Public Disclosure Copy

EXTENDED TO NOVEMBER 15, 2023

orm **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change MISSOURI PUBLIC TRANSIT ASSOCIATION Name change 43-1271704 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 701 MARKET 275 314-231-7272 309,567. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended ST LOUIS, MO 63101 H(a) Is this a group return return
Application
pending F Name and address of principal officer: KIMBERLY CELLA Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) **X** 501(c) (6 Tax-exempt status: (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MOPUBLICTRANSIT.ORG J Website: H(c) Group exemption number Trust X Association Other L Year of formation: 1981 M State of legal domicile: MO K Form of organization: Corporation Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTION OF USE OF PUBLIC Activities & Governance TRANSIT IN MISSOURI 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 70,376. 99,512. Contributions and grants (Part VIII, line 1h) 8 166,880. 209,689. Program service revenue (Part VIII, line 2g) 460. 366. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 237,716. 309,567 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 206,668. 278,570. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 278,570. 206,668. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,048. 30,997. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 378,104. 425,891 Total assets (Part X, line 16) 49,505. 66,295 21 Total liabilities (Part X, line 26) 三年 328,599. 359,596 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KIMBERLY CELLA, DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIDGETTE MUGGE 09/18/23 self-employed P00671418 BRIDGETTE MUGGE Paid Firm's name SIKICH LLP Firm's EIN 36-3168081 Preparer Firm's address 12655 OLIVE BLVD., SUITE 200 Use Only Phone no. 314-275-7277 ST. LOUIS, MO 63141

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

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	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMOTION OF USE OF PUBLIC TRANSIT IN MISSOURI
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ INCREASE AWARENESS AND PARTICIPATION IN PUBLIC TRANSIT THROUGH THE USE OF NEWSLETTERS, MEETINGS, AND PUBLIC AWARENESS CAMPAIGNS, AND TO DEVELOP AND MAINTAIN GOVERNMENTAL RELATIONSHIPS TO SECURE STATE INVESTMENT IN PUBLIC TRANSIT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses

Form 990 (2022) MISSOURI PUBLIC TRANSIT ASSOCIATION Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
3		5	Х	
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	"	- 25	\vdash
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C				x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	١		.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
10		16		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		 ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
۵.	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Pa	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ ₃₇
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			37
_	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 0.		
-	Schedule N, Part II	32		x
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		Х
35a	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	<u> </u>	<u> </u>
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ ₃₇
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schodula O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of hote to any line in this Fart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		- 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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022) MISSOURI PUBLIC TRANSIT ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱					
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b					
С	to file Form 8282?	7c					
d	15 M 2 M 3 M 3 M 3 M 3 M 3 M 3 M 3 M 3 M 3	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-					
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b							
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1271704 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. X Check if Schedule O contains a response or note to any line in this Part VI

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	1a	19						
	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	19						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?			2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			7.7			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	<u>4</u> 5		X			
5									
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				. ,				
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•			37			
_	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=		v				
a	The governing body?			8a_	X				
b	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					х			
202	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ			
366	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		V	N.			
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X			
				IUa					
D	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
112	and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
_	on Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13		X			
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 approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•							
а	The organization's CEO, Executive Director, or top management official			15a		Х			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	th a						
	taxable entity during the year?			16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'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 NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)s	only)	availat	ole			
	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 final									
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records						
	KIMBERLY CELLA - 314-231-7272								

701 MARKET, 275, ST LOUIS, MO 63101

Form **990** (2022)

09070918 765826 3757489.0

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do		Pos	C) ition	l than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KIMBERLY CELLA	8.00	1						20.026	•	•
EXECUTIVE DIRECTOR	1 00			Х				32,236.	0.	0.
(2) CHANCE GALLAGHER	1.00	٠,,		,,					0	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) TAULBY ROACH	1.00	٠,,		,,					0	•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) MATT CRAWFORD	1.00	٠,,		,,					0	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) CINDY BAKER	1.00	٠,,		,,					0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(6) DOROTHY YEAGER	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) FRANK WHITE	1.00	∤							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(8) DENNY WARD	1.00	∤							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) ED THOMAS	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) MIKE SOKOFF	1.00	∤							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) MARTIN RIVAROLA, AICP	1.00	∤							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) RACHEL PAWLAK	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) TOM MOGELNICKI	1.00	٠,,							0	0
DIRECTOR	1 00	Х				_		0.	0.	0.
(14) ROBERT LOLLEY	1.00	٠,,							0	0
DIRECTOR	1 00	Х				_		0.	0.	0.
(15) DAVID JOHNSON	1.00	₹.							_	^
DIRECTOR	1 00	Х				-		0.	0.	0.
(16) SHEILA HOLM	1.00	₩.							0	^
DIRECTOR (17) COURTNEY HARRICON	1 00	Х				-		0.	0.	0.
(17) COURTNEY HARRISON	1.00	₩.						0.	0.	0.
DIRECTOR		X	L	<u> </u>	<u> </u>			0.	0.	Form 990 (2022)

232007 12-13-22

Form	990 (2022) MISSOURI	PUBLIC	TR	AN	SI	Т	AS	SO	CIATION	43-1271	704	P	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c unle	ss per	more	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	an	timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensa om the anizat d relat anizati	e ion ed
(18)	SARA FIELDS	1.00											
DIRE	CTOR		Х						0.	0.			0.
(19)	JANINE C CLAMPITT	1.00											
DIRE	CTOR		Х						0.	0.			0.
(20)	TERRI BARR MOORE	1.00											
DIRE	CTOR		Х						0.	0.			0.
			•										
1b	Subtotal	•							32,236.	0.			0.
	Total from continuation sheets to Part V								0.	0.			0.
	Total (add lines 1b and 1c)								32,236.	0.			0.
2	Total number of individuals (including but a compensation from the organization								eceived more than \$100,	000 of reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer	director truct	00 k	·0\/ 0	mnl	01/0	0 Or	hia	hast companyated amp	ovoo on		100	
3	•			•	•	•		•	•	•	3		х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s										3		
4	and related organizations greater than \$15										4		х
5	Did any person listed on line 1a receive or										-		
3	rendered to the organization? If "Yes," con										5		Х
Sec	tion B. Independent Contractors	III DELICATION	. <i>U 1</i> (اد ،ر	<u>. UII ļ</u>	-013	<i></i>						
1	Complete this table for your five highest co	ompensated ind	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of compensa	ation fro	om	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CITIZENS FOR MODERN TRANSIT 701 MARKET, STE 275, ST. LOUIS, MO 63101	MANAGEMENT FEES	111,456.
Total number of independent contractors (including but not limited to those listed	I I above) who received more than	

Form 990 (2022) MISSOUR
Part VIII Statement of Revenue

			Check if Schedule O cont	tains a r	esponse (or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
ij d					1c					
fts,			Fundraising events		1d					
ig di			Related organizations			99,512.				
ns, Sim			Government grants (contribut		1e	33,314.				
utio er (t	All other contributions, gifts, gran							
현된			similar amounts not included abo	Г	1f					
d d		_	Noncash contributions included in lines	1a-1f	1g \$		00 510			
<u>0 g</u>		h	Total. Add lines 1a-1f				99,512.			
				_		Business Code	444 500	111		
9			MEMBERSHIP DUES	5		480000	141,590.	141,590.		
Program Service Revenue		b	CONFERENCE			480000	68,099.	68,099.		
Sen		С								
am eve		d								
oga		е								
P		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f				209,689.			
	3		Investment income (including							
		other similar amounts)					366.			366.
	4		Income from investment of ta							
	5		Royalties	-	-					
	_			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a	, —		. ,				
			Less: rental expenses 6b	1						
			Rental income or (loss) 60	1						
			Net rental income or (loss)	•						
			Gross amount from sales of		curities	(ii) Other				
	'	а			, carring	(ii) Guioi				
		L-		1						
o l		D	Less: cost or other basis							
Ž			and sales expenses							
eve			Gain or (loss) 70							
her Revenue			Net gain or (loss)							
	8	а	Gross income from fundraising e	•						
Ò			including \$							
			contributions reported on line	•						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from fund							
	9	а	Gross income from gaming ac							
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gam	ning acti	ivities					
	10	а	Gross sales of inventory, less	returns						
			and allowances		10a					
		b	Less: cost of goods sold							
			c Net income or (loss) from sales of inventory							
			<u> </u>			Business Code				
snc	11	а								
ine Due		b								
Miscellaneous Revenue		c								
Sc.			All other revenue							
Σ			Total. Add lines 11a-11d							
	12	_	Total revenue. See instructions				309,567.	209,689.	0.	366.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 111,456. Management Legal 10,705. Accounting 41,200. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 65,231. column (A), amount, list line 11g expenses on Sch O.) 1,959. Advertising and promotion 12 7,997. 13 Office expenses Information technology 14 Royalties 15 6,377. 16 Occupancy 2,119. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,037. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 1,479. 23 Other expenses. Itemize expenses not covered 24 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 O.) 1,010. **DUES & SUBSCRIPTIONS** All other expenses 278,570. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	124,503.	1	181,406.	
	2	Savings and temporary cash investments		243,419.	2	244,485.
	3	Pledges and grants receivable, net	6,849.	3	0.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ς.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Donat side of the second side of		3,333.	9	0.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		378,104.	16	425,891.
	17	Accounts payable and accrued expenses		0.	17	27,270.
	18	Grants payable	40 505	18	20 005	
	19	Deferred revenue		49,505.	19	39,025.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
iab		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines			0E	
	26	of Schedule D Total liabilities. Add lines 17 through 25		49,505.	25 26	66,295.
	20	Organizations that follow FASB ASC 958, che	eck here X	45,505.	20	00,255
Se l		and complete lines 27, 28, 32, and 33.				
Š	27			328,599.	27	359,596.
3ale	28			0_0,000	28	000 / 000
<u> </u>		Organizations that do not follow FASB ASC 9				
Ē		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ea			30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32			328,599.	32	359,596.
~	33			378,104.	33	425,891.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5				
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,5 0,9				
3	Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
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	35	9,5	96.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
		_		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 on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	ıa						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,						
	consolidated basis, or both:							
	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 a	udit,						
	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 Sched	ule 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							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

232012 12-13-22

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

Open to Public Inspection

OMB No. 1545-0047

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

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

		01(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Name	e of orga					Emplo	oyer identification number
		MISSOUR	I PUBLIC TRANSIT	ASSOCIATION	[43-1271704
Par	rt I-A	Complete if the org	anization is exempt und	ler section 501(c) (or is a section 52	27 org	janization.
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities				
Par	rt I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).		
1	Enter the	e amount of any excise tax	incurred by the organization und	der section 4955		\$	
			incurred by organization manag				
3	If the org	janization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes No
		describe in Part IV.					
Par	rt I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 5	501(c)	(3).
1	Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt functi	ion activities	\$	
2	Enter the	amount of the filing organ	ization's funds contributed to of	ther organizations for se	ction 527		
	exempt 1	unction activities				\$	
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,			
4	Did the f	iling organization file Form	1120-POL for this year?				Yes No
5	Enter the	e names, addresses and em	ployer identification number (El	N) of all section 527 pol	itical organizations to	which	the filing organization
	-	•	ion listed, enter the amount pai				· · · · · · · · · · · · · · · · · · ·
		•	omptly and directly delivered to		•	eparate	segregated fund or a
	political	action committee (PAC). If a	additional space is needed, prov	vide information in Part I	IV.		Γ
		(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
					filing organization funds. If none, ent		contributions received and promptly and directly
					lulius. Il fiorie, erit	CI -U	delivered to a separate
							political organization.
							If none, enter -0

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

Schedule C (Form 990) 2022

LHA

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Schedule C (Form 990) 2022

2a Lobbying nontaxable amountb Lobbying ceiling amount(150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 MISSOURI PUBLIC TRANSIT ASSOCIATION 43-12717

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)).

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
or tne i	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	501(a)(5)	Or coc	tion	
	501(c)(6).	11 30 1 (0)(3)	, or sec	tion	
<u> </u>	\ /\ /			V	l l
				Yes	
	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
1 \	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
1 \ 2 [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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	2 3), or sec	X	
1 \ 2 [3 [Part	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 Complete if the organization is exempt under section 501(c)(4), section	e prior year? n 501(c)(5) 'No" OR (I), or sec b) Part I	X	
1 \2 [3 [7] 2 art 1 [2 [8]	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 lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (I), or sec b) Part I	X	
1 \2 [3 [7] 2 art 1 [2 [5]	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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
11 \\22 [33 [1	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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 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	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
1 \ \22 \ [\ \23 \ [\ \24 \]	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 III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part I	X	
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

MISSOURI PUBLIC TRANSIT ASSOCIATION

Employer identification number 43-1271704

FORM 990, PART VI, SECTION A, LINE 6:

LINE 6 EXPLANATION - MEMBERS CONSIST OF PROVIDERS, VENDORS, NON-PROFITS,

COMMUNITY ORGANIZATIONS, BUSINESSES, AND INDIVIDUAL STAKEHOLDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL DULY AUTHORIZED MEMBERS AND/OR MEMBER ORGANIZATIONS IN GOOD STANDING

SHALL BE ENTITLED TO VOTE AT ANY ELECTION. EACH MEMBER OR REPRESENTATIVE

FROM A MEMBER ORGANIZATION SHALL BE ENTITLED TO ONE VOTE. VOTE SHALL BE

DETERMINED BY A SIMPLE MAJORITY OF THOSE RESPONDING.

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

LINE 11B EXPLANATION - A COPY OF THE IRS FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING.

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

BOARD OF DIRECTORS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM

ANNUALLY. ALL COMPLETED FORMS ARE PROVIDED TO AND REVIEWED BY THE MPTA

EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER CONFLICT INFORMATION PROVIDED BY

BOARD MEMBERS.

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

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING 65,231.

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

Schedule O (Form 990) 2022

Scriedule !	J (F01111 990	1 2022										r		Page 2
Name of th	ne organizati	on MI	SSO	URI P	UBLIC	TRAN	SIT	ASSOC	IATIO	N		Employer id	dentification 271704	number
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		65,2	231.

Electronic Filing PDF Attachment

(Rev. December 2019) Department of the Treasury

Change of Address or Responsible Party - Business

▶ Please type or print.

▶ See instructions.

▶ Do not attach this form to your return.

► Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change. If you are a tax-exempt organization (see instructions), check here X Check all boxes this change affects. 1 X Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.) Employee plan returns (Forms 5500, 5500-EZ, etc.) Business location 4a Business name 4b Employer identification number MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1271704 5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions. 911 WASHINGTON AVENUE 200 ST LOUIS MO 63101-1243 Foreign country name Foreign province/county Foreign postal code 6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions, If foreign address, also complete spaces below, see instructions. 701 MARKET ST. LOUIS MO 63101 Foreign country name Foreign province/county Foreign postal code 7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions, Foreign country name Foreign province/county Foreign postal code 8 New responsible party's name New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.) 10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Daytime telephone number of person to contact (optional) Sign Here

LHA