### Form **990**

### PUBLIC DISCLOSURE COPY

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service  Do not enter social security numbers about Form 990 and									).		Open to Public Inspection	
A For the 2016 calendar year, or tax year beginning , 2016, and ending ,									<b>,</b>			
В	Check	if applicable:	;		·			<del>-</del>	D Employ	er ident	ification number	
	Ad	ddress change M	ISSOURI PUBLIC T	TRANSIT	ASSOCIATION				43-	1271	704	
	Na	ame change 9	11 WASHINGTON A	VENUE #2					E Telepho			
	- In	itial return S	T LOUIS, MO 6310	01-1243					314	-231	-7272	
	Fir	nal return/terminated										
	-	mended return							G Gross r	eceints	\$ 165,360.	
	-		Name and address of principal	officer:		, we were the same of the same		H(a) Is this	a group retur			
	۰۰۰ اــــا	, , , ,	AME AS C ABOVE						l subordinates		d? Yes No	
$\overline{\Gamma}$	Tax-	exempt status	501(c)(3) X 501(c) ( e	(in	sert no.) 4947(a	)(1) or	527	If 'No,	' attach a list.	(see ins	structions)	
<del>i</del>			. MOPUBLICTRANSIT		1 1017(4	/(1) Gi		H(c) Groun	exemption nu	ımber 🖿	•	
ĸ		n of organization:	Corporation   Trust   X	Association	Other ►	II Vaar		on: 198			legal domicile: MO	
		Summary	Corporation [ ] Hust [M]	Association	Other	L real (	or ioimatic	JII. 130	T [141.5	state of 1	legal doffliche. MO	
15.0	1	Briefly describe	the organization's missi	on or most s	ignificant activities	PROMO	TTON	OF IIS	FOFD	TIRTT	С ТРАИСТТ ТИ	
	'	MISSOURI				.1 10110	TION	OF 03	E OF F	0011	C IVVIINITI III	
Š		MIDDOOKI										
Activities & Governance												
¥e.	2	Check this box	if the organization	n discontinue	ed its operations of	disposed	d of mo	re than 2	25% of its	net as	<del> </del>	
යි	3		ng members of the gover							3	18	
•ŏ	4		pendent voting members							4	18	
Ę.	5		f individuals employed in							5	0	
	6		f volunteers (estimate if							6	18	
¥			business revenue from F							7a	0.	
	b	ivet unrelated b	ousiness taxable income	from Form 9	90-1, line 34					7b	0.	
		0	and asserts (Daut VIII. line	161					Prior Year		Current Year	
<u>o</u>	8		nd grants (Part VIII, line						131,2		135,385.	
ē	9	-	e revenue (Part VIII, line ome (Part VIII, column (A						44,4		29,659.	
Revenue	10 11		(Part VIII, column (A), lir		•					266.	316.	
_	12		- add lines 8 through 11						175,9	36	165,360.	
_	13		ilar amounts paid (Part I						175,5	130.	103,300.	
	14											
	15	Benefits paid to or for members (Part IX, column (A), line 4)										
9												
Expenses			ndraising fees (Part IX, o							7.44.42.25.22.2		
χĎ	b	Total fundraising	ng expenses (Part IX, col	umn (D), line	25) 🕨							
ш	17	Other expenses	s (Part IX, column (A), lir	nes 11a-11d,	11f-24e)				179,4	135.	174,270.	
	18	Total expenses	. Add lines 13-17 (must e	equal Part IX	k, column (A), line	25)		L	179,4	135.	174,270.	
	19	Revenue less e	xpenses. Subtract line 1	8 from line 1	2				-3,4	199.	-8,910.	
2 8									ng of Cur <b>r</b> er	nt Year	End of Year	
Net Assets or Fund Balances	20		art X, line 16)						143,7	127.	136,367.	
<b>5</b> ± 2	21	Total liabilities	(Part X, line 26)	· · · · · · · · · · · · · · · · · · ·						0.	1,550.	
ş	22	Net assets or fo	und balances. Subtract lii	ne 21 from li	ne 20				143,7	127.	134,817.	
Pa	rt II	Signature	Block			**************************************						
Unde	er pena	Ities of perjury, I decl	are that I have examined this return (other than officer) is based on a	rn, including acc	ompanying schedules ar	d statements	s, and to t	he best of r	ny knowledge	and bel	lief, it is true, correct, and	
com	olete. D	eclaration of prepare	r (other than officer) is based on a	all information of	which preparer has any	knowledge.						
		<b></b>										
Sig		Signature	of officer					D	ate			
Here			ERLY CELLA					DIRE	CTOR			
		Type or p	rint name and title									
		Print/Type pre	parer's name	Preparer's sign		Da			Check	if	PTIN	
Pa	id	<b>ANGEL</b> A	DORN, CPA	1 Congoli	e donn		5/9/	2017	self-employ	red	P01269368	
Preparer			► HOCHSCHILD BI	COOM & C	O LLP CPAS							
Us	e Or	Firm's address	15450 SOUTH C	OUTER 40	RD. SUITE 1	L35			Firm's EIN	<u>► 4</u> 3	-0673920	
			CHESTERFIELD,		17-2066				Phone no.	636	-532-9525	
May	, the	IRS discuss this	return with the preparer			)c)					Y Voc No	

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			100 100
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
,	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	.,
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
	<b>b</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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a 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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) MISSOURI PUBLIC TRANSIT ASSOCIATION

Part IV Checklist of Required Schedules (continued)

-5.66-6009	The state of the s		Yes	Ma
202	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	res	No X
	of Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
25 :	a 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		
I	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27	***************************************	Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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? <i>If 'Yes,' complete Schedule M.</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	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		Х
34	and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1271704 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.

			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		4	
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		12.12	
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	7.16
2	a 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			
ı	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	198100000000000000000000000000000000000	947640039441
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	8694 (1576 (9)	Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>	3 b		<del>                                     </del>
	<b>a</b> 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)?	4 a		X
ı	b If 'Yes,' enter the name of the foreign country: ▶		ander a	**************************************
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	V.		
5 8	<b>a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			<del></del>
7	not tax deductible?	6 b	A SHOWN	
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	300 3100 3100 3100	100	
ı	services provided to the payor?	7 a 7 b		
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	01/450	- E	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	1-046-000/00-00-00-0	100000000000000000000000000000000000000
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
(	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8				1000
	organization have excess business holdings at any time during the year?	8	agripporter-in	
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	GP-W-GGT-GGG-G	
ı	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:	1		
;	a Gross income from members or shareholders			
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
I	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.			
;	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
1	b Enter the amount of reserves the organization is required to maintain by the states in		2. (202)	
	which the organization is licensed to issue qualified health plans	1		
	c Enter the amount of reserves on hand	<b>∤</b>	F.E.A	v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<del></del>	X
BAA	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	1		(2016)
	. ILLEGIOUL IIIIVIO			,U;U.

Form 990 (2016) MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1271704 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .... 5 X 6 Did the organization have members or stockholders? .... SEE SCHEDULE . O. ...... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... X 8 h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... X 10 a 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?.... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...... X 12 c 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 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... 15 a X **b** Other officers or key employees of the organization. 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Other (explain in Schedule O) Another's website Upon request 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ST LOUIS MO 63101-1243 314-231-7272

KIMBERLY CELLA 911 WASHINGTON AVENUE

## 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

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

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

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

			rage is both an officer and a urs director/trustee)				_				
	(A) Name and Title	(B) Average hours			unles officer	s pers	on	Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	DENNY WARD	1					Ť				
	DIRECTOR	0	X						0.	0.	0.
(2)	RACHEL PAWLAK	1									
	DIRECTOR	0	X						0.	0.	0.
_(3)	ANDY_CLEMENTS	1									
	DIRECTOR	0	X						0.	0.	0.
_(4)	DION_KNIPP	_ 1									
	DIRECTOR	0	X						0.	0.	0.
_(5)	SARA FIELDS	11									
	DIRECTOR	0	X						0.	0.	0.
_(6)	KELLY TURNER	1								_	_
	DIRECTOR	0	X					_	0.	0.	0.
_(7)_	JANINE CLAMPITT	1							_	_	_
	DIRECTOR	0	X						0.	0.	0.
_(8)	COURTNEY_HARRISON	11	l								
	DIRECTOR	0	X						0.	0.	0.
_(9)	MARK_MEHMERT	1	,,		١						•
(1.0)	DIRECTOR	0	X					_	0.	0.	0.
<u>(10)</u>	JAKE JACOBS DIRECTOR	$-\frac{1}{0}$	X						0.	0.	0.
(11)	KAREN CLAWSON	1	1						<u> </u>	1	<u> </u>
.(,	DIRECTOR		X						0.	0.	0.
(12)	MATHEW KAUFFMAN	1									
	DIRECTOR	-0-	X	l		İ			0.	0.	0.
(13)	ROBERT LOLLEY	1									
	DIRECTOR	0	X						0.	0.	0.
(14)	TOM MOGELNICKI	_1_									
	DIRECTOR	0	X						0.	0.	0.

Part VII   Section A. Officers, Directors, 111	(B)	\ey	Emţ	(C)	_	25, 2	and	a nignest com	pensated Em	ployees (continued)
<b>(A)</b> Name and title	Average hours per week	Ďοx,	not che unless er and	Posi eck n s per l a di	tion nore son is rector	s both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15) THOMAS SEHR DIRECTOR	$-\frac{1}{0}$	х						0.	0	. 0.
(16) CINDY BAKER PRESIDENT & CEO	1		,	x				0.	0	
(17) DREW BROOKS	1									
SECRETARY  (18) DOROTHY YEAGER  VICE PRESIDENT	$-\frac{1}{0}$			X   X				0.	0	
(19)			-	^				0.	0	. 0.
(20)										
(21)										
(22)										
(23)	1			1						
(24)										
(25)										
1 b Sub-total							<u> </u>	0.	0	
c Total from continuation sheets to Part VII, Secti							<b>▶</b>	0.	0	
2 Total number of individuals (including but not limited							/ed		•	
from the organization   0										
<ul> <li>3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of the sum o</li></ul>	h individu	al					· · ·			Yes No X
the organization and related organizations greate such individual	er than \$1	50,00	)0'? <i>[</i> 1	f 'Ye	es,'	com	ple	te Schèdule J for		4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s, <i>' comple</i>	satio te Sc	n froi hedu	m a ıle .	ny ι I for	unrel suc	late h p	d organization or erson	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest comper	sated inde	epend	dent	con	trac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compen	sation for	the ca	alenda	ar y	ear e	endir	ng ₩			
(A) Name and business address  (B) Description of services  (C) Compensation										
Total number of independent contractors (including l \$100,000 of compensation from the organization		ted to	thos	e lis	sted	abov	ve)	L who received more	than	THE STATE OF THE S

			contains a	response or note to an	y line in this Part V	ЛП	<u> </u>	<u></u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)		1a 91,385. 1c 1d 44,000.				
intribution d Other S	g	All other contributions, gifts, g similar amounts not included Noncash contributions included	above I in lines 1a-1f:	·				
	h	Total. Add lines 1a-1f			135,385.	127	4 10 15 E	Section 1
age				Business Code		4-		
e Rever	2a b	2016 CONFERENCE	Z 	900099	29,659.	29,659.		
Program Service Revenue	d							
grai	f	All other program service	ce revenue					
P.	q	Total. Add lines 2a-2f		1	29,659.		7	1000000
	3	Investment income (incother similar amounts).	luding divid	ends, interest and	316.	316.		
	5	Income from investmen Royalties		· · · · · · · · · · · · · · · · · · ·		79.55	Secretary Control of the Control of	
	62	Gross rents	(9 1.02.	(ii) r orsonar				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: rental expenses			Tari			
		Rental income or (loss)				7	100000	
		Net rental income or (lo	\cc\		200			20.20.20.20
		` 1	(i) Securiti		-			
		Gross amount from sales of assets other than inventory  Less: cost or other basis	(i) Socialia	(1) 51101		Services The Control of the Control		100 1000 1000 1000
		and sales expenses					2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1867 7 87 1 87 2 88 2 88 2 88 2 88 2 88 2 88 2 88 2
	d	Net gain or (loss)						
Other Revenue	8 a	Gross income from fund (not including . \$ of contributions reported)	_					
ş		See Part IV, line 18				24000		
占	h	Less: direct expenses				11 to 10 to		
톭		Net income or (loss) fro						
Ų		Gross income from gam See Part IV, line 19	ning activitie	es.				11 0140 11 0140 11 11 11 11 11 11 11 11 11 11 11 11 11
		Less: direct expenses Net income or (loss) fro		b		Maria de Caracteria de Caracte		
	10 a	Gross sales of inventor	y, less retur	ns		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
		and allowances		·		200 mg		
		Less: cost of goods sold		Luna			The Late of the Control of the Contr	
	C	Net income or (loss) fro						
	11 -		ue	Business Code	1		8.72	
	11 a	print visib later drive same many views when their every print		-				
	6	STATE AND MAKE THAT THE THAT THE THAT THE THAT THE						
	d	All other revenue				<u> </u>		
		Total. Add lines 11a-11		NATION AND ADDRESS OF THE PARTY			7.	
	12	Total revenue. See inst	ructions		165,360.	29,975.	0.	0.

### 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								
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members	0.	0.	0.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
a	Management	47,619.		47,619.					
Ŀ	Legal								
c	: Accounting	3,940.		3,940.					
c	I Lobbying ,	40,000.	40,000.		**************************************				
e	Professional fundraising services. See Part IV, line 17	,		45.5	**************************************				
f	Investment management fees				**************************************				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH. (Advertising and promotion	49,836.	42,286.	7,550.					
13	Office expenses	960.		960.					
14	Information technology	500.		300.					
15	Royalties.								
16	Occupancy								
17	Travel	2,184.		2,184.					
	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,104.		2,101.					
19	Conferences, conventions, and meetings	23,848.	23,848.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	108.		108.					
23	Insurance	1,328.		1,328.					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
ä	PRINTING AND PUBLICATIONS	1,455.		1,455.					
	BOARD EXPENSES	1,302.		1,302.					
	TELEPHONE	875.		875.					
C	DUES & SUBSCRIPTIONS	815.		815.					
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	174,270.	106,134.	68,136.	0.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	1,046.	1	10,209.
	2	Savings and temporary cash investments		2	126,150.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	•	6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	10,130.	9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D		15	
		Less: accumulated depreciation. 10b 693	116.	10 c	8.
	11	Investments – publicly traded securities.		11	<u> </u>
	12	Investments – other securities. See Part IV, line 11	4	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 34)		16	136,367.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	2	18	
	19	Deferred revenue	<u> </u>	19	1,550.
	20	Tax-exempt bond liabilities	<u>'</u>	20	1
ē	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	Water Land	22	And the second s
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	1
	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 I	a	25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	1,550.
(h		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete		1983	4.7
ĕ		lines 27 through 29, and lines 33 and 34.			The state of the s
a	27	Unrestricted net assets		27	134,817.
Bal	28	Temporarily restricted net assets		28	
ত	29	Permanently restricted net assets		29	
ts or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			The second secon
5	30	Capital stock or trust principal, or current funds	e e e e e e e e e e e e e e e e e e e	30	
,	<b>%</b> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>X</b> 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	134,817.
	34	Total liabilities and net assets/fund balances	143,727.	34	136,367.

orn	m 990 (2016) MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1	1271704		Pag	e <b>12</b>
Pai	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	10	65,36	<u></u> 50.
2	Total expenses (must equal Part IX, column (A), line 25)	2		74,27	
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,91	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		43,72	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10		***			
	column (B))	10	1	34,81	<u> 17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				7400
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	BAROLOUS III
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:	u 011 u			
	X Separate basis Consolidated basis Both consolidated and separate basis			~~~	876.0040001000
(	<b>b</b> Were the organization's financial statements audited by an independent accountant?	,,,,,,,,,,,	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	te			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	No.	X

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

3 b

Form **990** (2016)

TEEA0112L 11/16/16

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

Department of the Treasury Internal Revenue Service Name of the organization

### PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

2016

OMB No. 1545-0047

MISSOURI PUBLIC TRANSIT ASSOC	IATION	43-1271704						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	[X] 501(c)( 6 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private treated as a	vate foundation						
	501(c)(3) taxable private foundation							
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.							
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a	Special Rule. See instructions.						
General Rule								
X  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules								
under sections 509(a)(1) and 170(b)(1)(A)(vi),	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2) -EZ, line 1. Complete Parts I and II.	16a, or 16b, and that						
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, localidren or animals. Complete Parts I, II, and III.	from any one contributor, literary, or educational						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
990-PF), but it <b>must</b> answer 'No' on Part IV. lin	he General Rule and/or the Special Rules doesn't file Sche e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF.						

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 1 of

1 of Part i

Name of organization MISSOURI PUBLIC TRANSIT ASSOCIATION Employer identification number

43-1271704

raiti	COntributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$44,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
DAA	TECATION ORIGINAL	Cohodula D /Farm 00	0 000 EZ 0× 000 DE\ (2016)

Page

**1** to

1 of Part II

Name of organization

MISSOURI PUBLIC TRANSIT ASSOCIATION

BAA

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

43-1271704

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ė	
		Y	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		i İs	
		`	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		İs	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		İs	
		~	<b> </b>

Page

1 to

of Part III

Name of organization
MISSOURI PUBLIC TRANSIT ASSOCIATION

Employer identification number 43-1271704

	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A 		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e)	
	Transferee's name, addres	(e) Transfer of gift ss. and ZIP + 4	Relationship of transferor to transferee
		. What home armed come total total dates dates armed total total dates class when processing	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift is, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
	<b></b>		

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### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) o	rganizations: Complete Part III.			
Name	e of organization			Employer identifica	ation number
	SSOURI PUBLIC TRANS			43-127170	
222000000000000000000000000000000000000	NOTE OF THE PROPERTY OF THE PR	rganization is exempt under section	, ,		zation.
1	Provide a description of the (see instructions for definition	organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV.	
2		penditures (see instructions)		· ·	
		campaign activities (see instructions)			
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1		ise tax incurred by the organization under		•	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	a Was a correction made?	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		····· Yes No
	b If 'Yes,' describe in Part IV.				
Pa	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2		organization's funds contributed to other organ			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly del I action committee (PAC). If additional spanning the second seco	ivered to a separate po	olitical organization, such	as a separate
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
<i>(6</i> )					

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if t section 501(l	the organization	n is exempt under se		filed Form 5768 (el	
<u>_</u>		gs to an affiliated group (and	l list in Part IV each affilia	ted group member's name	<u>.</u>
		share of excess lobbying		ted group member 3 name	<b>∵</b> 1
		cked box A and 'limited co			
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ires to influence pu	blic opinion (grass roots lo	obbying)		
<b>b</b> Total lobbying expenditu	ires to influence a l	egislative body (direct lobl	bying)		
c Total lobbying expenditu	ıres (add lines 1a a	nd 1b)			
<b>d</b> Other exempt purpose e	expenditures		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e Total exempt purpose ex	xpenditures (add lir	es 1c and 1d)			
f Lobbying nontaxable am both columns	nount. Enter the am	ount from the following ta	ble in		
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable	amount is:	to a second	
Not over \$500,000		20% of the amount on line 1e.		200	9.0
Over \$500,000 but not over \$1,0		\$100,000 plus 15% of the excess		40	
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess		77.4	41
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess	over \$1,500,000.		(A.)
Over \$17,000,000		\$1,000,000.		- 71	
g Grassroots nontaxable a			<u></u>		
<b>h</b> Subtract line 1g from lin			<u></u>		
i Subtract line 1f from line	e 1c. If zero or less	, enter -0			
j If there is an amount othe section 4911 tax for this	r than zero on either year?	line 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
(Some	e organizations tha	4-Year Averaging Period t made a section 501(h) e low. See the separate inst	lection do not have to c		
	Lobb	ying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
d Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Forr	n 990 or 990-EZ) 2016

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

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		a)	(b)
		No	Amount
<ul> <li>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:</li> <li>a Volunteers?</li> </ul>			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
Publications, or published or broadcast statements?      Grants to other organizations for lobbying purposes?			
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>			
j Total. Add lines 1c through 1i	2006 s-5446000		
b If 'Yes,' enter the amount of any tax incurred under section 4912		17	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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?	2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members.	1	91 385.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
ā	Current year	2a	40,000.
Ł	Carryover from last year	2 b	
(	: Total	2 c	40,000.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	40,000.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

MISSOURI PUBLIC TRANSIT ASSOCIATION 43-1271704 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year) . . . . . . Aggregate value of grants from (during year) . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements ...... 2 b c Number of conservation easements on a certified historic structure included in (a)...... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X.....▶\$

Part III Organizations Maintaining	Collections	oi Art, misto	ricai ireasures, o	r Other Similar Ass	ets (C	onunu	iea)
3 Using the organization's acquisition, acce items (check all that apply):	ssion, and other	records, check ar	ny of the following that a	re a significant use of its o	collectio	n	
a Public exhibition		<b>d</b> Loan o	r exchange programs				
<b>b</b> Scholarly research		e Other					
c Preservation for future generations	i						
4 Provide a description of the organization's Part XIII.	collections and	explain how they	further the organization	s exempt purpose in			
5 During the year, did the organization s to be sold to raise funds rather than to	be maintained	as part of the or	ganization's collection	?	Yes	_	No
Part IV Escrow and Custodial Arra line 9, or reported an amou	angements. unt on Form	Complete if the 1990, Part X, I	ne organization an ine 21.	swered 'Yes' on Fo	rm 99	0, Par	t IV,
1a Is the organization an agent, trustee, con Form 990, Part X?	ustodian or oth	er intermediary f	for contributions or oth	er assets not included	Yes	. [	No
<b>b</b> If 'Yes,' explain the arrangement in Pa						L	
		•			Amoun	t	
c Beginning balance	<i></i>			1с			
<b>d</b> Additions during the year			** 4 * 4 * * * * * * * * * * * * * * *	1d			
e Distributions during the year	. ,			1e			
f Ending balance				1f			
2a Did the organization include an amoun	t on Form 990,	Part X, line 21,	for escrow or custodia	account liability? [	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement in Pa	rt XIII. Check h	ere if the explana	ation has been provide	ed on Part XIII		[	
						_	_
Part V Endowment Funds. Comp	ete if the ore	anization ans	swered 'Yes' on Fo	orm 990, Part IV, lir	ne 10.		
<del></del>	) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e)	Four year	s back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage of the	e current year	end balance (line	e 1g, column (a)) held	as:			
a Board designated or quasi-endowment ▶		%					
<b>b</b> Permanent endowment	°						
c Temporarily restricted endowment		- P6					
The percentages on lines 2a, 2b, and 2c s	should equal 100	1%.					
3a Are there endowment funds not in the pos	session of the o	rganization that a	re held and administered	d for the		<b>Y</b> .	
organization by:  (i) unrelated organizations					2-43	Yes	No
(ii) related organizations					3a(i)		
<b>b</b> If 'Yes' on line 3a(ii), are the related o					(/		
4 Describe in Part XIII the intended uses	-				30		ļ
Part VI Land, Buildings, and Equi		ation's endowine	iit iulius.				
Complete if the organization		'Yes' on Forn	n 990 Part IV line	e 11a See Form 99	0 Par	rt X li	ne 10
Description of property	(in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book v	alue
<b>1 a</b> Land	· -						
<b>b</b> Buildings	-						
c Leasehold improvements d Equipment							
<b>e</b> Other			600	601			0
Total. Add lines 1a through 1e. (Column (d)		m 990 Part X o	699.	691.			<u>8.</u> 8.
BAA	ast equal : Of	556, 7 67674, 6	J. J. J. J. J. J. J. J. J. J. J. J. J. J		ule <b>D</b> (F	orm 990	

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Part VII Investments – Other Securities.	Wast an Farm 00	N/A
		0, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.		
(2) Closely-held equity interests		
(3) Other		
(A)	<del></del>	
(B)		
(C)		
(D)		<del> </del>
(E)		<del>_</del>
(F)		<b> </b>
(G)		<del> </del>
(H)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		11/2
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	N/A	N D-+ IV II 11+ 0 F 000 D-+ V II 15
	rres on Form 99 scription	0, Part IV, line 11d. See Form 990, Part X, line 15
(1)	всприоп	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	······
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fi	orm 000 Part W line 1	10 or 11f Coo Form 000 Part Y line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes	(3) 20011 10110	The second secon
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)	<del>_</del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		inopoid at a temporar that copyris the appairations U.S. U.S. U.S.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	ounde to the organization's f	mancial statements that reports the organization's liability for uncertain

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

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemen		Return. N/A
Complete if the organization answered 'Yes' on Form 990, P	Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	*******	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	1
c Other losses	2 c	77
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		10
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	<b>.</b>	<u>.</u>
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		4 c   5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### **PART X - FIN 48 FOOTNOTE**

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6)OF THE INTERNAL REVENUE CODE, AND IS CONSIDERED BY THE IRS TO BE AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION.

THE ASSOCIATION FOLLOWS FASB ACCOUNTING STANDARDS FOR UNCERTAINTY IN INCOME TAXES.

THESE STANDARDS REQUIRE THAT UNCERTAIN TAX POSITIONS BE "MORE LIKELY THAN NOT"

BEFORE THE AMOUNTS ARE RECOGNIZED IN THE FINANCIAL STATEMENTS. FURTHER, THE

Schedule **D** (Form 990) 2016

Part XIII Supplemental Information (continued)

### PART X - FIN 48 FOOTNOTE (CONTINUED)

STANDARDS REQUIRE THE BENEFIT OR EXPENSES BE RECORDED IN THE FINANCIAL STATEMENTS AS THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THE ASSOCIATION HAS ASSESSED ITS FEDERAL AND STATE TAX POSITIONS AND DETERMINED THERE WERE NO UNCERTAINTIES OR POSSIBLE RELATED EFFECTS THAT NEED TO BE RECORDED AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MISSOURI PUBLIC TRANSIT ASSOCIATION

Employer identification number 43-1271704

### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS CONSIST OF PROVIDERS, VENDORS, NON-PROFITS, COMMUNITY ORGANIZATIONS, BUSINESSES, AND INDIVIDUAL STAKEHOLDERS.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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

### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
CONSULTING		6,900.	40.006	6,900.	
EDUCATION AND AWARENESS PROFESSIONAL SERVICES		42,286. 650.	42,286.	650.	
THOTEOGRAPH SERVICES	TOTAL	\$ 49,836.	\$ 42,286.	\$ 7,550.	\$ 0.