

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.IRS.gov/form990.

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC

D Employer identification number: 20-1874085

Doing business as

E Telephone number: (646) 324-8353

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 120 PARK AVENUE NO 21 FL

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10017

G Gross receipts \$ 3,933,569

F Name and address of principal officer: LINDA BAILEY, 120 PARK AVENUE NO 21 FL, NEW YORK, NY 10017

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No. If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.NACTO.ORG

H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2004

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: NACTO'S MISSION IS TO BUILD CITIES AS PLACES FOR PEOPLE, WITH SAFE, SUSTAINABLE, ACCESSIBLE AND EQUITABLE TRANSPORTATION CHOICES THAT SUPPORT A STRONG ECONOMY AND VIBRANT QUALITY OF LIFE.

Table with 3 columns: Line number, Description, and Amount. Rows include 2 (checkbox), 3 (voting members), 4 (independent voting members), 5 (total employees), 6 (total volunteers), 7a (total unrelated business revenue), 7b (net unrelated business taxable income).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows include 8 (contributions and grants), 9 (program service revenue), 10 (investment income), 11 (other revenue), 12 (total revenue).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows include 13 (grants and similar amounts paid), 14 (benefits paid), 15 (salaries and compensation), 16a (professional fundraising fees), 16b (total fundraising expenses), 17 (other expenses), 18 (total expenses), 19 (revenue less expenses).

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows include 20 (total assets), 21 (total liabilities).

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.

Sign Here Signature of officer LINDA BAILEY EXECUTIVE DIRECTOR Date 2018-08-28

Paid Preparer Use Only Print/Type preparer's name ROBERT LYONS Preparer's signature ROBERT LYONS Date Check self-employed PTIN P00227472 Firm's name MARKS PANETH LLP Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 Firm's EIN 11-3518842 Phone no. (212) 503-8800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission: NACTO'S MISSION IS TO BUILD CITIES AS PLACES FOR PEOPLE, WITH SAFE, SUSTAINABLE, ACCESSIBLE AND EQUITABLE TRANSPORTATION CHOICES THAT SUPPORT A STRONG ECONOMY AND VIBRANT QUALITY OF LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 713,969 including grants of \$ ) (Revenue \$ 79,893 )

ADVANCING A UNIFIED CITY VOICE - NACTO WORKS TO ADVANCE A UNIFIED CITY VOICE ON THE NATIONAL STAGE, ADVOCATING FOR STATE AND FEDERAL ADOPTION OF STREET DESIGN GUIDANCE THAT SUPPORTS SAFE, SUSTAINABLE CITY STREETS; REGULATORY CHANGES THAT GIVE CITIES GREATER FLEXIBILITY TO INNOVATE AND MEET LOCAL CHALLENGES; INCREASED FEDERAL RESEARCH ON URBAN TRANSPORTATION ISSUES; IMPROVED COORDINATION BETWEEN STATE AND LOCAL TRANSPORTATION DEPARTMENTS; AND POLICIES THAT PROMOTE PUBLIC TRANSIT, BICYCLING, AND WALKING AS INTEGRAL PARTS OF CITY TRANSPORTATION. IN ADDITION TO THIS WORK AT THE STATE AND FEDERAL LEVEL, NACTO CITIES ALSO COLLABORATE TO SHARE EXPERTISE ON LOCAL POLICY FOR SUSTAINABLE, PEOPLE-ORIENTED TRANSPORTATION, INCLUDING BEST PRACTICES AROUND IMPROVING PUBLIC TRANSIT SERVICE, INTEGRATING GREEN STORMWATER INFRASTRUCTURE INTO MULTI-MODAL STREET DESIGN, DESIGNING BIKE LANES THAT ARE INVITING FOR PEOPLE OF ALL AGES AND ABILITIES, MEETING VISION ZERO GOALS FOR SAFETY, REDUCING GREENHOUSE GAS EMISSIONS AND CLIMATE IMPACTS OF TRANSPORTATION, ENCOURAGING SHARED MOBILITY TO REDUCE SINGLE-OCCUPANCY VEHICLE TRIPS, AND PREPARING FOR AUTONOMOUS VEHICLES IN COMPLEX URBAN CONDITIONS. NACTO CITIES ARE MEETING 21ST CENTURY TRANSPORTATION CHALLENGES WITH INNOVATIVE POLICY APPROACHES, AND BY SHARING LESSONS LEARNED AND PUBLISHING NATIONAL GUIDANCE AND PRACTITIONERS' PAPERS, NACTO CITIES ARE RAISING THE STATE OF THE PRACTICE. CITIES TODAY ARE PREPARING FOR A TECHNOLOGY REVOLUTION IN TRANSPORTATION, AS AUTOMATED AND CONNECTED VEHICLE TECHNOLOGY AND NEW DATA SOURCES AND ALGORITHMS BRING MAJOR CHANGES TO URBAN MOBILITY. THESE TECHNOLOGIES PRESENT MAJOR OPPORTUNITIES AS WELL AS SERIOUS RISKS. IN 2017, NACTO CONVENED ITS NETWORK OF CITIES TO TACKLE MAJOR QUESTIONS ABOUT THE FUTURE OF URBAN MOBILITY. AS A PRODUCT OF THOSE CONVERSATIONS, NACTO PUBLISHED THE BLUEPRINT FOR AUTONOMOUS URBANISM, WHICH ENVISIONS A FUTURE WHERE CITIES AND TRANSIT AGENCIES LEVERAGE NEW TECHNOLOGIES AS TOOLS TO ENHANCE THE PUBLIC REALM AND IMPROVE THE LIVES OF ALL URBAN RESIDENTS, RATHER THAN REDESIGNING STREETS AND CITIES TO ACCOMMODATE THE TECHNOLOGY. NACTO CITIES ARE WORKING TO ADVANCE A VISION FOR A FUTURE SHAPED BY PROACTIVE, PEOPLE-FOCUSED URBAN POLICY THAT ELEVATES WALKING, CYCLING AND TRANSIT WHILE REDUCING THE FOOTPRINT OF VEHICULAR TRAVEL. THE BLUEPRINT FOR AUTONOMOUS URBANISM IS A GROUNDBREAKING PUBLICATION, CENTERING THE NATIONAL DISCOURSE ON THE NEED TO PUT HUMANS, RATHER THAN VEHICLE TECHNOLOGY, AT THE CENTER OF URBAN DESIGN. COMPLEMENTING THIS WORK, NACTO IS PARTNERING WITH THE OPEN TRANSPORT PARTNERSHIP TO BUILD SHAREDSTREETS, A NON-PROFIT DIGITAL COMMONS FOR THE STREET; SHAREDSTREETS IS A DATA STANDARD AND PLATFORM THAT SERVES AS A LAUNCHING PAD FOR PUBLIC-PRIVATE COLLABORATION AND A CLEARINGHOUSE FOR DATA EXCHANGE. IN 2017, NACTO ALSO PUBLISHED THE URBAN STREET STORMWATER GUIDE, A NATIONAL GUIDE HIGHLIGHTING STRATEGIES TO INTEGRATE GREEN STORMWATER INFRASTRUCTURE INTO SAFE, SUSTAINABLE, MULTI-MODAL STREET DESIGN. THROUGH A NATIONAL, INTERDISCIPLINARY COLLABORATION OF CITY EXPERTS FROM BOTH TRANSPORTATION AND WATER DEPARTMENTS, NACTO CODIFIED BEST PRACTICES IN LEVERAGING STREETS AS SPACES FOR BOTH ECOLOGY AND MOBILITY. FROM INCLUDING BIOSWALES IN THE BIKEWAY BUFFER ZONE TO USING STREET TREES TO IMPROVE THE EXPERIENCE WAITING AT A BUS STOP, THIS GUIDE IS A COLLECTION OF CREATIVE INNOVATIONS FROM NACTO CITIES ACROSS THE COUNTRY. IN 2017, NACTO ALSO ENGAGED ITS NETWORK OF CITIES AND TRANSIT AGENCIES TO DEVELOP RESOURCES FOCUSED ON IMPROVING URBAN PUBLIC TRANSIT SERVICE. THIS EFFORT BUILDS ON THE 2016 PUBLICATION OF THE TRANSIT STREET DESIGN GUIDE, A GUIDE TO BEST PRACTICES FOR UNLOCKING STREET SPACE AND MOVING MORE PEOPLE MORE EFFICIENTLY, SAFELY, AND SUSTAINABLY WITH MASS SURFACE TRANSIT. AS COMPLEMENTS TO THAT WORK, IN 2017 NACTO RELEASED TWO PUBLICATIONS TO ADVANCE NATIONAL PRACTICE IN TRANSIT-SUPPORTIVE STREET DESIGN AND EFFECTIVE TRANSIT OPERATIONS: CURB APPEAL: CURBSIDE MANAGEMENT STRATEGIES FOR IMPROVING TRANSIT RELIABILITY AND BETTER BOARDING, BETTER BUSES: STREAMLINING BOARDING & FARES. NACTO'S URBAN BIKEWAY DESIGN GUIDE, PUBLISHED IN 2012, FILLED A NATIONAL GAP IN DESIGN GUIDANCE FOR ON-STREET BIKE LANES IN CITIES. SINCE PUBLICATION, MORE THAN 100 CITIES ACROSS THE U.S. HAVE BUILT AT LEAST ONE PROTECTED BIKE LANE, PROVIDING THE INFRASTRUCTURE NECESSARY TO SUPPORT MAJOR INCREASES IN BIKE RIDERSHIP. NACTO'S PEER NETWORK OF BIKE PRACTITIONERS, THE CITIES FOR CYCLING GROUP, CONVENES REGULARLY TO REFINE AND IMPROVE BEST PRACTICES FOR DESIGNING BIKE LANES. IN 2017, NACTO PUBLISHED DESIGNING FOR ALL AGES & ABILITIES: CONTEXTUAL GUIDANCE FOR HIGH-COMFORT BICYCLE FACILITIES. BUILDING BICYCLE INFRASTRUCTURE THAT MEETS THIS CRITERIA IS AN ESSENTIAL STRATEGY FOR CITIES

SEEKING TO ATTRACT HIGH RIDERSHIP TO IMPROVE TRAFFIC SAFETY, REDUCE CONGESTION, IMPROVE AIR QUALITY AND PUBLIC HEALTH, PROVIDE BETTER AND MORE EQUITABLE ACCESS TO JOBS AND OPPORTUNITIES, AND BOLSTER LOCAL ECONOMIES. PROMOTING BIKE SHARE RIDERSHIP IS A CRITICAL COMPLEMENT TO BUILDING HIGH-QUALITY BIKE INFRASTRUCTURE. NACTO WORKS WITH THE BETTER BIKESHARE PARTNERSHIP TO COMPILE RESOURCES AND DELIVER PEER LEARNING ON TOPICS SUCH AS EQUITABLE SYSTEM PLANNING AND STRATEGIES TO LEVERAGE AND MANAGE NEW TECHNOLOGIES SUCH AS DOCKLESS BIKE SHARE. IN 2017, NACTO RELEASED BIKE SHARE IN THE U.S.: 2010-2016, THE FIRST EVER NATIONAL COMPILATION AND EVALUATION OF BIKE SHARE PROGRAM DATA. THE REPORT ANALYZED THE 88 MILLION TRIPS MADE ON BIKE SHARE IN THE U.S. SINCE 2010, INCLUDING WHERE THOSE TRIPS WERE TAKEN, HOW LONG THE AVERAGE TRIP WAS, AND A SURVEY OF WHAT INITIATIVES THE 55 BIKE SHARE SYSTEMS ACROSS THE U.S. HAD TAKEN TO ENSURE EQUITY IN ACCESS TO BIKE SHARE. IN ORDER TO COMMUNICATE OUR VISION FOR SAFE, SUSTAINABLE CITY TRANSPORTATION SYSTEMS, AND IN ORDER TO DISSEMINATE OUR NATIONAL RESOURCES AND PUBLICATIONS, NACTO'S WORK INCLUDES A STRATEGIC COMMUNICATIONS INITIATIVE. IN 2017, NACTO LEVERAGED OUR WEBSITE, SOCIAL MEDIA, AND PRESS OUTREACH TO PROVIDE CLEAR, ACCESSIBLE INFORMATION TO PRACTITIONERS, COMMUNITIES, ADVOCACY GROUPS AND OTHER STAKEHOLDERS WORKING TOWARDS A SHARED VISION FOR BETTER URBAN TRANSPORTATION. NACTO STAFF ALSO PRESENTED ON OUR PUBLICATIONS AND STRATEGIC INITIATIVES TO THOUSANDS OF LEADERS AND PRACTITIONERS ACROSS NORTH AMERICA. NACTO ALSO PARTNERS WITH OTHER STAKEHOLDERS TO ADVANCE A COMMON VISION FOR VIBRANT CITIES, INCLUDING TRANSPORTATION FOR AMERICA, THE INSTITUTE FOR TRANSPORTATION ENGINEERS, THE URBAN LAND INSTITUTE, THE ASSOCIATION OF BICYCLE AND PEDESTRIAN PROFESSIONALS, THE VISION ZERO NETWORK, THE NATIONAL COMPLETE STREETS COALITION, AND THE AMERICAN PUBLIC TRANSPORTATION ASSOCIATION.

**4b** (Code: ) (Expenses \$ **971,382** including grants of \$ ) (Revenue \$ )

GLOBAL DESIGNING CITIES INITIATIVE - THE GLOBAL DESIGNING CITIES INITIATIVE (GDCI) IS COMMITTED TO RAISING THE STATE OF THE PRACTICE FOR STREET DESIGN AND TRANSPORTATION AROUND THE WORLD BY BUILDING A COMMON VISION, SHARING DATA, ENCOURAGING PEER-TO-PEER EXCHANGES AND REGULAR COMMUNICATION AMONG INTERNATIONAL CITIES. LAUNCHED AS A NEW PROGRAM OF NACTO IN 2014, GDCI FOCUSES ON THE CRITICAL ROLE OF STREETS WITHIN URBAN ENVIRONMENTS AROUND THE WORLD. THE INITIATIVE FACILITATES THE EXCHANGE OF TRANSPORTATION IDEAS, INSIGHTS AND BEST PRACTICES AMONG INTERNATIONAL CITIES, THROUGH PROVIDING DESIGN GUIDANCE, OFFERING TECHNICAL EXPERTISE, AND ONGOING PEER-TO-PEER MENTORING THROUGH A GLOBAL EXPERT NETWORK. IN 2017, THE GDCI TEAM FACILITATED HANDS-ON TRAININGS FOR MORE THAN 1,000 PRACTITIONERS ON THE STRATEGIES INCLUDED IN THE GLOBAL STREET DESIGN GUIDE AND EXPOSED OVER 4,300 PEOPLE TO THE MATERIAL THROUGH MORE THAN 50 PRESENTATIONS IN 22 CITIES AROUND THE WORLD. THE TEAM PROVIDED DETAILED DESIGN GUIDANCE TO STEER THE IMPLEMENTATION OF TWO PERMANENT PROJECTS AND SUPPORTED CITY AGENCIES TO IMPLEMENT 14 POP-UP OR INTERIM INTERVENTIONS. IN ADDITION, GDCI HOSTED SIX WEBINARS TAILORED FOR AN INTERNATIONAL AUDIENCE, REACHING ROUGHLY 1,000 PEOPLE OVER THE COURSE OF THE YEAR. A FREE ONLINE VERSION OF THE GLOBAL STREET DESIGN GUIDE WAS LAUNCHED IN MAY, AND HAS SINCE BEEN DOWNLOADED OVER 10,000 TIMES FROM MORE THAN 100 COUNTRIES. TO DATE, 25 ORGANIZATIONS, 37 CITIES, AND ONE COUNTRY HAVE ENDORSED THE GLOBAL STREET DESIGN GUIDE. AS AN IMPLEMENTING PARTNER FOR THE BLOOMBERG PHILANTHROPIES INITIATIVE FOR GLOBAL ROAD SAFETY, IN 2017, GDCI FOCUSED ON ADVANCING PROJECTS AND POLICIES IN FIVE CITIES, WORKING WITH LOCAL PARTNERS TO UPDATE STREET DESIGN STANDARDS, BUILD LOCAL CAPACITY, AND IMPLEMENT PROJECTS WITH THE OVERALL GOAL OF REDUCING TRAFFIC INJURIES AND FATALITIES. IN ADDIS ABABA, ETHIOPIA, NACTO SUPPORTED LOCAL OFFICIALS TO DEVELOP AND LAUNCH THE SAFE INTERSECTIONS PROGRAM, UNDER WHICH THE CITY WILL CARRY OUT 10 INTERIM TRANSFORMATIONS EACH YEAR FOR THE NEXT THREE YEARS. IN BOGOT, COLOMBIA, EIGHT PLAZA AND INTERSECTION INTERVENTIONS TRANSFORMED MORE THAN 10,000 SQUARE METERS OF PUBLIC SPACE AND ADDED OR IMPROVED MORE THAN 80 PEDESTRIAN CROSSINGS. IN FORTALEZA, BRAZIL, AN INTERIM INTERVENTION TRANSFORMED 1,200 SQUARE METERS OF UNDERUTILIZED ROAD SPACE AND INSPIRED THE MAYOR TO LAUNCH A CITYWIDE PROGRAM. IN MUMBAI, INDIA, NACTO WORKED WITH LOCAL PARTNERS TO TEMPORARILY TRANSFORM A MAJOR INTERSECTION, RECLAIMING OVER 1,700 SQUARE METERS OF UNDERUTILIZED ROAD SPACE FOR PEDESTRIANS, LOWERING TURNING SPEEDS, AND MAKING THE INTERSECTION SAFER FOR ALL USERS. IN SO PAULO, BRAZIL, TWO ADJACENT INTERSECTIONS, WITH A TOTAL AREA OF 450 SQUARE METERS, WERE TRANSFORMED AS A TEMPORARY MEASURE TO ADVANCE REDUCE SPEED ZONES ACROSS THE CITY; THIS ALSO INSPIRED THE TRAFFIC ENGINEERING AGENCY TO UPDATE GUIDANCE ON ROUNDABOUTS TO BETTER ACCOUNT FOR PEDESTRIANS.

**4c** (Code: ) (Expenses \$ **627,034** including grants of \$ ) (Revenue \$ **391,710** )

BUILDING THE MOVEMENT - NACTO CONVENES AND FACILITATES A NETWORK OF LEADING CITIES AND TRANSIT AGENCIES, PROVIDING PROFESSIONAL DEVELOPMENT AND CAPACITY-BUILDING IN TRANSPORTATION POLICY AND URBAN DESIGN, FORGING CONNECTIONS BETWEEN PEER CITIES, AND EMPOWERING THE INDIVIDUALS WHO COMPRISE THE PROGRESSIVE LOCAL TRANSPORTATION MOVEMENT. NACTO HOSTS CITY STEERING COMMITTEES, PEER WORKING GROUPS, AND PRACTITIONER LISTSERVS ON A RANGE OF TOPICS, INCLUDING NATIONAL AND FEDERAL TRANSPORTATION POLICY, BIKE LANE DESIGN AND IMPLEMENTATION, BIKE SHARE, TECHNOLOGY IN TRANSPORTATION, SAFETY AND VISION ZERO, GREEN STORMWATER INFRASTRUCTURE, EQUITY IN TRANSPORTATION, AND TRANSIT. NACTO DEDICATES SIGNIFICANT RESOURCES TO SUPPORTING, TRAINING, AND NURTURING THIS NETWORK OF CITY STAFF, BUILDING PUBLIC SECTOR EXPERTISE AND CREATING A SUPPORTIVE PROFESSIONAL COMMUNITY OF INDIVIDUALS WHO ARE COLLECTIVELY CHANGING THE PARADIGM IN CITY TRANSPORTATION. NACTO EMPOWERS CITY STAFF TO BETTER ACHIEVE THEIR CITIES' GOALS AND VISIONS FOR TRANSPORTATION THROUGH A NUMBER OF PROFESSIONAL DEVELOPMENT INITIATIVES. NACTO PROVIDES OPPORTUNITIES FOR REGULAR PEER-TO-PEER LEARNING AND EXCHANGES VIA AN ANNUAL CONFERENCE, REGIONAL WORKSHOPS, TARGETED EVENTS, AND REGULAR WEBINARS. NACTO'S HALLMARK EVENT, THE ANNUAL DESIGNING CITIES CONFERENCE, IS THE PREMIER TRANSPORTATION CONFERENCE IN THE U.S., SHINING A NATIONAL SPOTLIGHT ON PUBLIC SECTOR LEADERSHIP IN SAFE, SUSTAINABLE, EQUITABLE TRANSPORTATION POLICY AND PRACTICE. IN 2017, THE CONFERENCE TOOK PLACE IN CHICAGO AND ATTRACTED OVER 800 PEOPLE FROM 125 CITIES, WITH MORE THAN 60% OF ATTENDEES WORKING DIRECTLY FOR A CITY OR TRANSIT AGENCY, AND VIRTUALLY ALL SESSIONS LED BY PUBLIC SECTOR PRESENTERS. PREVIOUS CONFERENCE HOST CITIES INCLUDE SEATTLE, AUSTIN, SAN FRANCISCO, PHOENIX, AND NEW YORK CITY. IN 2017, NACTO DEVELOPED A NEW FELLOWSHIP PROGRAM TO OFFER PROMISING LEADERS IN CITY TRANSPORTATION THE OPPORTUNITY FOR IN-DEPTH, TARGETED PROFESSIONAL DEVELOPMENT AND TRAINING, AS WELL AS SUSTAINED CONNECTIONS WITH A COHORT OF OTHER EMERGING LEADERS. LEADERSHIP NACTO LAUNCHED IN LATE 2017 WITH A COMPETITIVE APPLICATION FOR THE 2018 PROGRAM.

(Code: ) (Expenses \$ **384,558** including grants of \$ ) (Revenue \$ )

ACCELERATING CHANGE NACTO CONDUCTS TARGETED AND INTENSIVE WORK WITH INDIVIDUAL CITIES OR REGIONS TO CATALYZE LOCAL CHANGE; SUCCESSFUL PROJECTS BECOME NATIONAL CASE STUDIES, INSPIRING OTHER CITIES WITH INNOVATIVE RECIPES AND STRATEGIES FOR TRANSFORMATIVE INITIATIVES. IN 2017, NACTO CONDUCTED BASELINE RESEARCH ON AGENCY STRUCTURE AND PROJECT DELIVERY THROUGH ITS AGENCY ACCELERATOR INITIATIVE. THIS STUDY AIMED TO IDENTIFY FACTORS THAT ACCELERATE OR HINDER THE IMPLEMENTATION OF TRANSFORMATIVE TRANSPORTATION PROJECTS IN CITIES AROUND THE COUNTRY. NACTO COLLECTED BENCHMARKING INFORMATION FROM 20 CITIES, GIVING NACTO A UNIQUE LOOK INTO HOW CITY AGENCIES ARE STRUCTURED AND WHAT CAPABILITIES CITY DEPARTMENTS OF TRANSPORTATION AND PUBLIC WORKS HAVE TO DELIVER STREET PROJECTS. FOLLOWING THAT NATIONAL SURVEY, NACTO STAFF CONDUCTED 94 INTERVIEWS WITH 18 CITIES, DEVELOPING A DEEP UNDERSTANDING OF THE STRUCTURAL ISSUES THAT IMPEDE PROGRESS WITHIN CITIES, AS WELL AS HOW SOME CITIES ARE CLEARING THOSE BARRIERS TO TRANSFORMING THEIR STREETS. GROWING OUT OF THE INTERVIEW WORK, NACTO BEGAN INTENSIVE WORK WITH SAN JOSE AND PITTSBURGH AS PART OF THE AGENCY ACCELERATOR MODEL. THESE TWO CITIES, ON THE CUSP OF RAPID TRANSFORMATION, BEGAN WORK IN 2017 TO DEVELOP A ROADMAP TO DELIVER HIGH-QUALITY STREET DESIGN PROJECTS MORE QUICKLY AND EFFECTIVELY THROUGH CHANGES TO AGENCY ORGANIZATIONAL STRUCTURE AND PROCESSES. IN 2017, NACTO ALSO CONDUCTED INTENSIVE WORK WITH FOUR CITIES THROUGH THE TRANSIT ACCELERATOR PROGRAM. NACTO HELD TRAININGS AND WORKSHOPS IN CAMBRIDGE, OAKLAND, INDIANAPOLIS, AND DENVER TO BUILD LOCAL CAPACITY AND KNOWLEDGE AROUND DEDICATED TRANSIT LANES AND OTHER TRANSIT-SUPPORTIVE STREET DESIGNS. THE TRANSIT ACCELERATOR PROGRAM HELPED BUILD A SUPPORTIVE PROFESSIONAL COMMUNITY WITHIN EACH PARTICIPATING CITY, AS WELL AS ACROSS THE NATIONAL NETWORK. AS A RESULT OF THIS PROGRAM, DENVER IMPLEMENTED NEW RED TRANSIT LANE TREATMENTS ON TWO SEGMENTS OF BROADWAY AND CONVERTED AN EXISTING TRANSIT LANE TO 24-HOUR OPERATION. DENVER'S PARTICIPATION IN THE FHWA EXPERIMENTAL PROCESS FOR RED TRANSIT LANES WILL HELP PAVE THE WAY FOR OTHER CITIES AS NACTO CONTINUES TO PUSH FOR THIS CRITICAL DESIGN ELEMENT TO BE INTEGRATED INTO NATIONAL STATUTES. ALSO AS A RESULT OF THE TRANSIT ACCELERATOR PROGRAM, INDIANAPOLIS REDESIGNED TWO MAJOR TRANSIT CORRIDORS TO IMPROVE TRANSIT LEGIBILITY AND BICYCLIST COMFORT, BUILDING MOMENTUM FOR A SUCCESSFUL BOND TO FUND A MAJOR TRANSIT EXPANSION; THE OAKLAND DEPARTMENT OF TRANSPORTATION PARTNERED WITH AC TRANSIT TO INTEGRATE TRANSIT LANES INTO STREET DESIGNS ON BROADWAY IN ANTICIPATION OF A PLANNED BUS RAPID TRANSIT BUILD-OUT; AND NACTO'S WORK TO SUPPORT BIKE LANES AND TRANSIT-SUPPORTIVE STREET DESIGNS ON MASSACHUSETTS AVENUE IN CAMBRIDGE IS SETTING THE STAGE FOR FURTHER REGIONAL TRANSIT IMPROVEMENTS. IN 2017, NACTO ALSO COALESCED ITS 12 MEMBER CITIES IN CALIFORNIA TO COLLABORATE ON STATE-LEVEL POLICY ISSUES. THROUGH THE CALIFORNIA CITIES TRANSPORTATION INITIATIVE (CACTI) NACTO WORKS TO ADVANCE CITY PRIORITIES AT THE STATE LEVEL AND PROMOTE A MODEL FOR PROGRESSIVE LOCAL AND STATE PARTNERSHIP AROUND TRANSPORTATION POLICY.

**4d** Other program services (Describe in Schedule O.)

4e Total program service expenses 2,696,943

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 Organizations that may receive deductible contributions under section 170(c), 8 Sponsoring organizations maintaining donor advised funds, 9a-9b, 10 Section 501(c)(7) organizations, 11 Section 501(c)(12) organizations, and 12a Section 4947(a)(1) non-exempt charitable trusts.

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

<b>12b</b>			
<b>13a</b>			
<b>13b</b>			
<b>13c</b>			
<b>14a</b>			No
<b>14b</b>			

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

**a** Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .

**c** Enter the amount of reserves on hand . . . . .

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

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

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

**Section A. Governing Body and Management**

**1a** Enter the number of voting members of the governing body at the end of the tax year

**1a** 6

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

**b** Enter the number of voting members included in line 1a, above, who are independent

**1b** 5

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

**2** No

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .

**3** No

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

**4** No

**5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

**5** No

**6** Did the organization have members or stockholders? . . . . .

**6** Yes

**7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .

**7a** No

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

**7b** No

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

**a** The governing body? . . . . .

**8a** Yes

**b** Each committee with authority to act on behalf of the governing body? . . . . .

**8b** Yes

**9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .

**9** No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

**10a** Did the organization have local chapters, branches, or affiliates? . . . . .

**10a** No

**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?

**10b**

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .

**11a** Yes

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

**12a** Yes

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

**12b** Yes

**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

**12c** Yes

**13** Did the organization have a written whistleblower policy? . . . . .

**13** Yes

**14** Did the organization have a written document retention and destruction policy? . . . . .

**14** Yes

**15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

**a** The organization's CEO, Executive Director, or top management official . . . . .

**15a** Yes

<b>b</b> Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>	Yes	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **NY, CA**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**LINDA BAILEY EXECUTIVE DIRECTOR 120 PARK AVENUE 21ST FL NEW YORK, NY 10017 (646) 324-8353**

Form **990** (2017)

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANETTE SADIK-KHAN CHAIR	0.40	X		X				0	0	0
(2) SELETA REYNOLDS PRESIDENT	0.40	X		X				0	0	0
(3) SCOTT KUBLY VICE PRESIDENT (FORMER)	0.40	X		X				0	0	0
(4) DANNY PLEASANT TREASURER	0.40	X		X				0	0	0
(5) CRISSY FANGANELLO	0.40	X		X				0	0	0



<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	513,725	0	61,210

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SWISSOTEL CHICAGO 323 EAST WACKER DRIVE CHICAGO, IL 60601	ACCOMODATIONS	259,350

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
--	----------------------	---	-----------------------------------	---

<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	
	<b>b</b> Membership dues . . . . .	<b>1b</b>	614,000
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	
	<b>d</b> Related organizations . . . . .	<b>1d</b>	
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,840,188
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		3,454,188	

<b>Program Service Revenue</b>		Business Code			
	<b>2a</b> DESIGNING CITIES CONF.	900099	391,710	391,710	
	<b>b</b> WORKSHOPS	900099	57,409	57,409	
	<b>c</b> SALES AND PUBS	900099	22,484	22,484	
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue . . . . .				
<b>9 Total.</b> Add lines 2a-2f . . . . . ▶		471,603			

**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ **7,778** 7,778

4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a	Gross rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d				
12	Total revenue. See Instructions.				
		3,933,569	471,603	0	7,778

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part				

IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	291,588	72,037	175,765	43,786
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	1,147,881	1,136,840	1,166	9,875
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	38,079	33,819	3,854	406
<b>9</b> Other employee benefits . . . . .	184,524	169,227	13,928	1,369
<b>10</b> Payroll taxes . . . . .	100,977	79,115	20,469	1,393
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	348,824	278,912	69,912	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	82,335	75,052	6,900	383
<b>14</b> Information technology . . . . .	16,071	12,815	3,256	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	342,606	331,813	10,509	284
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	341,269	341,269		
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	12,648		12,648	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRGRM MATERIALS&SUPPL.	147,327	147,327		
<b>b</b> MISCELLANEOUS	23,763	18,717	5,046	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,077,892	2,696,943	323,453	57,496
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

(A)

(B)

		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,962,553	<b>1</b>	2,981,724
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	146,703	<b>4</b>	201,219
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	42,946	<b>9</b>	54,013
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 9,890		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 9,890	<b>10c</b> 0	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,152,202	<b>16</b>	3,236,956	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	51,664	<b>17</b>	134,920
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,347,000	<b>19</b>	1,462,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,474	<b>25</b>	80,295
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,448,138	<b>26</b>	1,677,215
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	476,296	<b>27</b>	771,088
	<b>28</b> Temporarily restricted net assets . . . . .	227,768	<b>28</b>	788,653
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	704,064	<b>33</b>	1,559,741	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,152,202	<b>34</b>	3,236,956	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,933,569
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,077,892

<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	855,677
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	704,064
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,559,741

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

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**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

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**SCHEDULE A**  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

<b>Name of the organization</b> NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC	<b>Employer identification number</b> 20-1874085
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	300,600	941,361	2,169,086	1,394,497	3,454,188	8,259,732
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	300,600	941,361	2,169,086	1,394,497	3,454,188	8,259,732
<b>5</b> 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) . . .						2,313,184
<b>6 Public support.</b> Subtract line 5 from line 4.						5,946,548

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b> Amounts from line 4. . .	300,600	941,361	2,169,086	1,394,497	3,454,188	8,259,732
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .			166	3,624	7,778	11,568
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						8,271,300
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,513,588
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	71.890 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	81.830 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business . . . . .						

<b>4</b>	under section 513 . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .					
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge					
<b>6</b>	<b>Total.</b> Add lines 1 through 5					
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons					
<b>b</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.					
<b>c</b>	Add lines 7a and 7b. . . . .					
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		

<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>		
<b>c</b>	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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>	<b>10b</b>		

**Schedule A (Form 990 or 990-EZ) 2017**

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

<b>1</b>		
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**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

**a**  The organization satisfied the Activities Test. Complete **line 2** below.

**b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.

**c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer (a) and (b) below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain		
<b>2</b>	Recoveries of prior-year distributions		
<b>3</b>	Other gross income (see instructions)		
<b>4</b>	Add lines 1 through 3		
<b>5</b>	Depreciation and depletion		
<b>6</b>	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)		
<b>7</b>	Other expenses (see instructions)		
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities		
<b>b</b>	Average monthly cash balances		
<b>c</b>	Fair market value of other non-exempt-use assets		

<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

**Schedule A (Form 990 or 990-EZ) 2017**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7:			
\$			

<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

Schedule A (Form 990 or 990-EZ) (2017)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
------------------	-------------

Schedule A (Form 990 or 990-EZ) 2017

**Additional Data**

Return to Form

**Software ID:**  
**Software Version:**

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Table with 2 columns: Name of the organization (NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC) and Employer identification number (20-1874085)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Table with 2 columns: Name of organization (NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC) and Employer identification number (20-1874085)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC	<b>Employer identification number</b> 20-1874085
---	---

**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC	<b>Employer identification number</b> 20-1874085
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
(e) Transfer of gift							
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee					
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
(e) Transfer of gift							
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee					
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
(e) Transfer of gift							
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee					



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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](http://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) organizations: Complete Part III.

Name of the organization NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC	Employer identification number 20-1874085
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide 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-.
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	

<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		2,901
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			2,901
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING ACTIVITIES ARE RELATED TO TRANSPORTATION ISSUES AND BILLS.

Schedule C (Form 990 or 990EZ) 2017

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

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 the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL ASSOCIATION OF CITY TRANSPORTATION OFFICIALS INC

Employer identification number 20-1874085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form section for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form section for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

Schedule D (Form 990) 2017

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Question, Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Schedule D (Form 990) 2017

Page **3**

**Part VII Investments  Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**Part VIII Investments  Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

(9)

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

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, PAYROLL LIABILITIES (80,295), and Total (80,295).

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

Schedule D (Form 990) 2017

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table for Part XI reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (4,198,314). Line 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains (losses) on investments; 2b Donated services and use of facilities (264,745); 2c Recoveries of prior year grants; 2d Other; 2e Add lines 2a through 2d (264,745). Line 3: Subtract line 2e from line 1 (3,933,569). Line 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b; 4b Other; 4c Add lines 4a and 4b (0). Line 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) (3,933,569).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Table for Part XII reconciliation. Line 1: Total expenses and losses per audited financial statements (3,342,637). Line 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities (264,745); 2b Prior year adjustments; 2c Other losses; 2d Other; 2e Add lines 2a through 2d (264,745). Line 3: Subtract line 2e from line 1 (3,077,892). Line 4: Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b; 4b Other; 4c Add lines 4a and 4b (0). Line 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10.) (3,077,892).

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	NACTO BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2017 AND 2016 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2017

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**Part III Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public  
Inspection

Name of the organization  
NATIONAL ASSOCIATION OF CITY  
TRANSPORTATION OFFICIALS INC

Employer identification number

20-1874085

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL POTENTIAL CONFLICTS ARE TO BE DISCLOSED TO THE PRESIDENT OR EXECUTIVE DIRECTOR AS PER SIGNED POLICY.
FORM 990, PART VI, SECTION B, LINE 15	INDEPENDENT BOARD MEMBERS DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. BOARD MEMBERS ARE NOT COMPENSATED.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	OTHER: PROGRAM SERVICE EXPENSES 278,912. MANAGEMENT AND GENERAL EXPENSES 69,912. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 348,824.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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