EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

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

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

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TRANSPORTATION RIDERS UNITED, INC. Name change 38-3588943 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 2668 313-963-8872 121,801. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 48202 DETROIT, MI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MEGAN OWENS, for subordinates? Yes X No PO BOX 2668, DETROIT, MI 48202 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.DETROITTRANSIT.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2001 M State of legal domicile: MI ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TRU BELIEVES EVERYONE SHOULD BE Governance ABLE TO GET WHERE THEY NEED TO GO. WE EDUCATE, MOBILIZE, AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 3 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 161,116. 121,801. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 161,116. 121.801 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 29,600. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 82,766. 88,488. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 36,771. 40,670. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 149,137. 129,158. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,979. -7,357. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 99,317. 97,961. 20 Total assets (Part X, line 16) 3,863. 9,864. 21 Total liabilities (Part X, line 26) 三年 95,454. 88,097 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MEGAN OWENS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00539501 KEVIN E. KLEIN, CPA Paid self-employed Firm's name GORDON ADVISORS, PC Firm's EIN **▶** 38-2656556 Preparer Firm's address 1301 W LONG LAKE ROAD, **STE 200** Use Only Phone no. 248 - 952 - 0200 TROY, MI 48098 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

| Form | 1990 (2021) TRANSPORTATION RIDERS UNITED, INC. 38-3588943 Page 2 |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | t III 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: |
| • | TRU BELIEVES EVERYONE SHOULD BE ABLE TO GET WHERE THEY NEED TO GO. WE |
| | |
| | EDUCATE, MOBILIZE, AND ADVOCATE FOR MORE AND BETTER PUBLIC TRANSIT AND |
| | OTHER AFFORDABLE MOBILITY OPTIONS THROUGHOUT METRO DETROIT. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| _ | |
| 3 | · / / · · · · · · · · · · · · · · · · · |
| | 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. |
| | (Code:) (Expenses \$ 8 , 246 • _ including grants of \$) (Revenue \$) |
| Tu | REGIONAL TRANSIT ADVOCACY - ADVOCATING FOR IMPROVEMENTS IN REGION-WIDE |
| | |
| | TRANSIT THROUGHOUT SOUTHEAST MICHIGAN, INCLUDING SUPPORTING AND |
| | ADVISING REGIONAL TRANSIT AUTHORITY. |
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| | |
| 4b | (Code:) (Expenses \$ 54 , 482 •including grants of \$) (Revenue \$) |
| | COMMUNITY OUTREACH AND ENGAGEMENT - INFORMING AND ENGAGING TRANSIT |
| | STAKEHOLDERS AND THE BROADER PUBLIC ABOUT TRANSIT NEWS, EVENTS AND |
| | |
| | OPPORTUNITIES FOR INVOLVEMENT. |
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| | |
| 4c | (Code:) (Expenses \$ 22,541. including grants of \$) (Revenue \$) |
| | BUS IMPROVEMENT ADVOCACY - PROMOTING AND ADVOCATING FOR IMPROVEMENTS IN |
| | EXISTING BUS SERVICE AND FUNDING. |
| | EAISTING BUS SERVICE AND FUNDING. |
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| 4d | Other program services (Describe on Schedule O.) |
| -t u | 24 265 |
| | 100 504 |
| <u>4e</u> | |
| | Form 990 (2021) |

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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| · | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 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? <i>If</i> "Yes," <i>complete</i> | | | |
| 0 | , , | | | x |
| • | Schedule D, Part III | 8 | | |
| 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? | | | _v |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | ,, |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 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 | X | |
| 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 | | <u> </u> |
| 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 | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 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 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | -''- | | |
| 10 | | 18 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | ^ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| 00 | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ├^ |
| | 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 |

| Form | 1990 (2021) TRANSPORTATION RIDERS UNITED, INC. 38-358 | 8943 | Р | age 4 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|------------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | 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 | | | l |
| | 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 | | | ٠., |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | \ _{3,7} |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | \ _{3,7} |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | , |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ┢ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | x |
| L | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV | 29 | | X |
| 30 | Did the organization receive more than \$25,000 in horizont contributions? If "yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 30 | | 30 | | х |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 52 | • | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 00 | | |
| 0.7 | Part V, line 1 | 34 | | x |
| 35.2 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| | 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? | 000 | | |
| 00 | 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 | 00 | | |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | | |
| 55 | | 38 | х | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | , 50 | | - |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| | | 0 | | |
| | | | | |

132004 12-09-21

Form **990** (2021)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2021) TRANSPORTATION RIDERS UNITED, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-------------|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 3 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | ısa | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| b | organization is licensed to issue qualified health plans | | | | | | | |
| _ | Enter the amount of reserves on hand | | | | | | | |
| с 14а | Did the consideration was the consequence for its described as the state of the described as the state of the | 14a | | Х | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | . 75 | | | | | | |
| .5 | excess parachute payment(s) during the year? | 15 | | х | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------|-----------|-----------|---------------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | _ | | | | | |
| | | | | _ | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 1 | 2 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | |
| b | b Enter the number of voting members included on line 1a, above, who are independent 1b 12 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | | | | | |
| _ | officer, director, trustee, or key employee? | | | 2 | | х | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | † | | | | |
| Ū | of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | | X | | | | |
| | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | | X | | | | |
| 5 | | | | | Х | 122 | | | | |
| 6 | | | | - | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | - | | _ | ₩. | | | | | |
| | more members of the governing body? | | | <u>7a</u> | X | - | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | • | | | 1,77 | | | | |
| .= | persons other than the governing body? | | | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | | 77 | | | | | |
| а | The governing body? | | | 8a | <u> X</u> | _ | | | | |
| 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 read | ched a | t the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | . 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | _ | | | | | |
| | | | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | ı | X | | | | |
| b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | |
| 11a | | | | | | | | | | |
| b | Describe on 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 | | | | | | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | · · | | | | | | |
| · | on Schedule O how this was done | , | | 120 | X | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | | X | | | | | |
| 14 | | | | | 1 | X | | | | |
| | | | | 14 | | 1 | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | г Бу ігі | аерепаеті | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 45 | Х | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | | | | | | |
| b | Other officers or key employees of the organization | | | 15b | X | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | ••• | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | | | | | 177 | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | - | • | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶MI | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are | nd 990 | -T (section 501(c)(| 3)s only |) availa | ble | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | on So | chedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | nd fina | ncial | | | | | |
| | statements available to the public during the tax year. | | , | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks an | 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organiz | | orga I | nıza | | | npen | sate | 1 | | (=) |
|---------------------------------------|-------------------|-------------------------------|---------------------------------------------------------------|---------|--------------|---------------------------------|--------------|-----------------|---------------------------|-----------------|
| (A) | (B) | D 111 | | | | | | (D) | (E) | (F) |
| Name and title | Average | | (do not check more than one | | | than o | | Reportable | Reportable | Estimated |
| | hours per | box offi | box, unless person is both an officer and a director/trustee) | | | | n an tee) | compensation | compensation from related | amount of other |
| | week (list any | tor | | | | | | from the | organizations | compensation |
| | hours for | direc | | | | - G | | organization | (W-2/1099-MISC/ | from the |
| | related | tee or | ıstee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | Itrus | nal tru | | oyee | om pe | | 1099-NEC) | | and related |
| | below | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MEGAN OWENS | 1ine) 40.00 | lnd | lus | #0 | Ke | 훈툽 | For | | | |
| EXECUTIVE DIRECTOR | 40.00 | 1 | | х | | | | 51,368. | 0. | 6,067. |
| (2) DONALD STUCKEY II | 1.00 | | | _ | | | | 31,300. | 0. | 0,007. |
| PRESIDENT | 1.00 | Х | | х | | | | 0. | 0. | 0. |
| (3) PAUL JONES III | 1.00 | 22 | | | | | | 0. | 0. | 0. |
| VICE PRESIDENT | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) HANNAH MAE MERTEN | 1.00 | | | | | | | · · | • | • |
| SECRETARY | 1.00 | х | | x | | | | 0. | 0. | 0. |
| (5) NICOLE BROWN | 1.00 | | | | | | | | • | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (6) STEVE CAMPBELL | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (7) DAVID GIFFORD | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (8) KELLY KOZLOWSKI | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (9) SHARON PERSON | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (10) STEPHEN MAISELOFF | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (11) KRISTEN MILEFCHIK | 1.00 | | | | | | | | _ | _ |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| (12) NICHOLAS SCHROECK | 1.00 | | | | | | | | | |
| BOARD OF DIRECTORS | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) SUSAN TITUS | 1.00 | | | | | | | | | • |
| BOARD OF DIRECTORS | | Х | | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
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| | | - | _ | | | _ | | <u> </u> | I. | - 000 (aaa |

Form 990 (2021)

38-3588943

| Par | Section A. Officers, Directors, Trus | ees, Key Emp | oloy | ees, | anc | <u>iH t</u> | ghes | t C | ompensated Employee | s (continued) | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------------|---------------------------------------|-------------------|---------|---------|--------------------|-------|
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | | Pos | | | | Reportable | Reportable | | Es | stimate | ed | |
| | | hours per | box | , unle | ss per | rson i | than o | n an | compensation | compensation | n | an | nount | of |
| | | week | | cer ar | nd a di | irecto | or/trus | tee) | from | from related | | | other | |
| | | (list any | ector | | | | | | the | organization | | l | pensa | |
| | | hours for | or dir | , e | | | ated | | organization | (W-2/1099-MIS | | l | om th | |
| | | related organizations | ıstee | truste | | eo | bens | | (W-2/1099-MISC/ | 1099-NEC) | | , | anizat | |
| | | below | ual tri | ional | | ploye | t com | ١. | 1099-NEC) | | | l | d relat anizati | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | l | ailizati | 0115 |
| | | , | | = | 0 | ž | 王屯 | Œ | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | _ | 51,368. | | 0. | | 6,0 | 67 |
| | Subtotal | | | | | | | | 0. | | 0. | | 0,0 | 0. |
| | Total from continuation sheets to Part VII | | | | | | | | 51,368. | | 0. | | 6,0 | |
| | Total (add lines 1b and 1c) | | | | | | | | · · · · · · · · · · · · · · · · · · · | 000 - f | | | 0,0 | 0 / • |
| 2 | Total number of individuals (including but no | ot ilmited to th | ose | liste | ed ac | oove | e) Wn | o re | eceived more than \$100, | 000 of reportable | , | | | 0 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 2 | Did the organization list any former officer, | director to lot | aa l | | اممد | | | hia | boot componented amn | lavaa an | | | 103 | 140 |
| 3 | , , | , | , | , | • | , | , | • | | • | | 3 | | Х |
| | line 1a? If "Yes," complete Schedule J for si | | | | | | | | | | | 3 | | Λ |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | • | | _ | | Х |
| _ | and related organizations greater than \$150 | ,000 ? If "Yes, | " CO | mple | ete S | sche | edule |) <i>J t</i> | or such individual | | | 4 | | Λ |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | _ | | Х |
| Sec | rendered to the organization? If "Yes," com | plete Schedule | e J fo | or sı | ıch ı | oers | on | | | | | 5 | | Λ |
| | | managet ad inc | lono | ndo | nt oc | ntro | aata | ro th | act received more than ¢ | 100 000 of com | | tion fr | | |
| 1 | Complete this table for your five highest control the organization. Report compensation for the compensation for t | | | | | | | | | | ıcı ısd | | JIII | |
| | (A) | ne calendar ye | ai e | iluli | ig w | itire | JI WI | <u> </u> | (B) | cai. | | (0 | <u> </u> | |
| | Name and business | address | NC | ONE | 2 | | | | Description of s | ervices | C | ompe | | n |
| | | | -11 | 7111 | | | | \dashv | | | | • | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | ncludina hut n | ot lin | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | | |
| - | \$100,000 of compensation from the organiz | | | | 0 | (|) | | | | | | | |
| | , , | | | | | | | | | | | | 202 | |

Form **990** (2021)

Form 990 (2021) TRANSPO
Part VIII Statement of Revenue

| | | | Check if Schodule O centains a response | or note to any lin | o in this Dort VIII | | | |
|--------------------------------------------------------|----|----------|-----------------------------------------------------|----------------------|-------------------------|-------------------|------------------|--------------------|
| | | | Check if Schedule O contains a response of | or note to any iin | e in this Part VIII (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | | Revenue excluded |
| | | | | | Total Tovellac | function revenue | business revenue | from tax under |
| | | | | | | | | sections 512 - 514 |
| s ts | 1 | а | Federated campaigns 1a | | | | | |
| an an | | | Membership dues 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Fundraising events 1c | | | | | |
| fts, | | | • | | | | | |
| ig ig | | | | 18,356. | | | | |
| ns, | | | Government grants (contributions) 1e | 10,330. | | | | |
| ξĠ | | f | All other contributions, gifts, grants, and | | | | | |
| g # | | | similar amounts not included above 1f | 103,445. | | | | |
| 달 | | g | Noncash contributions included in lines 1a-1f 1g \$ | | | | | |
| Col | | h | Total. Add lines 1a-1f | | 121,801. | | | |
| | | | | Business Code | - | | | |
| | 9 | а | | | | | | |
| ice | 2 | | | | | | | |
| er. | | b | | | | | | |
| n S | | С | | | | | | |
| ran Sev | | d | | | | | | |
| Program Service Revenue | | е | | | | | | |
| <u>Ā</u> | | f | All other program service revenue | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, interest | | | | | |
| | | | other similar amounts) | | | | | |
| | 4 | | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | | | - | | | | |
| | 3 | | Royalties (i) Real | (ii) Personal | | | | |
| | | | | (II) Fersorial | | | | |
| | | | Gross rents 6a | | | | | |
| | | b | Less: rental expenses 6b | | | | | |
| | | С | Rental income or (loss) 6c | | | | | |
| | | d | Net rental income or (loss) | > | | | | |
| | 7 | а | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| | | h | Less: cost or other basis | | | | | |
| ø | | ~ | and sales expenses 7b | | | | | |
| Revenue | | | | | | | | |
| eve | | | . , | | | | | |
| | | | Net gain or (loss) | | | | | |
| her | 8 | а | Gross income from fundraising events (not | | | | | |
| ₹ | | | including \$ of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 188a | | | | | |
| | | b | Less: direct expenses8b | | | | | |
| | | | Net income or (loss) from fundraising events | • | | | | |
| | | | Gross income from gaming activities. See | | | | | |
| | | _ | Part IV, line 19 9a | | | | | |
| | | L | | | | | | |
| | | | | | | | | |
| | | | ` ' | | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10a | | | | | |
| | | b | Less: cost of goods sold10b | | | | | |
| | | С | Net income or (loss) from sales of inventory | > | | | | |
| | | | | Business Code | | | | |
| Snc. | 11 | а | <u></u> | | | | | |
| ne Jue | _ | b | | | | | | |
| Miscellaneous Revenue | | c | | | | | | |
| Sce | | | All other revenue | | | | | |
| Ξ | | | | . | | | | |
| | 40 | | Total. Add lines 11a-11d | | 121,801. | 0. | 0. | 0 |
| | 12 | | Total revenue. See instructions | | 141,001. | U • | <u> </u> | 0. |

| Part IX Statement of Functional Expense | S | | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|------------------|-------------|
| ection 501(c)(3) and 501(c)(4) organizations must compl | | | | |
| Check if Schedule O contains a respons | se or note to any line in t | his Part IX(B) | (C) | (D) |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising |
| | | expenses | general expenses | expenses |
| 1 Grants and other assistance to domestic organizations | | | | |
| and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic | | | | |
| | | | | |
| individuals. See Part IV, line 22 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and foreign | | | | |
| individuals. See Part IV, lines 15 and 16 | | | | |
| | | | | |
| Benefits paid to or for membersCompensation of current officers, directors, | | | | |
| trustees, and key employees | 57,435. | 49,641. | 3,046. | 4,748. |
| 6 Compensation not included above to disqualified | 37,433. | 45,041. | 3,040. | 4,740. |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 31,053. | 26,839. | 1,638. | 2,576. |
| 8 Pension plan accruals and contributions (include | 31,033. | 20,033. | 1,050. | 2,370. |
| section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 0 Payroll taxes | | | | |
| 1 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 10,651. | 9,237. | 563. | 851. |
| d Lobbying | | - 7 - 2 - 1 | | |
| e 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 0.) | 5,118. | 4,442. | 266. | 410. |
| 2 Advertising and promotion | , | , | | |
| 3 Office expenses | 8,405. | 6,507. | 387. | 1,511. |
| 4 Information technology | | | | |
| 5 Royalties | | | | |
| 6 Occupancy | 3,781. | 3,279. | 200. | 302. |
| 7 Travel | 383. | 331. | 7. | 45. |
| 8 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | | | | |
| 9 Conferences, conventions, and meetings | 2,270. | 132. | 2. | 2,136. |
| 0 Interest | | | | |

Form **990** (2021)

13,384.

607.

198.

21

22

23

24

b

25

7,584.

2,478.

129,158.

6,977.

2,149.

109,534.

All other expenses

Payments to affiliates _____

Depreciation, depletion, and amortization

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

131.

6,240.

| · ui | ιλ | Check if Schedule O contains a response or no | te to an | line in this Part X | | | |
|-----------------------------|-----|-----------------------------------------------------|------------|---------------------|---------------------------------|-----|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 81,835. | 1 | 88,681. |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | 295. | 3 | | | |
| | 4 | Accounts receivable, net | | | 578. | 4 | 2,073. |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | stantial c | entributor, or 35% | | | |
| | | controlled entity or family member of any of the | ese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqua | lified per | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | ed in sect | on 4958(c)(3)(B) | | 6 | |
| Ŋ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | 3,743. | 9 | 1,926. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 48,138. | | | |
| | b | Less: accumulated depreciation | | 42,857. | 12,866. | 10c | 5,281. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | Г | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 99,317. | 16 | 97,961. |
| | 17 | Accounts payable and accrued expenses | | | 3,863. | 17 | 9,864. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| G | 22 | Loans and other payables to any current or for | | | | | |
| iţi | | trustee, key employee, creator or founder, subs | stantial c | entributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| ا ٿ | 23 | Secured mortgages and notes payable to unrel | lated thir | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | Г | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | es 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,863. | 26 | 9,864. |
| | | Organizations that follow FASB ASC 958, ch | | | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 95,454. | 27 | 88,097. |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | |
| pu | | Organizations that do not follow FASB ASC | | | | | |
| Ϋ́ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | S | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| et | 32 | Total net assets or fund balances | | | 95,454. | 32 | 88,097. |
| ~ | | | | | | | |

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

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

Accounting method used to prepare the Form 990: Cash X Accrual

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

or audits, explain why on 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 on 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?

2

3

4

5

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10

column (B))

X Separate basis

consolidated basis, or both: Separate basis

Part XI Reconciliation of Net Assets

Revenue less expenses. Subtract line 2 from line 1

Part XII Financial Statements and Reporting

separate basis, consolidated basis, or both:

Other

Both consolidated and separate basis

Х

Х

2c

За

3b

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 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).) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 your 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.)

| Sec | ction A. Public Support | | | | | | |
|------|----------------------------------------------|-----------------------|----------------------|------------------------|---------------------|---------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 148,630. | 171,638. | 105,553. | 161,116. | 121,801. | 708,738. |
| 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 | 140 620 | 181 620 | 105 552 | 161 116 | 101 001 | 500 500 |
| 4 | Total. Add lines 1 through 3 | 148,630. | 171,638. | 105,553. | 161,116. | 121,801. | 708,738. |
| 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) | | | | | | 220 604 |
| • | ·· | | | | | | 339,604. 369,134. |
| | Public support. Subtract line 5 from line 4. | | | | | | 309,134. |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 148,630. | 171,638. | 105,553. | 161,116. | 121,801. | (f) Total 708,738. |
| | Gross income from interest, | 140,030. | 171,050. | 103,333. | 101,110. | 121,001. | 700,730. |
| Ü | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | -169. | -65. | | | | -234. |
| 9 | Net income from unrelated business | | | | | | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 2,659. | 294. | 986. | | | 3,939. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 712,443. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | st, second, third, f | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | | | | | | > |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2021 (I | | | | | 14 | 51.81 % |
| | Public support percentage from 2020 | | | | | 15 | 52.67 <u>%</u> |
| 16a | 33 1/3% support test - 2021. If the | | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2020. If the o | • | | • | | • | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - | | | | | |
| | and if the organization meets the fact | | | | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | | - | 7 | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | ▶ □ |
| 40 | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 160, 1/a, or 1/b | , cneck this box ai | na see instructions | <u> </u> |

Schedule A (Form 990) 2021

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.)

| Section A. Public Support | | | | | | |
|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------|--------------------|---------------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | (=,/ == - : - | (-7 | (=,==== | (, | (-, | (-) |
| 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 bus- | | | | | | |
| iness 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| | () 00/- | # N 00/0 | () 22/2 | 1 , , , , , , , | (),,,,,,, | <u> </u> |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on | | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included on 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | l | | |
| 14 First 5 years. If the Form 990 is for the | · · | | · · | • | (/ (/) | <i>'</i> — |
| check this box and stop here | | | | | | |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2021 (lir | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | (|
| 16 Public support percentage from 2020 | | | | | 16 | (|
| Section D. Computation of Invest | ment Incom | e Percentage | | | | |
| 17 Investment income percentage for 202 | 21 (line 10c, colu | mn (f), divided by l | ine 13, column (f)) | | 17 | (|
| 18 Investment income percentage from 2 | 020 Schedule A, | Part III, line 17 | | | 18 | (|
| 19a 33 1/3% support tests - 2021. If the | | | | | 33 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box and | | | | | | ▶ |
| b 33 1/3% support tests - 2020. If the | = | - | | • • | | and |
| | | | | | | |
| line 18 is not more than 33 1/3%, chec | K this dox and 🔊 | top nere. The ords | unzauon onannes a | is a budiiciv soon | Offed Organizanion | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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 |
|-------|-----|----|
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| Par | t IV | Supporting Organizations (continued) | | | |
|------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----|
| | | | | Yes | No |
| 11 | Has tl | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fam | nily member of a person described on line 11a above? | 11b | | |
| С | A 35% | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | in Part VI. | 11c | | |
| Sect | ion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| | | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | _ | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | how providing such benefit carried out the purposes of the supported organization(s) that operated, | • | | |
| Sect | super | vised, or controlled the supporting organization. C. Type II Supporting Organizations | 2 | | |
| OCOL | .1011 (| o. Type if supporting organizations | | V | NI. |
| 4 | Moro | a majority of the avantization's directors or trustoes during the tay year also a majority of the directors | | Yes | No |
| | | a majority of the organization's directors or trustees during the tax year also a majority of the directors stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | , , | | | |
| | | anagement of the supporting organization was vested in the same persons that controlled or managed apported organization(s). | 1 | | |
| Sect | ion [| D. All Type III Supporting Organizations | • | | |
| | | | | Yes | No |
| 1 | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | |
| | | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | nization'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 | | | |
| | organ | nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | signifi | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | suppo | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| Sect | ion i | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Checi | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | Ш | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | \mathbb{H} | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | | |
| | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| | | hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, | Za | | |
| | | or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's involvement. | 2b | | |
| | | nt of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | За | | |
| | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | ig Organi | zations | |
|------|--------------------------------------------------------------------------------|----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N | ov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete S | Sections A through E. | |
| Sect | on 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 | on 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): | | | |
| а | 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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 | lly integrated | d Type III supporting orga | nization (see |
| | instructions). | . • | | • |

Schedule A (Form 990) 2021

| | | WIDEKS ONLIE | | | 0 3300343 Page 1 |
|-------|-----------------------------------------------------------------|-------------------------------|---------------------------------|-----|----------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations _{(continue} | ed) | |
| Sect | on D - Distributions | | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | S | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2021 | S | Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Carryover from 2016 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| | Applied to 2021 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3 | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

| | Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | | |
|-----|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Nan | ne of organization | | | Emp | loyer identification number |
| | TRANSPO | RTATION RIDERS U | NITED, INC. | | 38-3588943 |
| Pa | art I-A Complete if the org | anization is exempt und | er section 501(c) | or is a section 527 or | ganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | > \$ | |
| Pa | art I-B Complete if the org | anization is exempt und | er section 501(c)(| 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | der section 4955 | ▶ \$ | |
| | Enter the amount of any excise tax | | | | |
| 3 | If the organization incurred a sectio | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4a | Was a correction made? | | | | Yes No |
| | If "Yes," describe in Part IV. | | 504() | 1 1: 504/ | 1(0) |
| Pa | art I-C Complete if the org | anization is exempt und | er section 501(c), | | |
| | Enter the amount directly expended | , , | · | | |
| 2 | Enter the amount of the filing organ | | | | |
| | exempt function activities | | | | |
| 3 | Total exempt function expenditures | | | | |
| 4 | line 17b Did the filing organization file Form | | | | |
| 5 | Enter the names, addresses and en | | | | |
| J | made payments. For each organiza | | | - | |
| | contributions received that were pro | • | | | • |
| | political action committee (PAC). If | additional space is needed, prov | vide information in Part | IV. | |
| | (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) 2021

LHA

132041 11-03-21

| | | | PORTATION RIDERS UNITED, INC. | | 300943 Pa | age Z |
|------|-----------|----------------------------------------------|----------------------------------------------------------------|---------------------------|--------------------|-------|
| Par | t II-A | | n is exempt under section 501(c)(3) and file | d Form 5768 (ele | ction under | |
| | | section 501(h)). | | | | |
| A Ch | neck 🕨 | if the filing organization belong | gs to an affiliated group (and list in Part IV each affiliated | group member's name | , address, EIN, | |
| | | expenses, and share of excess | s lobbying expenditures). | | | |
| B Ch | neck 🕨 | if the filing organization check | ed box A and "limited control" provisions apply. | | | |
| | | Limits on Lobb | oying Expenditures | (a) Filing organization's | (b) Affiliated gro | oup |
| | | (The term "expenditures" m | eans amounts paid or incurred.) | totals | totalo | |
| 1a | Total lo | bbying expenditures to influence publ | ic opinion (grassroots lobbying) | 1,027. | | |
| b | Total lo | bbying expenditures to influence a leg | gislative body (direct lobbying) | 1,930. | | |
| С | Total lo | bbying expenditures (add lines 1a and | I 1b) | 2,957. | | |
| d | | | | 126,200. | | |
| е | Total ex | xempt purpose expenditures (add lines | s 1c and 1d) | 129,157. | | |
| f | Lobbyii | ng nontaxable amount. Enter the amou | unt from the following table in both columns. | 25,831. | | |
| L | If the ar | nount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | |
| L | Not ove | er \$500,000 | 20% of the amount on line 1e. | | | |
| L | Over \$5 | 500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | |
| L | Over \$ | 1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | |
| L | Over \$ | 1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | |
| Ĺ | Over \$ | 17,000,000 | \$1,000,000. | | | |
| | Grassro | pots nontaxable amount (enter 25% of | line 1f) | 6,458. | | |
| h | Subtrac | ct line 1g from line 1a. If zero or less, e | nter -0- | 0. | | |
| i | Subtrac | ct line 1f from line 1c. If zero or less, er | nter -0- | 0. | | |
| j | If there | is an amount other than zero on eithe | r line 1h or line 1i, did the organization file Form 4720 | | | |
| | reportir | ng section 4911 tax for this year? | ······································ | | Yes | No |
| | | | 4-Year Averaging Period Under Section 501(h) | | | |
| | | | | | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|---------------------------------------------------------------|-----------------|-----------------|-----------------|----------|-----------|--|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | | | |
| 2a Lobbying nontaxable amount | 30,192. | 25,739. | 5,035. | 2,957. | 63,923. | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 95,885. | | | |
| c Total lobbying expenditures | 3,896. | 2,082. | 5,035. | 2,957. | 13,970. | | | |
| d Grassroots nontaxable amount | 7,548. | 6,435. | 2,082. | 1,027. | 17,092. | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 25,638. | | | |
| f Grassroots lobbying expenditures | | | 2,082. | 1,027. | 3,109. | | | |

Schedule C (Form 990) 2021

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 | Amo | ount |
| 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) | orse | ction | |
| 501(c)(6). | | ,, 0. 00 | 01.011 | |
| | | | Yes | No |
| Management all (000) as management and a destitute to a second and a second | | 1 | | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | <u> </u> | | |
| Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 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 | e prior year? n 501(c)(5) | 2 3), or se | | 3, is |
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| 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 "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-A, LINE 2: | e prior year? n 501(c)(5) 'No" OR (I | 2 3 3), or see b) Part 1 2a 2b 2c 3 3 4 5 | and 2 (See | 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures. See instructions | e prior year? n 501(c)(5) 'No" OR (I | 2 3 3), or see b) Part 1 2a 2b 2c 3 3 4 5 | and 2 (See | 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.

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

OMB No. 1545-0047

Inspection

Name of the organization

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

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the |
|-----|------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| | | (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 v | | ed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose of | conferring |
| | impermissible private benefit? | | Yes |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, F | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation of | a historically important land area |
| | Protection of natural habitat | Preservation of | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | • | |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year▶ | , , , | |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conservat | tion easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170(h | n)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial stateme | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these item | S. |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue statement and b | palance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical trea | | |
| | the following amounts required to be reported under FASB AS | | - |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | > \$ |
| | | | . . |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2021 |

132051 10-28-21

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 48,138. | 42,857. | 5,281. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal | Form 990. Part X. colun | nn (B). line 10c.) | > | 5,281. |

Schedule D (Form 990) 2021

| Schedule F |) (Form 990) 2021 TRANSPORTAT | ION RIDERS UN | ITED, INC. | 38-3588943 Page 3 |
|-------------------|----------------------------------------------------------------------------|----------------------------|-----------------------------------|--------------------------------|
| | Investments - Other Securities. | | , | y z z z z z z z z z r ago z |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 1 | 12. |
| (a) Descri | ption of security or category (including name of security) | (b) Book value | (c) Method of valuation: Co | st or end-of-year market value |
| (1) Financ | ial 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 VII | | on Form 000 Dort IV line | 11a Cas Farm 000 Part V line 1 | 10 |
| | Complete if the organization answered "Yes" (a) Description of investment | | | |
| | (a) Description of investment | (b) Book value | (c) Method of Valuation. Co | st or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| <u>(4)</u> | | | | |
| <u>(5)</u> (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | | • | | |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 1 | 15. |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Part X | umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | e 15.) | | > |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X | K, line 25. |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Fe | deral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | 1 |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(8) (9)

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TRANSPORTATION RIDERS UNITED, INC.

Employer identification number 38-3588943

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | | |
|------------------------------------------------------------------------------------------------------------------|--|--|
| ADVOCATE FOR MORE AND BETTER PUBLIC TRANSIT AND OTHER AFFORDABLE | | |
| MOBILITY OPTIONS THROUGHOUT METRO DETROIT. | | |
| | | |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: | | |
| TRANSPORTATION ADVOCACY (OTHER) - ADVOCATING FOR IMPROVEMENTS IN | | |
| NON-BUS AND NON-RTA TRANSPORTATION PROJECTS INCLUDING NEW MOBLITY | | |
| SERVICES, THE QLINE STREETCAR, AND HIGHWAY EXPANSION PROPOSALS. | | |
| EXPENSES \$ 6,603. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | |
| | | |
| CLIMATE ADVOCACY | | |
| EXPENSES \$ 17,662. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | | |
| | | |
| FORM 990, PART VI, SECTION A, LINE 6: | | |
| MEMBERSHIP ORGANIZATION | | |
| | | |
| 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: | | |
| EACH YEAR THE BOARD MEMBERS AND OTHER VOLUNTEERS WITH DECISION-MAKING | | |
| AUTHORITY MAKE A FULL WRITTEN DISCLOSURE OF INTERESTS AND RELATIONSHIPS | | |
| THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. THIS WRITTEN | | |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule 0 (Form 990) 2021 | | |

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| Scriedule O (Form 990) 2021 | Page 2 |
|-------------------------------------------------------------|-------------------------------------------|
| Name of the organization TRANSPORTATION RIDERS UNITED, INC. | Employer identification number 38-3588943 |
| 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 | |
| | |
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