Public Disclosure Copy

Form **990**

Department of the Treasury Internal Revenue Service

Т

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.



AF	or th	e 2023 calendar year, or tax year beginning and	l ending				
B c	heck if pplicab	le: C Name of organization		D Employer identifie	cation number		
	Addre	MISSOURI PUBLIC TRANSIT ASSOCIATION					
	Name	ge Doing business as		43-12717	04		
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final returr	701 MARKET	275	314-231-			
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	259,684.		
	Amer	SI LOUIS, MO 03101		H(a) Is this a group re			
	Appli tion pendi	F Name and address of principal officer: KIMDEKDI CEDDA		for subordinates	? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>]	ax-ex	$\frac{1}{2} = \frac{1}{2} $	or 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption			
		f organization: Corporation Trust X Association Other	L Year	of formation: 1981 N	State of legal domicile: MO		
Pa	art I	Summary	0	<u></u>			
e	1	Briefly describe the organization's mission or most significant activities: PROM TRANSIT IN MISSOURI	OTION	OF USE OF PU	IRFIC		
Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.		
ver	3		3	18			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			18		
ა ა	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		0			
<i>i</i> tie	6	Total number of volunteers (estimate if necessary)		19			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_ ◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		99,512.	55,000.		
Revenue	9	Program service revenue (Part VIII, line 2g)		209,689.	204,317.		
sev Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		366.	367.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		309,567.	259,684.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ		Total fundraising expenses (Part IX, column (D), line 25)	0.	278,570.	220,285.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		278,570.	220,285.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,997.	39,399.		
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ts or inces		Total assets (Dart V. line 16)		425,891.	403,666.		
Assets Balanc		Total assets (Part X, line 16)		66,295.	403,000. 4,671.		
let ∕ ind		Total liabilities (Part X, line 26)		359,596.	398,995.		
	22 Int II	Net assets or fund balances. Subtract line 21 from line 20			530,335.		

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

Sign	Signature of officer	Date								
Here	KIMBERLY CELLA, DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	BRIDGETTE MUGGE	BRIDGETTE MUGGE	04/24	/24 self-employed	P00671418					
Preparer	Firm's name SIKICH LLP			Firm's EIN 36-	3168081					
Use Only	Firm's address 12655 OLIVE BLVD.	, SUITE 200								
	ST. LOUIS, MO 631		Phone no. $314-$	275-7277						
May the IRS discuss this return with the preparer shown above? See instructions										
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

	MISSOURI PUBLIC		ATION 43-1	1271704 Page 2
	Check if Schedule O contains a response or note to	any line in this Part III		<u></u>
1	Briefly describe the organization's mission:			
	PROMOTION OF USE OF PUBLIC TR	ANSIT IN MISSOU	JRI	
2	Did the organization undertake any significant program se			
				Yes X No
	f "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significan	t changes in how it conducts	any program services?	Yes X No
-	If "Yes," describe these changes on Schedule O.		, a., p. g. a co	
	-			
4	Describe the organization's program service accomplishm			
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grant	s and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$	including grants of \$) (Bevenue \$	
	(Code:) (Expenses \$ INCREASE AWARENESS AND PARTIC	TPATTON TN PIIBI	UTC TRANSIT THROUG	TH THE USE
	OF NEWSLETTERS, MEETINGS, AND			
	DEVELOP AND MAINTAIN GOVERNME	NTAL RELATIONS	11PS TO SECURE STA	<u>7.1.E</u>
	INVESTMENT IN PUBLIC TRANSIT.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c) (Damage (*)
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses		· · · ·	· · · · ·
40	יטנמו איטעומווו אבויזוטב פאאבוואבא			Form 990 (2023)
				Form 990 (2023)
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Form 990 (2	2023)	MISSOURI	PUBLIC	TRANSIT	ASSOCIATION
Part IV	Checklist of R	equired Scheo	dules		

			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	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
U	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			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
	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		X
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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
20a	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	000	X
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			1	<u> </u>
00	Did the experimetion report more than 0 5,000 of grants or other assistance to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		<u> </u>
5	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5		
333004	(gambling) winnings to prize winners?	Eorm	990	 (2023)
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Form	990 (2023) MISSOURI PUBLIC TRANSIT ASSOCIATION 43-127	1704	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		
	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			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand			17
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<i></i>	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			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(0000)
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Form 990	(2023)
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MISSOURI PUBLIC TRANSIT ASSOCIATION

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

Section A. Governing Body and Management

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X

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.

		, ,		(_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		18			
	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		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		x
2					2		- 23
3	Did the organization delegate control over management duties customarily performed by or under the		•		•		v
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			r	4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5	37	X
6	Did the organization have members or stockholders?				6	X	
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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?		0		8a	Х	
	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 read						
Ŭ	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 Rel				<u> </u>		
	This Section B requests information about policies not required by the internal Re-	venue (<i>_00e.)</i>			Yes	No
10-	Did the graphization have local chapters, branches, or affiliates?			l	10a	165	X
	Did the organization have local chapters, branches, or affiliates?				10a		- 23
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristic and procedures to approximate and the supervised to a supervise the supervised to a superv	•			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the fo	orm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe				
	on Schedule O how this was done			r	12c	X	
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 approval	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a		X
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 arrangem	nent wi	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			[
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?	<u></u>	<u></u>	<u></u>	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, ar	nd 990-	T (section 5	01(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 Sci	hedule ())				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	licy and	finan	cial	
	statements available to the public during the tax year.					- 1041	
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						
	, of maker, 2, of pr 2001b, no coror					990	

Page	7
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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)

• List the organization's live current nighest 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.

• 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.

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

Name and title Average hours per weak iter and attention method method organization realized intertext method before and attention and fight any hours for ganization Reportable compension from organization (W-2/1098-MISC/ 1098-NEC) Estimated and organization (W-2/1098-MISC/ 1098-NEC) Estimated and organization (1) TAULEY ROACH 1.00 X X 0. 0. (1) TAULEY ROACH 1.00 X X 0. 0. (2) MATT CRAFFORD 1.00 X X 0. 0. 0. (3) CINIFY BARKE 1.00 X X 0. 0. 0. (4) JANINE C CLAMPITET 1.00 X X 0. 0. 0. (5) CRANCE GALLAGHER 1.00 X X 0. 0. 0. (6) DARMY VERDER 1.00 X 0. 0. 0. 0. (7) TERRI BARK MOORE 1.00 X 0. 0. 0. 0. (10) DAVID FORMAR 1.00 X 0. <	(A)	(B)	(C)		(D)	(E)	(F)				
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332007 12-21-23

Form **990** (2023)

Form 990 (2023) MISSOURI									43-12	271	704	Page 8
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	Average Position (do not check more to box, unless person is week officer and a director			than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	n t	Estin amou otl	F) nated unt of ner	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	from organ and re	nsation i the ization elated zations
(18) FRANK WHITE DIRECTOR	1.00	x						0.		0.		0.
(19) KIMBERLY CELLA	8.00	~						0.		••		0.
EXECUTIVE DIRECTOR				X				0.		0.		0.
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							0.0.0.		0. 0. 0.		0. 0. 0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization 								-	000 of reportable			0.
3 Did the organization list any former officer,	director. trust	ee. k	ev e	mol	ove	e. or	hia	hest compensated emp	lovee on	[Y	es No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual								•		3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich p	oers	on .	<u></u>				5 2	K
 Complete this table for your five highest control the organization. Report compensation for the organization. 	•	•							•	pensat	ion from	
(A) Name and business								(B) Description of s	ervices	С	(C) ompensa	ation
CITIZENS FOR MODERN TRANS 701 MARKET, STE 275, ST.		MO	6	31	01			MANAGEMENT F	EES		117,	029.
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos 1		ted	above) who received mo	ore than			
											Form 99	0 (2023)

332008 12-21-23

			2023) MISSOURI PUBI	LIC TRANS	IT ASSOCIAT	FION	43-1271	704 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0, (0	4	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'							
DOL DOL			Membership dues 1b Fundraising events 1c		-			
fts, r Ai			Related organizations 11					
, Gi nila			Government grants (contributions) 1e	55,000.				
ons Sir			All other contributions, gifts, grants, and		1			
her			similar amounts not included above 1f					
ltrib Ot		q	Noncash contributions included in lines 1a-1f 1g \$					
Con		Ŭ	Total. Add lines 1a-1f		55,000.			
<u> </u>				Business Code	,			
e	2	а	MEMBERSHIP DUES	480000	137,050.	137,050.		
vic		b	CONFERENCE	480000	67,267.	137,050. 67,267.		
Ser		с			-	-		
am eve		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f		204,317.			
	3		Investment income (including dividends, inter					
			other similar amounts)		367.			367.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6	а			4			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a		4			
•		b	Less: cost or other basis					
evenue			and sales expenses 7b		-			
eve			Gain or (loss) 7c					
Other R			Net gain or (loss)	<u> </u>				
othe	8	а	Gross income from fundraising events (not including \$ of					
0			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses		1			
				<u> </u>				
			Gross income from gaming activities. See					
			Part IV, line 19 9a	a				
		b						
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10	b				
		с	Net income or (loss) from sales of inventory					
ß				Business Code				
e e	11	а						
evenue		b						
cell eve		с				ļ		
Miscellaneous Revenue		d	All other revenue					
			Total. Add lines 11a-11d			004 015		265
	12		Total revenue. See instructions		259,684.	204,317.	0.	367.
33200	9 12-	21-	-23					Form 990 (2023)

9

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Page 9

MISSOURI PUBLIC TRANSIT ASSOCIATION

	Check if Schedule O contains a respons			(C)	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 G	rants and other assistance to domestic organizations				
a	nd domestic governments. See Part IV, line 21 🛛 📃				
2 G	arants and other assistance to domestic				
in	ndividuals. See Part IV, line 22				
B G	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
B	enefits paid to or for members				
	compensation of current officers, directors,				
	ustees, and key employees				
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages				
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	other employee benefits				
	ayroll taxes				
	ees for services (nonemployees):	117 020			
	lanagement	117,030.			
	egal	15,203.			
	ccounting	41,200.			
		41,200.			
	rofessional fundraising services. See Part IV, line 17				
	hvestment management fees				
-	other. (If line 11g amount exceeds 10% of line 25,	2 0.81			
	blumn (A), amount, list line 11g expenses on Sch 0.)	2,081. 752.			
	dvertising and promotion	6,701.			
	Vifice expenses	0,701.			
	nformation technology				
	ccupancy	2,453.			
	ayments of travel or entertainment expenses	2,155.			
	or any federal, state, or local public officials				
	conferences, conventions, and meetings	32,078.			
	nterest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
	Isurance	1,756.			
	ther expenses. Itemize expenses not covered	.,			
al	bove. (List miscellaneous expenses on line 24e. If				
lii ai	ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	DUES & SUBSCRIPTIONS	1,031.			
- <u>-</u> c				l l	
с —				l l	
o _ d					
_	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	220,285.			
	bint costs . Complete this line only if the organization	.,			
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
-	heck here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

10 2023.03040 MISSOURI PUBLIC TRANSIT A 37574891

Form 990 (2023)

18390425 765826 3757489.0

33

Total liabilities and net assets/fund balances

425,891.

33

403,666.

Form **990** (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or pate to any line in this Part V			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	181,406.	1	144,815.
	2	Savings and temporary cash investments	0.1.1.1.0.5	2	244,651.
	3	Pledges and grants receivable, net		3	· · ·
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	14,200.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	425,891.	16	403,666.
	17	Accounts payable and accrued expenses	27,270.	17	
	18	Grants payable		18	
	19	Deferred revenue	39,025.	19	4,671.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	66,295.	26	4,671.
		Organizations that follow FASB ASC 958, check here			
Sec		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	359,596.	27	398,995.
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tAŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	32	Total net assets or fund balances	359,596.	32	398,995.
	33	Total liabilities and net assets/fund balances	425,891.	33	403,666.

Form 990 (2023)

	990 (2023) MISSOURI PUBLIC TRANSIT ASSOCIATION	43-12	71704	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	259		
2	Total expenses (must equal Part IX, column (A), line 25)	2	220		
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	359) <u>, 5</u>	96.
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	398	3 <u>, 9</u> 9	<u>95.</u>
Pa	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 on Schedule	0.			
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:				
	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	e basis,			
	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	e 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 Sch	edule O.			
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?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE C	SC	HE	DU	LE	С
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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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.

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:

Nan	Name of organization Em						Employer identification number		
	MISSOURI PUBLIC TRANSIT ASSOCIATION					43-12717	04		
Pa	rt I-A Complete if the or	ganization is exempt under	section 501(c) or	r is a section 52	27 org	janization.			
1 2 3	Political campaign activity expend Volunteer hours for political camp	aign activities							
Pa	Part I-B Complete if the organization is exempt under section 501(c)(3).								
1	Enter the amount of any excise ta	k incurred by the organization under	section 4955		\$				
2	Enter the amount of any excise ta	k incurred by organization managers	under section 4955		\$				
3	3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					Yes	No No		
4a	4a Was a correction made?					Yes	No No		
_	If "Yes," describe in Part IV.					<i>(</i> 2)			
Pa	art I-C Complete if the or	ganization is exempt under	section 501(c), e	xcept section 5	501(c)	(3).			
1	Enter the amount directly expende	ed by the filing organization for section	on 527 exempt functio	n activities	\$				
2	Enter the amount of the filing orga	nization's funds contributed to othe	r organizations for sec	tion 527					
	exempt function activities				\$				
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,						
	line 17b				\$				
4	Did the filing organization file Form						No No		
5	made payments. For each organiz contributions received that were p	employer identification number (EIN) ation listed, enter the amount paid fi romptly and directly delivered to a s f additional space is needed, provide	om the filing organizat	tion's funds. Also er ization, such as a se	ter the	amount of politic	al		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of contributions rec promptly and delivered to a s	eived and directly		

		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) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

			T ASSOCIATIO		271704 Page 2
Part II-A Complete if the orga	anization is exer	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
•••	•	• • •	Part IV each affiliated	group member's nam	e, address, EIN,
	e of excess lobbying of	• •			
B Check if the filing organizat	tion checked box A a	nd "limited control" pro	ovisions apply.	<u> </u>	
	s on Lobbying Expe litures" means amou	nditures Ints paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in botl	h columns.		
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable am	ount is:		
not over \$500,000,	not over \$500,000, 20% of the amount on line 1e.				
over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000.					
over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.					
over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.					
over \$17,000,000,					
g Grassroots nontaxable amount (ent	,				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this					Yes No
		eraging Period Under			
(Some organizations th		on(h) election do not ate instructions for lir		of the five columns be	elow.
		nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

MISSOURI PUBLIC TRANSIT ASSOCIATION

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

For e	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	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 not be 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?		1	1°	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	o), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		···· <u> </u>		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
_	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງງ)
		Compensated Employees		20	ZJ)
Dopor	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		nber
		MISSOURI PUBLIC TRANSIT ASSOCIATION	43-1	1271704	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i	nal use			
	Travel for com					
	Tax indemnification and gross-up payments					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	he all a she will be to be the					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Evolutive Director, but evolvin in Part III.				
	Compensation	ation of the CEO/Executive Director, but explain in Part III.				
	·					
	·	ompensation consultant Compensation survey or study ther organizations Approval by the board or compensation c	ommittoo			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				Х
	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		
		ation?				
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	-				
b		ation?		6b		
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
-		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			1
-				8		
9		id the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2023

LHA 332111 11-06-23

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)	1						
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)	1						
(i)							
(ii)	1						
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)	1						
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, LINE 5:

EXECUTIVE DIRECTOR, KIMBERLY CELLA, IS COMPENSATED FOR HER SERVICES

THROUGH THE MANAGEMENT FEE. THE PORTION OF THE MANAGEMENT FEE THAT IS

CONSIDERED KIMBERLY'S SALARY FOR 2023 IS \$47,337.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 43 - 1271704

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

MEMBERS CONSIST OF PROVIDERS, VENDORS, NON-PROFITS, COMMUNITY

MISSOURI PUBLIC TRANSIT ASSOCIATION

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:

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.

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

Schedule O (Form 990) 2023

LIN 332211 11-14-23