIZATION 41-1906261 Page **12**

Pai	T 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		701,	778.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		994,	124.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-	292,	346.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		924,	162.			
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		631,	816.			
Pai	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
				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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2019)			

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

Employer identification number

ST. PAUL TRANSPORTATION MANAGEMENT Name of the organization ORGANIZATION 41-1906261 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 ORGANIZATION

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	552,686.	590,161.	405,941.	78,705.	185,692.	1,813,185.
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	552,686.	590,161.	405,941.	78,705.	185,692.	1,813,185.
5	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)						1,095,065.
6	Public support. Subtract line 5 from line 4.						718,120.
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	552,686.	590,161.	405,941.	78,705.	185,692.	1,813,185.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4.	4.	1,235.	2,350.	1,711.	5,304.
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.)			23,513.	20,303.	274.	44,090.
11	Total support. Add lines 7 through 10						1,862,579.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	2,018,799.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I					14	38.56 %
15	Public support percentage from 2018					15	45.01 %
16a	33 1/3% support test - 2019. If the o			line 13, and line 14	4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fac				' -	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	he organization qu	alifies as a publicly	y supported orgar	ization	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	_

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ORGANIZATION

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
000 00	0 EZ	20.40

Pa	t IV Supporting Organizations (continued)			
	, and the second		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		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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		L
Sec	tion C. Type II Supporting Organizations			
			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion B. All Type III Supporting Organizations		V	N _a
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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 year (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	L	
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 ORGANIZATION 41-1906261 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Sche	dule A (Form 990 or 990-EZ) 2019 ORGANIZATION			41-1906261	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	_	
Secti	on D - Distributions		,	Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	npt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
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 th	e organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributa Amount for	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i_	Carryover from 2014 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

ST. PAUL TRANSPORTATION MANAGEMENT

OMB No. 1545-0047

Employer identification number

2019

01	RGANIZATION	41-1906261
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	
Note: Only a section 501(c	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	
	ny one contributor. Complete Parts I and II. See instructions for determining a contributor	s total contributions.
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educelty to children or animals. Complete Parts I, II, and III.	· ·
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	orm 990, 990-EZ, or 990-PF),

but 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
ST. PAUL TRANSPORTATION MANAGEMENT
ORGANIZATION

Employer identification number

41-1906261

Part I	Contributors (see instructions). Use duplicate copies of Part I in		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
St. PAUL TRANSPORTATION MANAGEMENT
ORGANIZATION
41-1906261

41-1906261 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of or				Employer identification number
ST. PAUL ORGANIZAT	TRANSPORTATION MANAGEMENT			41-1906261
Part III) through (e) and the following charitable, etc., contributions of \$1,0	ine entry. For organizat	(8), or (10) that total more than \$1,000 for the year
(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, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer		ship of transferor to transferee
(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, a	nd ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Tourist	(e) Transfer		
	Transferee's name, address, a	na ZIP + 4	Helation	ship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

	() (see separate instructions), then	iiana Camalata Bart III	, , , , , , , , , , , , , , , , , , ,	,	,, (
	Section 501(c)(4), (5), or (6) organization ST. PAUL TI	nons: Complete Part III. RANSPORTATION MANAGEMENT		Emr	oloyer identification number
	ORGANIZATIO			,	41-1906261
Pa		janization is exempt und	er section 501(c)	or is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	>	\$ 0.
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	> :	\$0.
2	Enter the amount of any excise tax	incurred by organization manage			
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.				- \ (0)
	Enter the amount directly expended				
3	Total exempt function expenditures	a. Add lines 1 and 2. Enter here a 1120-POL for this year? Inployer identification number (Ellition listed, enter the amount paid omptly and directly delivered to a	nd on Form 1120-POL, N) of all section 527 pol d from the filing organiz a separate political orga	itical organizations to whice ation's funds. Also enter the anization, such as a separa	Yes No h the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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Schedule C (Form 990 or 990-EZ) 2019

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932041 11-26-19

Page 2

Part II-A Complete if the org section 501(h)).	janizatio	n is exen	npt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under
	ation belond	s to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share						
B Check ▶ ☐ if the filing organiza	tion checke	ed box A ar	nd "limited control" pro	visions apply.		
	ts on Lobb ditures" me		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ	uence a leg	islative boo	ly (direct lobbying)		0.	
c Total lobbying expenditures (add li	nes 1a and	1b)			0.	
d Other exempt purpose expenditure	es				853,429.	
e Total exempt purpose expenditure	s (add lines	1c and 1d)		853,429.	
f Lobbying nontaxable amount. Enter	er the amou	int from the	following table in both	n columns.	153,014.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	iter 25% of	line 1f)			38,254.	
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, er	ter -0			0.	
j If there is an amount other than ze	ro on either	line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this						Yes No
(Some organizations t	hat made a	section 5	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount			197,171.	183,081.	153,014.	533,266.
b Lobbying ceiling amount (150% of line 2a, column(e))						799,899.
c Total lobbying expenditures			246.	508.		754.
d Grassroots nontaxable amount			49,293.	45,770.	38,254.	133,317.
e Grassroots ceiling amount (150% of line 2d, column (e))						199,976.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

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)).

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 the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 4 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 2 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid). 4 Current year 2 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 4 Dues, assessments from the prior year? 5 Taxable amount of lobbying and political expenditures (see instructions)	or each "	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total, Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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, clid it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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 make only in-house lobbying expenditures of \$2,000 or less? 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 empaign activity expenditures from the prior year? 3 Dies, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 5037(f) tax was paid). a Current year 2a b Carryover from last year 2b Carryover form last year 2c 5 Total 3 Aggregate amount reported in section 6038(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line	f the lobb	pying activity.	Yes	No	Amo	ount
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Cab Carryover from last year Cab Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)					Yes	No
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art iv Supplemental information	2 Did 3 Did 3 Did 4 Part III- 1 Due 2 Secti expo a Curr b Carr c Tota 3 Agg 4 If no does expe	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of political enses for which the section 527(f) tax was paid). rent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and potenditure next year?	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I		3, is
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structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section Carroll b Carroll Carroll 1 Tota 3 Agg 4 If no does expenses 5 Taxa 2 Taxa 2 Taxa 3 Agg 7 Taxa 4 If no does expenses 5 Taxa 5 Taxa 6 Taxa 7 Tota tiv	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I 1 2a 2b 2c 3	II-A, line	3, is
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structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section Carroll b Carroll Carroll 1 Tota 3 Agg 4 If no does expenses 5 Taxa 2 Taxa 2 Taxa 3 Agg 7 Taxa 4 If no does expenses 5 Taxa 5 Taxa 6 Taxa 7 Tota tiv	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I 1 2a 2b 2c 3	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I 1 2a 2b 2c 3	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I 1 2a 2b 2c 3	II-A, line	3, is
structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I 1 2a 2b 2c 3	II-A, line	3, is
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structions); and Part II-B, line 1. Also, complete this part for any additional information.	1 Due 2 Section b Carr c Tota 3 Agg 4 If no does expense 5 Taxa Part IV	the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carry over lobbying and political campaign activity expenditures from the Sol(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." s, assessments and similar amounts from members tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politice enses for which the section 527(f) tax was paid). Tent year yover from last year al regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polenditure next year? able amount of lobbying and political expenditures (see instructions) Supplemental Information e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? n 501(c)(5) l'No" OR (b	2 3, or secon) Part I	II-A, line	3, is

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.

Inspection

OMB No. 1545-0047

Name of the organization

ST. PAUL TRANSPORTATION MANAGEMENT

Employer identification number

_	ORGANIZATION			41-1906261
Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advi	sed 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 v		held in donor advised	I funds
	are the organization's property, subject to the organization's	exclusive legal control	?	Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , ,		Yes No
Par				
1	Purpose(s) of conservation easements held by the organization	-		,
•	Preservation of land for public use (for example, recrea	Ė	_	historically important land area
	Protection of natural habitat		_	certified historic structure
	Preservation of open space		i reservation or a	continued misterio otractare
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form of	a conservation easement on the last
_	day of the tax year.	ilea conservation conti		Held at the End of the Tax Year
•				
b	Number of conservation easements on a certified historic stru	uoturo included in (a)		****
C				
u	Number of conservation easements included in (c) acquired a	·		
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, o	r terminated by the o	rganization during the tax
	year			
4	Number of states where property subject to conservation eas	•	- Alice - Incompliance of	
5	Does the organization have a written policy regarding the per	- · · ·	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and enforcing conser	vation easements during the year
_	Assemble from the control to the con	alliana a facilia bilanca a canal		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and	entorcing conservation	n easements during the year
_	\$			(4)(5)()
8	Does each conservation easement reported on line 2(d) abov	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization	n's financial statemen	ts that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Δrt Historical Tr	easures or Oth	er Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		cusures, or our	or ormar Assets.
				I beleve a sheet words
па	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put			nerance of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	e exhibition, education,	or research in further	rance of public service,
	provide the following amounts 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 treatments	asures, or other similar	assets for financial g	ain, provide
	the following amounts required to be reported under FASB A	~		
а	Revenue included on Form 990, Part VIII, line 1			• \$
h	Assets included in Form 900 Part V			Δ

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

Schedule D (Form 990) 2019

Par	rt III Organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or	Other S	Similar As	sets _{(conti}	nued)	
3	Using the organization's acquisition, access	sion, and other record	s, check any of the	following that	make sigr	nificant use of	fits		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	n how they further t	he organizatio	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit	or receive donations of	of art, historical trea	sures, or other	r similar as	ssets			_
	to be sold to raise funds rather than to be m						Yes		No
Par	rt IV Escrow and Custodial Arrar		ete if the organizati	on answered "`	Yes" on F	orm 990, Par	t IV, line 9, or	-	
	reported an amount on Form 990, Pa	art X, line 21.							
1a	Is the organization an agent, trustee, custoo							_	_
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:						
							Amour	ıt	
						1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on I				-	?	· L Yes		_ No
	If "Yes," explain the arrangement in Part XII								
Par	rt V Endowment Funds. Complete			1					
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years b	oack (e) Fou	r years	back
1a	0 0 ,								
b									
С	Net investment earnings, gains, and losses								
d	1								
е	•								
	and programs								
f									
g		•	<i></i>	<u> </u>					
2	Provide the estimated percentage of the cu	•		a)) held as:					
а			_%						
b									
С		_%							
0-	The percentages on lines 2a, 2b, and 2c sho	•	At a sala a A a sua la al al a	and a desired at a second					
Зa	Are there endowment funds not in the poss	ession of the organiza	tion that are held a	ina administere	ea for the	organization			
	by:						0-(:)	res	No
	(i) Unrelated organizations								_
L	(ii) Related organizations								\vdash
4	Describe in Part XIII the intended uses of the						<u>3b</u>		
	rt VI Land, Buildings, and Equipm		willent fulfus.						
	Complete if the organization answere		Part IV line 11a	See Form 990	Part X lin	ne 10			
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	y valu	
	Description of property	basis (investr		s (other)		eciation	(4) 500	n valu	
	Land								
	•			14 554		4 55 4		4.0	017
	1			14,571.		4,554.			017.
	1 1			118,524.		83,321.		35,	203.
	Other								000
Total	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X. column (B). line	10c.)		<u></u>		45,	220.

Schedule D (Form 990) 2019

Complete in the orda	mzation answered Yes	on Form 990. Part IV line 1	11b. See Form 990, Part X, line 12.	
a) Description of security or categor		(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
, , , , , , , , , , , , , , , , , , , 	, , , , , , , , , , , , , , , , , , ,	(0)	.,	,
Closely held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(-) (F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990,	Part X. col. (B) line 12.)			
art VIII Investments - P	Program Related.			
Complete if the orga	inization answered "Yes"	on Form 990. Part IV. line	I1c. See Form 990, Part X, line 13.	
(a) Description of in	nvestment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990,	Part X. col. (B) line 13.)			
tar: (Ooi: (b) mast oquar romi ooo,	: a::, g = :: (2) :::: = :=:, p			
Part IX Other Assets.	- arry son (5) mis 101/ p			
Part IX Other Assets.		on Form 990, Part IV, line	I1d. See Form 990, Part X, line 15.	
Part IX Other Assets.	ınization answered "Yes"	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets.	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the orga	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2) (3)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2) (3)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2) (3) (4) (5)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2) (3) (4) (5)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Complete if the orga (1) (2) (3) (4) (5) (6) (7)	ınization answered "Yes"		I1d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colymn (b) must equal Force	nization answered "Yes" (a)	Description		(b) Book value
Cart IX Other Assets. Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colymn (b) must equal Forestation	nization answered "Yes" (a)	Description		(b) Book value
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Forestart X Other Liabilities Complete if the orga	m 990, Part X, col. (B) line initiation answered "Yes"	Description		
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Forestart X Other Liabilities Complete if the orga	m 990, Part X, col. (B) line	Description	•	
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Forestart X Other Liabilities Complete if the orga	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Formart X Other Liabilities Complete if the orga (a) Des	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Forestart X Other Liabilities Complete if the orga (a) Des	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the organ (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Format X Other Liabilities Complete if the organ (a) Description (1) Federal income taxes (2)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Fondart X Other Liabilities Complete if the orga (a) Des (1) Federal income taxes (2) (3)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Forestart X Other Liabilities Complete if the orga (a) Design (1) Federal income taxes (2) (3) (4)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Foreign (a) Destination (b) The Complete if the orga (a) Destination (b) (c) (1) Federal income taxes (2) (3) (4) (5)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) Cart X Other Liabilities Complete if the orga (a) Dec (1) Federal income taxes (2) (3) (4) (5) (6)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the organical (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Fore art X Other Liabilities Complete if the organical (a) December (2) (3) (4) (5) (6) (7)	m 990, Part X, col. (B) line initiation answered "Yes"	Description	•	5.
Complete if the orga (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Formart X Other Liabilities Complete if the orga (a) Des (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	m 990, Part X, col. (B) lines. scription of liability	p. 15.)	11e or 11f. See Form 990, Part X, line 29	5.

Sched	ule D (Form 990) 2019 ORGANIZATION		41-1906261	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	701,778.
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.)			
e .	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	701,778.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	701,778.
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	994,124.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	<u>-</u>	2e	0.
3	Subtract line 2e from line 1			994,124.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			994,124.
Part	XIII Supplemental Information.	'		
lines 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an X, LINE 2:		art V, line 4; Part X, line 2; Pa	ert XI,
THE C	RGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SE	CTION		
501(0)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM MINNESO	TA INCOME		
TAXES	. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY T	HE INTERNAL		
REVEN	UE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEA	NING OF		
SECTI	ON 509(A) OF THE IRC. THEREFORE, CHARITABLE CONTRIBUTION	S ARE TAX		
DEDUC	TIBLE.			
THE C	RGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNC	ERTAINTY IN		
INCOM	E TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCE	RTAINTY IN		
INCOM	E TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS A	ND PRESCRIBES		
A REC	OGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITI	ON OF TAX		

SCHEDULE O

(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.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

ST. PAUL TRANSPORTATION MANAGEMENT

Employer identification number 41-1906261

ORGANIZATION PART III LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: REGION'S NEXT BIG TRANSIT PROJECT. WE KNOW WE CAN DO MORE WHEN WE'RE AUTHENTICALLY CONNECTED. FORM 990, PART VI, SECTION A, LINE 1: THE BOARD OF DIRECTORS MAY DESIGNATE AN EXECUTIVE COMMITTEE COMPRISED OF THE OFFICERS OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL AT TIMES BE SUBJECT TO THE CONTROL OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWED THE COMPLETED FORM 990 AND MADE A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS REGARDING THE ACCEPTANCE AND FILING OF THE FORM 990. THE FULL BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE FORM 990, IN ADDITION TO THE MINNESOTA ATTORNEY GENERAL'S ANNUAL REPORT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS PROVIDE DISCLOSURE OF ANY CONFLICTS OF INTEREST AT EACH MEETING. THESE STATEMENTS ARE REVIEWED BY THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR. ANY ACTUAL CONFLICTS ARE SHARED WITH THE FULL BOARD ORALLY AND IN WRITING. IF THERE ARE QUESTIONS ABOUT WHETHER A CONFLICT EXISTS. THE FULL BOARD VOTES. IF A CONFLICT EXISTS, THE INVOLVED BOARD MEMBER DOES NOT VOTE ON THE MATTER. ADDITIONALLY, IF A DIRECT FINANCIAL CONFLICT EXISTS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization ST. PAUL TRANSPORTATION MANAGEMENT ORGANIZATION	Employer identification number 41-1906261
ORGANIZATION	41-1900201
INVOLVED BOARD MEMBER DOES NOT PARTICIPATE IN THE DISCUSSION. ALL	
PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING	
MINUTES OR AS OTHERWISE APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS EACH YEAR,	
AND UPON THE HIRE OF A NEW EXECUTIVE DIRECTOR. TO REACH THIS DECISION, THE	
EXECUTIVE COMMITTEE REVIEWS PEER SALARY INFORMATION FROM THE MINNESOTA	
COUNCIL OF NONPROFITS SALARY SURVEY (PUBLISHED EVERY TWO YEARS) AND MAKES A	
RECOMMENDATION TO THE FULL BOARD. THE FULL BOARD DISCUSSES AND ACCEPTS OR	
AMENDS THE COMMITTEE'S RECOMMENDATION. THE SALARY AMOUNT IS TRANSMITTED IN	
WRITING (EMAIL) TO BOTH THE EXECUTIVE DIRECTOR AND THE FINANCE AND	
ACCOUNTING MANAGER. THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER 2019 DURING	
THE HIRING OF EXECUTIVE DIRECTOR SAM ROCKWELL.	
DURING FALL OF 2018, KEY EMPLOYEES UTILIZED THE 2018 MINNESOTA COUNCIL OF	
NONPROFITS SALARY SURVEY TO REVIEW CURRENT COMPENSATION LEVELS AND	
DETERMINED SETTING RATES FOR 2019. THE FINAL PROPOSAL FOR COMPENSATION WAS	
INCLUDED AS PART OF THE 2019 BUDGET APPROVED BY THE BOARD.	
INCHODED IN TIME OF THE 2015 DODGET MERCOLD DE THE BORRD.	
FORM 990, PART VI, SECTION C, LINE 19:	
MOVE MINNESOTA MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND	
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.	

Form 990-T	E	Exempt Orga	nization Bus	ine	ss Incom	е Та	x Return		OMB No. 1545-0047
			0040						
	For ca	lendar year 2019 or other tax ye		2079					
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number		be ma	de public if your or	ganizati			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ([ST. PAUL TRANSPO	(Emple	yer identification number byees' trust, see ctions.)					
B Exempt under section	Print	ORGANIZATION		41-1906261					
X 501(c)(3)	or Type		n or suite no. If a P.O. box	k, see ir	structions.				ted business activity code istructions.)
408(e) 220(e)	''	2446 UNIVERSITY	AVE. W, NO. 170 vince, country, and ZIP or					-	
408A 530(a) 529(a)		90009	9						
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)	<u> </u>					
		G Check organization typ			501(c) t	trust	401(a)	trust	Other trust
H Enter the number of the	-			1			ne only (or first) un		
•		LIFIED TRANSPORTAT					omplete Parts I-V.		
	•	ice at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Sch	nedule M	1 for each addition	al trade	or
business, then complete			- CCC-1		diama a sala di sala sala	0			. V N.
I During the tax year, was		oration a subsidiary in an tifying number of the parer		it-sudsi	diary controlled gro	oup?	► L	Ye	s X No
J The books are in care of			it corporation.		т	alanhan	ne number 🕨 (651)7	67-0298
		de or Business Inc	ome		(A) Income	elepiloli	(B) Expenses		(C) Net
1a Gross receipts or sale					(71) 111001110		(B) Expenses	,	(0) 1101
b Less returns and allow			c Balance ▶	1c					
		A, line 7)		2					
3 Gross profit. Subtract				3					
4a Capital gain net incon				4a					
		Part II, line 17) (attach Forn		4b					
		sts		4c					
		ship or an S corporation (a		5					
6 Rent income (Schedu	le C)			6					
7 Unrelated debt-finance	ed incor	me (Schedule E)		7					
· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled	-	8					
		on 501(c)(7), (9), or (17) o		9					
		me (Schedule I)		10					
		e J)		11					
12 Other income (See in:	struction	ns; attach schedule)		12					
Part II Deductio	3 throu	gh 12 ot Taken Elsewher	*O (Caa inatuu atiana fa	13		0.			
		pe directly connected w				ons.)			
		rectors, and trustees (Sch						14	
								15	
								16	
								17	
		ee instructions)						18	
Taxes and licenses		ECO)			l 00			19	
20 Depreciation (attach	FUIIII 4	562)	o on roturn		20	_		216	
		n Schedule A and elsewher						21b 22	
		mpensation plans						23	
		Imperisation plans						24	
		chedule I)						25	
26 Excess readership or	osts (Sc	hedule J)						26	
		nedule)						27	
		14 through 27						28	0.
29 Unrelated business t	axable i	ncome before net operating	g loss deduction. Subtract	t line 28	3 from line 13			29	0.
		loss arising in tax years be					•		
(see instructions)								30	0.
31 Unrelated husiness t	avahle i	ncome Subtract line 30 fro	om lina 20					21	0 .

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

Part	III 1	Total Unrelated Business Tax	able Income							
32	Total of	unrelated business taxable income compute	ed from all unrelated trades (or businesses (s	ee instructions)		32			0.
33	Amount	s paid for disallowed fringes					. 33			
34	Charitab				0.					
		ole contributions (see instructions for limital prelated business taxable income before pre-								
		on for net operating loss arising in tax years								
		unrelated business taxable income before s								
		deduction (Generally \$1,000, but see line 3							1.	000.
		ed business taxable income. Subtract line	·	,			33			
00				·	,		. 39			0.
Part		Γax Computation					. 00			
		ations Taxable as Corporations. Multiply I	ing 30 by 21% (0.21)			1	4 0			0.
		Taxable at Trust Rates. See instructions for					70			<u> </u>
41							_ 41			
40		x rate schedule or Schedule D (For					41			
42	Altamat	ax. See instructions					42			
43	Alternat	ive minimum tax (trusts only)					43			
		Noncompliant Facility Income. See instruc								
		dd lines 42, 43, and 44 to line 40 or 41, whi	chever applies				45			0.
		-			140					
		tax credit (corporations attach Form 1118;					_			
							_			
		or prior year minimum tax (attach Form 880								
		edits. Add lines 46a through 46d								
47	Subtrac	t line 46e from line 45					. 47			0.
		xes. Check if from: Form 4255								
		${f x}.$ Add lines 47 and 48 (see instructions) \dots								0.
		et 965 tax liability paid from Form 965-A or f					50			0.
		ts: A 2018 overpayment credited to 2019			51a					
	2019 es									
C	Tax dep	osited with Form 8868			51c					
d	Foreign	organizations: Tax paid or withheld at source	e (see instructions)		51d					
f	Credit fo	or small employer health insurance premiun	ns (attach Form 8941)		51f					
g	Other cr	redits, adjustments, and payments:	Form 2439							
	Fo	orm 4136	Other	Total	▶ 51g					
52	Total pa	ayments. Add lines 51a through 51g					. 52			
53	Estimate	ed tax penalty (see instructions). Check if Fo	orm 2220 is attached	1 1						
54	Tax due	. If line 52 is less than the total of lines 49,	50, and 53, enter amount ov	/ed			► 54			
55	Overpay	ment. If line 52 is larger than the total of li	nes 49, 50, and 53, enter am	ount overpaid			► 55			
56		e amount of line 55 you want: Credited to 2				Refunded	56			
Part	VI S	Statements Regarding Certain	n Activities and Oth	er Informa	tion (see in	structions)				
57	At any t	ime during the 2019 calendar year, did the c	organization have an interest	in or a signature	e or other autho	rity			Yes	No
	over a fi	inancial account (bank, securities, or other)	in a foreign country? If "Yes,	," the organizatio	on may have to	file				
	FinCEN	Form 114, Report of Foreign Bank and Final	ncial Accounts. If "Yes," enter	r the name of the	e foreign countr	у				
	here	>								Х
58	During t	the tax year, did the organization receive a d	istribution from, or was it th	e grantor of, or t	transferor to, a	foreign trust?				Х
	If "Yes,"	see instructions for other forms the organiz	ation may have to file.							
59		e amount of tax-exempt interest received or	<u> </u>							
C:		der penalties of perjury, I declare that I have examine rrect, and complete. Declaration of preparer (other th					wledge an	d belief, it is tru	ie,	
Sign			1			3	May the	IRS discuss thi	is return w	vith
Here		-		<i></i>	/E DIRECTOR	<u> </u>	the prepare	arer shown belo	ow (see	
		Signature of officer	Date	Title			instruction	ons)? X Y	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check] if P	TIN		
Paid						self- employ				
Prep	arer	DEIRDRE HODGSON	DEIRDRE HODGSON		10/21/20		:	P0148471		
-	Only	Firm's name CLIFTONLARSONALL				Firm's EIN	<u> </u>	41-0746	749	
	-		EET, SUITE 300							
		Firm's address ► MINNEAPOLIS, MN 55402 Phone no. 6								

923711 01-27-20

Form 990-T (2019) ORGANIZATION

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2		7			
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)				property produced or a	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	rty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly or columns 2(a) and	onnected with the inco 2(b) (attach schedule)	ome in	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)					
			2	2. Gross income from or allocable to debt-	, ,	Deductions directly conne to debt-financed	d property		
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other ded (attach sche		
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable d (column 6 x total 3(a) and	I of colu	
(1)				%					
(2)			+	%					
(3)				%					
(4)				%					
	1			/0		inter here and on page 1, Part I, line 7, column (A).	Enter here and o Part I, line 7, co		
Totale						0.		•	0.
Totals						<u> </u>			0.

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Schedule F - Interest,	Annuitie	s, Royalt	ties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	structio	ns)	· ·
				1	Controlled O				`			
1. Name of controlled organizat	tion	2. Employer identification number		Net unrelated income (loss) (see instructions)			tal of specified ments made	5. Part of column 4 included in the controrganization's gross i		controlling		Deductions directly nnected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income	1	nrelated incom	e (loss)	Q Total	of specified payr	ments	10. Part of colu	mn 9 tha	t is included	11 1	Deducti	ions directly connected
,		see instructions		0 , 10	made		in the controlli	ing orgar s income	nization's	w	ith inco	ome in column 10
(1)												
(2)												
(3)												
(4)												
	•						Add colun Enter here and line 8, o		e 1, Part I, A).	l	r here a	lumns 6 and 11. and on page 1, Part I, 8, column (B).
Totals									0.			0.
Schedule G - Investme		ne of a S	ection	501(c)(7	7), (9), or (17) Org	ganization					
(see inst	ructions)				T				1			
1. Desc	cription of inco	me			2. Amount of	income	 Deduction directly connection (attach schedule) 	ected	4. Set- (attach s	asides schedule)	,	Total deductions and set-asides (col. 3 plus col. 4)
(1)							,					, , ,
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							nter here and on page 1, art I, line 9, column (B).
Totals				>		0.						0.
Schedule I - Exploited (see instru	_	Activity	Income	e, Other	Than Adv	ertisin/	ig Income					
1. Description of exploited activity	unrelated incom	Gross business e from business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity to is not unrelate business inco	that ted	attributable to			7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
	page 1	re and on , Part I, col. (A).	page 1	re and on I, Part I, col. (B).								Enter here and on page 1, Part II, line 25.
Schedule J - Advertision	na Incor	0.	nstruction	0.								0.
Part I Income From					colidated	Racic						
ratti ilicollie Floili	renouic	ais nept	or tea or	ii a Coli	soliuateu	Dasis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulatincome		6. Read		С	7. Excess readership osts (column 6 minus olumn 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	▶		0.	(0.							0.
											F	orm 990-T (2019)

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.	T			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

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