EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

ΑI	For the	2016 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identifi	cation number
X	Addres	TRANSPORTATION RIDERS UNITED, INC.			
L	□Name □change □Initial			38-3	588943
	return	, ,	Room/suite	E Telephone numbe	
	Final return/	PO BOX 2668		313-	963-8872
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	202,227.
L	return	DEIROII, MI 40202		H(a) Is this a group re	
L	tion pending	F Name and address of principal officer: MEGAN OWENS, EXECUT	LIAE D	for subordinates	
		PO BOX 2008, DETROIT, MI 48202		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	1 '	list. (see instructions)
		e: ► WWW.DETROITTRANSIT.ORG	1	H(c) Group exemption	
		organization: X Corporation	L Year	of formation: ZUU1	M State of legal domicile; MI
1 (_	<u>-</u>	MDDOWE	& PROMOTE	TD A NIC T TT
e	1 1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO} \ \ II}$	MIKOVE	& INOMOTE	IKANDII
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not ass	eate
/eri	3 1			3	16
é	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			16
		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)			4
ties	6				50
Activities &	72-	Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	h	Net unrelated business taxable income from Form 990-T, line 34			0.
_	"	vet unrelated business taxable income norm of officers, line 54		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		149,459.	158,091.
Revenue	9 1			0.	18,000.
	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-229.	-74.
Be	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,307.	13,933.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		157,537.	189,950.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		131,291.	124,967.
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h -	Fotal fundraising expenses (Part IX, column (D), line 25) > 29, 66			
ă	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		63,402.	56,235.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		194,693.	181,202.
		Revenue less expenses. Subtract line 18 from line 12		-37,156.	8,748.
- JC			Be	ginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)		69,989.	75,077.
ASS	21	Fotal liabilities (Part X, line 26)		17,726.	14,066.
Net Assets or	22 1	Net assets or fund balances. Subtract line 21 from line 20		52,263.	61,011.
Pá	art II	Signature Block		•	
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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 wh	nich preparer	has any knowledge.	
		\			
Sig	n	Signature of officer		Date	
Her	e	MEGAN OWENS, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid	յ ի	KEVIN E. KLEIN, CPA		self-employ	<u> </u>
Pre	parer	Firm's name ▶ GORDON ADVISORS, PC		Firm's EIN ▶	38-2656556
Use	Only	Firm's address 1301 W LONG LAKE ROAD, STE 200			
		TROY, MI 48098		Phone no. (2	
May	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE & PROMOTE TRANSIT THROUGHOUT GREATER DETROIT IN ORDER TO
	RESTORE URBAN VITALITY, ENSURE TRANSPORTATION EQUITY AND IMPROVE
	QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	<u> </u>
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	60 105
4a	(Code:) (Expenses \$62,125. including grants of \$) (Revenue \$) REGIONAL TRANSIT ADVOCACY MONITORING, SUPPORTING, AND ADVISING THE
	REGIONAL TRANSIT AUTHORITY (RTA) AND OTHERWISE ADVOCATING FOR IMPROVED
	TRANSIT THROUGHOUT SOUTHEAST MICHIGAN WITH AND THROUGH THE RTA.
	INMIDIT TIMOOGHOOT DOOTHEADT MICHIOAN WITH AND TIMOOGH THE KIA:
	(Code:) (Expenses \$ 20 , 305 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
	STAKEHOLDERS AND THE BROADER PUBLIC ABOUT TRANSIT NEWS, EVENTS AND
	OPPORTUNITIES FOR INVOLVEMENT.
	OFFORTUNITIES FOR INVOLVEMENT.
	(Code:) (Expenses \$
4c	(Code:) (Expenses \$19,658 or including grants of \$) (Revenue \$18,000 or including grants of \$) (Revenue \$) (Revenue \$
	TO SUPPORT THE REGIONAL TRANSIT FUNDING BALLOT MEASURE TO INVEST IN
	TRANSIT EXPANSION.
	TRANSII EXPANSION.
<u> </u>	Otherway and in a (Describe in Orbestale O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 9,910 · including grants of \$) (Revenue \$ 407 ·) Total program service expenses ► 111,998 ·
40	Total program service expenses ► 111,998.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		X
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
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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
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		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	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	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
			Ω	(0.0.4.0)

Form 990 (2016) TRANSPORTATION RIDERS UNITED, INC. Part IV Checklist of Required Schedules (continued)

			Yes	_
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	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			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	,	26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			 ₩
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		3,7
	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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	$\Omega\Omega\Omega$	(0015)

Form 990 (2016) TRANSPORTATION RIDERS UNITED, INC. 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	<u></u> .	<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contributi	ons 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 ser	vices p	rovided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?	i		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		_ <u>X</u> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of slub facilities.	10a 10b				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	נוטט				
11		11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D		11b				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ı			
	In the conservation that the conservation of t			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			.50		
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				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		
	, provide an explanation in Scheduk	, ,		_	990	(2016)

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						X	
Sec	tion A. Governing Body and Management							
				_		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16				
	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	1b		16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?				2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the			L				
•	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X	
6	Did the organization have members or stockholders?				6	Х		
				··· ├	0	- 21		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
more members of the governing body? 7a								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						v	
_	persons other than the governing body?				7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-			v		
а	The governing body?				8a	X		
b	Each committee with authority to act on behalf of the governing body?			├	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
				_		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		_X_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х		
b	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? f			``` Г				
	in Schedule O how this was done	,			12c	Х		
13	Did the organization have a written whistleblower policy?			·· F	13	Х		
14	Did the organization have a written document retention and destruction policy?				14		X	
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	aopondon.					
•	The organization's CEO, Executive Director, or top management official				15a	Х		
					15b	X		
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			⊦	130	-22		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont	ith a					
108					160		Х	
L	taxable entity during the year?			··	16a		21	
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the organization and the organization to evaluate the control of the organization to evaluate the organization of the organization to evaluate the organization of the organizati		· ·					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				401			
800	exempt status with respect to such arrangements?				16b			
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MI							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s onl	y) ava	ulable			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest policy,	and fi	nanci	al		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records: 🕨 _					
	MEGAN OWENS - 313-963-8872							
	PO BOX 2668, DETROIT, MI 48202							

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

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

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

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

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

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

(A)	(B)	Ju		(()			(D)	(E)	(F)
Name and Title	Average		not c		more	than (Reportable	Reportable compensation	Estimated amount of
	hours per week		, unles cer an					compensation from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ndividual trustee or director	a)			rted		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		nploye	st com	_			and related organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MEAGAN COSTEA	1.00		_	_		- ŭ				
SECRETARY		Х		Х				0.	0.	0.
(2) DEENA FOX	1.00									
BOARD OF DIRECTORS		Х						0.	0.	0.
(3) KELLY LOGAN	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) ROBERT PRUD'HOMME	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MICHELE PRUD'HOMME	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) DAVE KUZIEMKO	1.00	1								
BOARD OF DIRECTORS		Х						0.	0.	0.
(7) PAUL LIPPENS	1.00	l								
BOARD OF DIRECTORS		Х						0.	0.	0.
(8) ALEX DECAMP	1.00	ļ								
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(9) DAVE NORWOOD	1.00	ļ								•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(10) RAMYA SWAYAMPRAKASH	1.00								•	•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(11) SHAMSUDDIN SYED	1.00								•	•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(12) SUSAN TITUS	1.00	.,							0	•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(13) WENDY ERZEN	1.00	3,7							0	•
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(14) STEPHEN MAISELOFF	1.00	. ,							0	0
BOARD OF DIRECTORS	1 00	Х						0.	0.	0.
(15) CHARLES MOMON BOARD OF DIRECTORS	1.00	v							0	0
(16) DONALD STUCKEY	1 00	Х						0.	0.	0.
BOARD OF DIRECTORS	1.00	Х						0.	0.	^
(17) MEGAN OWENS	40.00	Λ	\vdash	<u> </u>		\vdash		1	U •	0.
EXECUTIVE DIRECTOR	40.00	1		х				41,289.	0.	14,057.
EMEGGIIVE DIRECTOR	1	<u> </u>		47				1 1,203.	0.	Earm 990 (2016)

632007 11-11-16

38-3588943

Part	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	<u>j Hi</u>	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(44.0		Pos				Reportable	Reportable)	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	than dis	n an	compensation	compensation	วท	an	nount	of
		week		cer an	nd a di	irecto	or/trus	tee)	from	from related	Ľ		other	
		(list any	ector						the	organization		l	pensa	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS	SC)	l	om th	
		related organizations	ıstee	truste		eo	bens		(W-2/1099-MISC)			_	anizat	
		below	ual tri	ional		ploye	t com	١.				l	d relat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZati	0115
		,	_=	=	0	ž	王喜	Œ						
							 							
							\vdash							
				\vdash			┢					\vdash		
												-		
												-		
							\vdash							
							\vdash							
							\vdash							
			ł											
									41 200			1	1 0	
	Sub-total								41,289.		0.	 -	4,0	
	otal from continuation sheets to Part VII								0.		0.	1	4 0	0.
	otal (add lines 1b and 1c)							<u> </u>	41,289.				4,0	5/.
	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			0
C	compensation from the organization												V	0
													Yes	No
	Did the organization list any former officer,	•			•		•		•					v
	ne 1a? If "Yes," complete Schedule J for st											3		X
	for any individual listed on line 1a, is the su	•							•	•				37
_ a	and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
	Did any person listed on line 1a receive or a											_		v
	endered to the organization? <i>If "Yes," com</i> on B. Independent Contractors	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5		X
	•									100 000 - f				
	Complete this table for your five highest con										Jensa:	LION Tro	וווכ	
	he organization. Report compensation for t	ne calendar ye	eare	nair	ıg w	ith C	or wi	tnin T		ear.				
	(A) Name and business	address	NTC	ONE	,				(B) Description of s	ervices	((C Compe		n
	Name and Basiness	address	147	JIVI	<u>. </u>			\dashv	Description of	ici vices		Ompoi	noutio	<u>''</u>
											l			
								\dashv						
											l			
								\dashv						
											l			
								\dashv						
								\dashv						
2 7	Total number of independent contract (oludina but =	at 15-	ni+o-	1 + ~ -	tha	- Ii-	+~~	abovo) who received ==	aro then				
	otal number of independent contractors (in		יווו זכ	illeC	ו נט	در 105 ا))	ıeu	above) who received mo	טופ נוומוו				
\$	5100,000 of compensation from the organiz	aliui 📂				_ (

otatement of neventa	rt VIII	Statement of	of Revenue
----------------------	---------	--------------	------------

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
6 (0	1 2	Federated campaigns	1a			101011010		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts								
ij d				1,161.				
ffs,		Fundraising events						
ija ja		Related organizations						
ons,		Government grants (contribution	, –					
utio	т	All other contributions, gifts, grant	· I I	156,930.				
ë₽	_	similar amounts not included abov						
no Dd	_	Noncash contributions included in lines 1			158,091.			
O B	n	Total. Add lines 1a-1f		Business Code	130,031.			
	0.0	CAMPAIGN - PUBL	TC EDIIC	611600	18,000.	18,000.		
ice				011000	10,000.	10,000.		
er, ue	b							
m S	C							
gra Re	d							
Program Service Revenue	e •	All other program service rever	2110					
_		Total. Add lines 2a-2f			18,000.			
	3	Investment income (including			20,0000			
	Ū	other similar amounts)	· '					
	4	Income from investment of tax						
	5	Royalties		·				
		·	(i) Real	(ii) Personal				
	6 a	Gross rents	350.					
	b	Less: rental expenses	0.					
		Rental income or (loss)	350.					
	d	Net rental income or (loss)			350.			350.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,941.					
	b	Less: cost or other basis						
		and sales expenses	3,015.					
	С	Gain or (loss)	-74.					
	d	Net gain or (loss)			-74.			-74.
ne	8 a	Gross income from fundraising						
eun		including \$ 1,161. of						
Şe,		contributions reported on line	•					
Other Reven		Part IV, line 18						
돭		Less: direct expenses			12 176			12 176
		Net income or (loss) from fund		>	13,176.			13,176.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming Gross sales of inventory, less r		·····				
	ю а	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
ŀ		Miscellaneous Revenue		Business Code				
ŀ	11 a	OTHER REVENUE		611600	407.	407.		
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			407.			
	12	Total revenue. See instructions.		ı	189,950.	18,407.	0.	13,452.

Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		- U	nplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	EE 246	44 020	6 112	4 20E
	trustees, and key employees	55,346.	44,838.	6,113.	4,395.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			44 544	40.444
7	Other salaries and wages	54,701.	29,779.	11,511.	13,411.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,286.	2,240.	2,971.	1,075. 1,022.
10	Payroll taxes	8,634.	4,352.	3,260.	1,022.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	13,572.	7,468.	3,942.	2,162.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	1,000.	500.	500.	
12	Advertising and promotion				
13	Office expenses	16,137.	6,513.	5,933.	3,691.
14	Information technology				
15	Royalties				
16	Occupancy	13,093.	8,300.	2,708.	2,085.
17	Travel	3,104.	2,283.	495.	326.
18	Payments of travel or entertainment expenses	•	,		-
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,515.	1,406.	701.	408.
20	Interest	_,	=, = • •		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,870.	2,453.	801.	616.
23	Insurance	2,944.	1,866.	609.	469.
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.)	, = = = 0	, 2 2 2 2		
а	amount, list fine 246 expenses on senedule 0.7				
b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	181,202.	111,998.	39,544.	29,660.
26	Joint costs. Complete this line only if the organization	±0±,202•	±±±,550•	37,344	25,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, 🗂				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2212)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,829.	1	34,811.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	30,000
	4	Accounts receivable, net			96.	4	4,931
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited emp	plovees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquality					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				3,870.	9	2,011
		Land buildings and equipment cost or other	1 1		·		,
		basis. Complete Part VI of Schedule D	10a	20,340.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	17,916.	6,294.	10c	2,424
	11	Investments - publicly traded securities			·	11	•
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			900.	15	900
	16	Total assets. Add lines 1 through 15 (must equal			69,989.	16	75,077
	17	Accounts payable and accrued expenses	17,726.	17	14,066		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
ړ	22	Loans and other payables to current and former	officers				
<u>ë</u>		key employees, highest compensated employee					
Liabilities						22	
֓֞֞֞֞֞֞֞֡֞֡֞֡֞֡֞֡֞֓֞֡֞֡֡֡	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		l			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			17,726.	26	14,066.
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
s		complete lines 27 through 29, and lines 33 an					
ဥ	27	Unrestricted net assets			40,373.	27	61,011.
aa aa	28	Temporarily restricted net assets			11,890.	28	0.
9	29	B				29	
<u> </u>		Organizations that do not follow SFAS 117 (A					
<u>.</u>		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
ĭΑ	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			52,263.	33	61,011.
	34	Total liabilities and net assets/fund balances			69,989.	34	75,077.

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

10

	1 990 (2016) TRANSPORTATION RIDERS UNITED, INC.	38-	-3588943	3 -	_{age} 12
	rt XI Reconciliation of Net Assets		330074	P	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
	Officer if deficacing a response of flore to any line in this i are A				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	39,9	950.
2	Total expenses (must equal Part IX, column (A), line 25)				202.
3	Revenue less expenses. Subtract line 2 from line 1	1 4 1			748.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				263.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	(51,0	11.
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 in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed 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	ite basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				

Form 990 (2016)

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X

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number TRANSPORTATION RIDERS UNITED 38-3588943 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	260,125.	241,597.	165,679.	160,984.	158,091.	986,476.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	260,125.	241,597.	165,679.	160,984.	158,091.	986,476.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						514,842. 471,634.
	Public support. Subtract line 5 from line 4.						471,634.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	260,125.	241,597.	165,679.	160,984.	158,091.	986,476.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			4 600		2=2	4 650
	and income from similar sources			1,609.	2,700.	350.	4,659.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	7 406	0 404	250		10 407	24 675
	assets (Explain in Part VI.)	7,486.	8,424.	358.		18,407.	34,675. 1025810.
	Total support. Add lines 7 through 10		`				9,000.
	Gross receipts from related activities,	,	,			12	9,000.
13	First five years. If the Form 990 is for						▶ □
Sec	organization, check this box and stop ction C. Computation of Public						
	Public support percentage for 2016 (li			olumn (fl)		14	45.98 %
	Public support percentage from 2015					15	45.98 % 42.80 %
	33 1/3% support test - 2016. If the co					<u> </u>	
104	stop here. The organization qualifies						
h	33 1/3% support test - 2015. If the o						
~	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances test						
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ		•				▶ □
18	Private foundation. If the organization			•	,		▶ □

Schedule A (Form 990 or 990-EZ) 2016

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	J	, ,		•	()()	· . —
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T .= T	
15	Public support percentage for 2016 (I			olumn (f))		15	<u>%</u>
16	Public support percentage from 2015					16	%
_	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2016. If the						. □
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and coo inc	structions	▶ 7

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ou		
	01		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	5a		
	Ju		
			
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ı 9	90 or 99	0-EZ)	2016

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	The today of the contract of t	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.	uotioi 10).	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		Ju		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1. S II 100, GOODING III T GIL VI THE FOIE DIGITED OF THE OF GAINZARION III THIS TEGALA.			

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	- agr
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	IIv integrat	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Part	t V Type III	Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributi	ons		,	Current Year
1	Amounts paid to	supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to	perform activity that directly furthers exemp	t purposes of supported		
	organizations, in				
3	Administrative ex				
4	Amounts paid to				
5	Qualified set-asid				
6	Other distribution	ns (describe in Part VI). See instructions			
7	Total annual dis				
8	Distributions to a	attentive supported organizations to which th	ne organization is responsive		
	(provide details i	n Part VI). See instructions			
		ount for 2016 from Section C, line 6			
10	Line 8 amount d	ivided by Line 9 amount		Γ	
Section	on E - Distributio	on Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable am	ount for 2016 from Section C, line 6			
2	Underdistribution	ns, if any, for years prior to 2016 (reason-			
	able cause requi	red- explain in Part VI). See instructions			
3	Excess distributi	ons carryover, if any, to 2016:			
а					
b					
	From 2013				
	From 2014				
	From 2015				
	Total of lines 3a				
		distributions of prior years			
		distributable amount			
		2011 not applied (see instructions)			
		tract lines 3g, 3h, and 3i from 3f.			
	Distributions for line 7:	2016 from Section D, \$			
а	Applied to under	distributions of prior years			
b	Applied to 2016	distributable amount			
С	Remainder. Sub	tract lines 4a and 4b from 4			
	-	rdistributions for years prior to 2016, if			
	any. Subtract lin	es 3g and 4a from line 2. For result greater			
		n in Part VI. See instructions			
6	Remaining unde	rdistributions for 2016. Subtract lines 3h			
	and 4b from line	1. For result greater than zero, explain in			
	Part VI. See instr				
7	Excess distribu	tions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdown of lin	ne 7:			
а					
	Excess from 201				
	Excess from 201				
Ы	Excess from 201	5			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

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

► 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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	riona: Camplata Dart III			
	ne of organization	lions. Complete Part III.		Emp	loyer identification number
	TRANSPO	RTATION RIDERS UN	ITED, INC.		38-3588943
Pa		janization is exempt undei		r is a section 527 or	
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			i
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax	•			;
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	e)(3).
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ization's funds contributed to other. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid to mptly and directly delivered to a second comptly and directly delivered to a second control of the con	or organizations for section on Form 1120-POL, of all section 527 polition the filing organiza separate political organ	ical organizations to which tion's funds. Also enter the nization, such as a separat	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

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Schedule C (Form 990 or 990-EZ) 2016 T	RANSPORTA	TION RIDERS T	JNITED, INC.	38-3	588943 Page 2
Part II-A Complete if the organsection 501(h)).	nization is exe	mpt under section	501(c)(3) and file	d Form 5768 (ele	ction under
A Check if the filing organizati	on belongs to an af	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share			·		
B Check ▶ ☐ if the filing organizati	on checked box A a	and "limited control" pro	visions apply.		
	s on Lobbying Expe itures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grass roots lobbying)		883.	
b Total lobbying expenditures to influe	•			16,773.	
c Total lobbying expenditures (add lin	-	• • • • • • • • • • • • • • • • • • • •		17,656.	
d Other exempt purpose expenditures				172,294.	
e Total exempt purpose expenditures				189,950.	
f Lobbying nontaxable amount. Enter				37,990.	
If the amount on line 1e, column (a) or		bbying nontaxable ame		•	
Not over \$500,000	` '	f the amount on line 1e.			
Over \$500,000 but not over \$1,000,		000 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exces			
Over \$17,000,000	\$1,000	•	, , ,		
g Grassroots nontaxable amount (ente	er 25% of line 1f)			9,498.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j If there is an amount other than zero	on either line 1h o	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this ye	ear?				Yes No
(Some organizations that	at made a section s See the sepa	rate instructions for lin	nave to complete all o les 2a through 2f.)	f the five columns be	low.
	Lobbying Expe	enditures During 4-Yea	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount		50,758.	31,507.	37,990.	120,255.
b Lobbying ceiling amount (150% of line 2a, column(e))					180,383.
c Total lobbying expenditures		41,737.	3,570.	17,656.	62,963.
d Grassroots nontaxable amount		12,690.	7,877.	9,498.	30,065.

Schedule C (Form 990 or 990-EZ) 2016

883.

45,098.

3,148.

2,087.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

178.

Schedule C (Form 990 or 990-EZ) 2016 TRANSPORTATION RIDERS UNITED, INC. 38-35889 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5) or s	ection	
501(c)(6).) 30 (C)(C	<i>)</i> , or s	ection	
001(0)(0).			Yes	No
				-
1 Ways substantially all (000/ as mays) dues received pendeductible by members				
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year? on 501(c)(5	2 7 3 5), or s	ection	e 3, is
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 	ne prior year? on 501(c)(5 "No," OR	2 7 3 5), or s (b) Pa	ection rt III-A, line	e 3, is
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TRANSPORTATION RIDERS UNITED, INC.

Employer identification number 38-3588943

Par	t I 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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad	visors 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	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ease	ement is legated	
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	b	and ing of violations, and officioning con-	servation easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ition easements during the year
-	▶ \$		men cacements adming the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		ğ ç
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhil	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			L .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

632051 08-29-16

Schedule D (Form 990) 2016

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

Par	t III Organizations Maintaining Co	llections of Art,	Historical Tr	easures, o	r Other S	imilar Ass	ets (continue	ed)
3	Using the organization's acquisition, accession	, and other records,	check any of the	following tha	t are a signi	ficant use of it	ts collection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change progr	ams			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	now thev further t	he organizatio	on's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or r	· ·	-	-	-	-		
_	to be sold to raise funds rather than to be main		•	•			Yes	☐ No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Part		g				,,	
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contribution	ns or other as	sets not inc	uded		
	on Form 990, Part X?		•				Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	wing table:					
_			g				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Form						Yes	No
	If "Yes," explain the arrangement in Part XIII. C				•			
Par								
		(a) Current year	(b) Prior year			Three years ha	ıck (e) Four ye	are hack
1a	Beginning of year balance	(a) Ourrent year	(b) i noi yeai	(C) TWO year	13 Dack (u)	Tillico years ba	lok (e) rour ye	Dai S Dack
				+				
b	Contributions							
C	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs			+				
Ť	Administrative expenses							
g	End of year balance			1				
2	Provide the estimated percentage of the currer			a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possess	ion of the organization	on that are held a	ınd administe	red for the c	organization		
	by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the or		ment funds.					
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered '	'Yes" on Form 990, I	Part IV, line 11a.	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or oth basis (investme		st or other s (other)		umulated ciation	(d) Book v	/alue
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	I	2	20,340.	1	7,916.	2 .	,424.
	Other					·		
	. Add lines 1a through 1e. (Column (d) must equ		column (B) line	10c.)		•	2	,424.

Schedule D (Form 990) 2016

Cabadula D (Faura 200) 2010	ION RIDERS UN	TED INC	38-35889 4 3 _{Page}
Schedule D (Form 990) 2016 TRANSPORTAT. Part VII Investments - Other Securities.	ION KIDEKS ON	TIED, INC.	30-3300343 Page
Complete if the organization answered "Yes"	on Form 990, 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)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, 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
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form OOO Bort IV line	11d Con Form 000 Port V line 15	
Complete if the organization answered "Yes" (a)	Description	Tra. See Form 990, Part A, line 15.	(b) Book value
(1)	Description		(b) Book value
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			_

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2016

632054 08-29-16 Schedule D (Form 990) 2016

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

TRANSPORTATION RIDERS UNITED, INC.

Employer identification number

TRANSPO.	RTATION RIDERS UNIT	LED,	, 11	NC.	38-3588	943
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Tabal						
Total List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration
						_

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AWARDS NONE (add col. (a) through DINNER col. (c)) (event type) (event type) (total number) 23,599. 23,599. 1 Gross receipts 2 Less: Contributions 1,161. 1,161. 22,438. 22,438. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9,262. 9,262 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Sch	edule G (Form 990 or 990-EZ) 2016 TRANSPORTATION RIDERS UNITED, INC. 38-3	3588943	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	Effect the flame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	The fact of the first and address of the time party.		
	Name		
	Address >		
46	Coming manager information.		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	☐ No
			140
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9b, 10b	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
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Schedule G	i (Form 990 or 990-EZ)	TRANSPORTATION	RIDERS	UNITED,	INC.	38-3588943	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation _(continued)					
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			· · ·				

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

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

Name of the organization

TRANSPORTATION RIDERS UNITED INC. **Employer identification number** 38-3588943

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TRANSPORTATION ADVOCACY (OTHER) MONITORING AND SEEKING TO IMPROVE
NON-BUS AND NON-RTA TRANSPORTATION PROJECTS INCLUDING M-1 RAIL
STREETCAR AND HIGHWAY EXPANSION PROPOSALS.
EXPENSES \$ 2,077. INCLUDING GRANTS OF \$ 0. REVENUE \$ 407.
BUS IMPROVEMENT ADVOCACY MONITORING, PROMOTING, AND ADVOCATING FOR
IMPROVEMENTS IN EXISTING BUS SERVICE AND FUNDING, AND SEEKING TO
PROVIDE BUS RIDERS A VOICE IN TRANSIT DECISIONS.
EXPENSES \$ 7,833. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:
KELLY LOGAN, PRESIDENT AND MEAGAN COSTEA, SECRETARY ARE MARRIED. ROBERT
PRUD'HOMME, VICE PRESIDENT AND MICHELE PRUD'HOMME, TREASURER ARE ALSO
MARRIED.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP ORGANIZATION
FORM 990 DART VI SECUTON A LINE 7A.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD REVIEWS AND APPROVES THE FORM 990 BEFORE ACTUAL FILING.

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

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

Schedule O (Form 990 or 990-EZ) (2016)

TRANSPORTATION RIDERS UNITED, INC.	38-3588943
EACH YEAR THE BOARD MEMBERS AND OTHER VOLUNTEERS WITH DECI	SION-MAKING
AUTHORITY MAKE A FULL WRITTEN DISCLOSURE OF INTERESTS AND	RELATIONSHIPS
THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST.	THIS WRITTEN
DISCLOSURE IS KEPT ON FILE AND IS UPDATED ANNUALLY AS ADDI	TIONAL SITUATIONS
APPLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD WILL DETERMINE THE EXECUTIVE DIRECTOR'S SALARY.	THE EXECUTIVE
DIRECTOR WILL DECIDE THE SALARY OF OTHER EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	