

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning Jul 1 , 2004, **and ending** Jun 30 , 2005**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization

American Public Transportation Association

Number and street (or P O box if mail is not delivered to street addr) Room/suite

1666 K Street, NW

1100

City, town or country

State ZIP code + 4

Washington

DC 20006

D Employer Identification Number

52-1007647

E Telephone number

(202) 496-4800

F Accounting method:☐ Cash☒ Accrual☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ www.apta.com**J** Organization type

(check only one)

☒ 501(c) 6 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 20,543,679.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a			
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ noncash \$)	1d			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			8,962,496.
3 Membership dues and assessments	3			10,629,276.
4 Interest on savings and temporary cash investments	4			78,444.
5 Dividends and interest from securities	5			333,751.
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	273,508.	8a		
b Less: cost or other basis and sales expenses	512,019.	8b		
c Gain or (loss) (attach schedule) See L-8 Stmt	-238,511.	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-238,511.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			266,204.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			20,031,660.
13 Program services (from line 44, column (B))	13			
14 Management and general (from line 44, column (C))	14			
15 Fundraising (from line 44, column (D))	15			
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			20,942,636.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-910,976.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			4,518,858.
20 Other changes in net assets or fund balances (attach explanation)	20			-1,581,270.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,026,612.

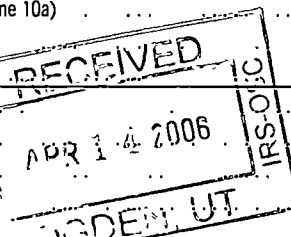
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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01/07/05

Form 990 (2004)

SCANNED JUN 16 2006



P 12

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____) non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	1,350,129.			
26 Other salaries and wages	26	4,835,946.			
27 Pension plan contributions	27	1,614,838.			
28 Other employee benefits	28	1,330,695.			
29 Payroll taxes	29	437,127.			
30 Professional fundraising fees	30				
31 Accounting fees	31	35,322.			
32 Legal fees	32				
33 Supplies	33	92,998.			
34 Telephone	34	124,892.			
35 Postage and shipping	35	302,402.			
36 Occupancy	36	957,954.			
37 Equipment rental and maintenance	37	202,285.			
38 Printing and publications	38	680,901.			
39 Travel	39	902,510.			
40 Conferences, conventions, and meetings	40	1,753,322.			
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	305,990.			
43 Other expenses not covered above (itemize):					
a Professional Fees	43a	1,987,962.			
b General office	43b	154,652.			
c Other Contributions	43c	56,809.			
d TransportMAX	43d	723,028.			
e See Other Expenses Stmt	43e	3,092,874.			
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	20,942,636.			

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? See Statement

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

- a Training and development: Included training workshops and seminars

(Grants and allocations \$ _____)
- b Major meetings: Included 2004 annual meeting

(Grants and allocations \$ _____)
- c Member services: Included membership and meeting services,
government relations, legal, policy and planning and
Statistics.

(Grants and allocations \$ _____)
- d Publications: Included general communications, The Passanger
Transport and The APTA Directory.

(Grants and allocations \$ _____)
- e Other program services

(Grants and allocations \$ _____)
- f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See Instructions)

				(A)		(B)
				Beginning of year		End of year
ASSETS	45 Cash — non-interest-bearing			600.	45	299.
	46 Savings and temporary cash investments			8,534,873.	46	7,176,214.
	47a Accounts receivable	47a	2,825,135.			
	b Less: allowance for doubtful accounts	47b	638,480.	1,761,247.	47c	2,186,655.
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			391,028.	53	520,853.
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			5,917,424.	54	6,416,736.
	55a Investments — land, buildings, & equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments — other (attach schedule)		L-56 Stmt	136,500.	56	136,500.	
57a Land, buildings, and equipment: basis	57a	4,881,057.				
b Less: accumulated depreciation (attach schedule)	57b	3,519,789.	1,609,220.	57c	1,361,268.	
58 Other assets (describe <input checked="" type="checkbox"/> Due from affiliate)			366,815.	58	623,286.	
59 Total assets (add lines 45 through 58) (must equal line 74)			18,717,707.	59	18,421,811.	
LIABILITIES	60 Accounts payable and accrued expenses			7,660,799.	60	8,799,590.
	61 Grants payable				61	
	62 Deferred revenue			5,598,353.	62	6,068,288.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input checked="" type="checkbox"/> See Line 65 Stmt)			939,697.	65	1,527,321.
	66 Total liabilities (add lines 60 through 65)			14,198,849.	66	16,395,199.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			4,518,858.	67	2,026,612.
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			4,518,858.	73	2,026,612.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)			18,717,707.	74	18,421,811.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	20,038,964.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 34,997.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	34,997.
c	Line a minus line b	c	20,003,967.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	See STMT \$ 27,693.		
	Add amounts on lines (1) and (2)	d	27,693.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	20,031,660.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	20,219,608.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	20,219,608.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	See STMT \$ 723,028.		
	Add amounts on lines (1) and (2)	d	723,028.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	20,942,636.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
William Millar Washington, DC 20006	President 40+	348,353.	110,183.	0.
Karol J. Popkin Washington, DC 20006	Chief of Staff 40+	157,629.	7,881.	0.
Anthony M. Kouneski Washington, DC 20006	VP Mem. Services 40+	224,835.	11,173.	0.
Daniel Duff Washington, DC 20006	VP Govt. Aff. 40+	178,525.	8,926.	0.
Rosemary Sheridan Washington, DC 20006	VP Comm. and Mar 40+	154,151.	7,707.	0.
See List of Officers, Etc. Statement		286,636.	14,332.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes ☐ No ☒

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? ... If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>American Public Transportation Foundation</u> <u>Public Transportation Partnership for Tomorrow Foundation</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c Dues, assessments, and similar amounts from members	85c	10,629,276.
d Section 162(e) lobbying and political expenditures	85d	618,116.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	1,275,513.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-657,397.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u> </u> ; section 4912 <u> </u> ; section 4955 <u> </u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a List the states with which a copy of this return is filed <u>District of Columbia</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	87
91 The books are in care of <u>The Association</u> Telephone number <u>(202) 496-4800</u> Located at <u>1666 K Street, Suite 1100, N.W. Washington, DC</u> ZIP + 4 <u>20006</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Advertising	543400	850,725.			
b Registration fees					3,021,099.
c Sponsorships					634,010.
d Projects revenue					2,938,504.
e See Program Service Revenue Stmt				27,300.	1,490,858.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					10,629,276.
95 Interest on savings & temporary cash invmnts			14	78,444.	
96 Dividends & interest from securities			14	333,751.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-238,511.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Reimbursements					
c TransportMAX	900004	266,204.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,116,929.		200,984.	18,713,747.
105 Total (add line 104, columns (B), (D), and (E))					20,031,660.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93b, c	Registration and sponsor fees received in exchange for participating in the Association's major meetings designed to disseminate information, educate and stimulate interest in current issues affecting the transit
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
TransportMAX	100.0000 %	Internet portal	266,204.	349,249.
1666 K Street, NW	%			
Washington, DC 20006	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions.)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Samuel Kerns</i>	Date 5/15/06
Paid Preparer's Use Only	Type or print name and title Samuel Kerns Vice President - Finance & Admin.	
	Preparer's signature <i>[Signature]</i>	Date 5/12/06
Firm's name (or yours if self-employed), address, and ZIP + 4	Larson, Allen, Weishair & Co., LLP	
	2900 South Quincy Street, Suite 150 Arlington VA 22206	
Check if self-employed	Preparer's SSN or PTIN (See General Instruction W)	
EIN	Phone no (703) 998-5100	

Name American Public Transportation Association	Employer Identification Number 52-1007647
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Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities	273,508.	Cost	512,019.
		Selling Expenses	
		Basis	512,019.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			273,508.	512,019.
Gain or (Loss) from Sale of Securities				-238,511.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
-----	-----	-----		Cost	
				Depreciation	
				Basis	
				Donation FMV	
Total Other Assets					
Gain or (Loss) from Sale of Other Assets					

Additional Information

Organization Primary Exempt Purpose

To serve and represent its members in making public transportation an effective path to economic opportunity, personal mobility and improving the quality of life through partnerships, communication, technology and advocacy.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Public Transportation for Tommorrow Foundation	3,092,874.			
Total	<u>3,092,874.</u>			

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Mutual Funds	5,917,324.	6,416,636.
Money market	100.	100.
Total	<u>5,917,424.</u>	<u>6,416,736.</u>

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
TransportMAX	136,500.	136,500.
Total	<u>136,500.</u>	<u>136,500.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture and fixtures	814,718.	424,042.	390,676.
Equipment and machinery	279,172.	248,749.	30,423.
Computer equipment	3,420,759.	2,738,973.	681,786.
Leasehold improvements	366,408.	108,025.	258,383.
Depreciation expense \$305,990			
Furniture, fixtures and computer equipment are stated at cost and depreciated using the straight-line basis over the estimated useful lives of the assets (3 to 10 years). Leasehold improvements are amortized using the straight-line basis over the life of the lease, or estimated useful life of the improvement,			

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

Continued

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
whichever is less.			
Total	<u>4,881,057.</u>	<u>3,519,789.</u>	<u>1,361,268.</u>

Form 990, Page 3, Part IV, Line 65
Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Deferred assessments	899,801.	1,490,971.
Deferred lease concession	39,896.	36,350.
Total	<u>939,697.</u>	<u>1,527,321.</u>

Form 990, Page 4, Part V
List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
C. Samuel Kerns Washington, DC 20006	CFO, VP Fin. 40+	154,557.	7,728.	0.
Pam Boswell Washington, DC 20006	Prg. Mang't 40+	132,079.	6,604.	0.
Richard A. White Washington, DC 20006	Chair 2+	0.	0.	0.
Ronald L. Barnes Washington, DC 20006	First Vice Chair 2+	0.	0.	0.
Paul P. Skoutelas Washington, DC 20006	Secretary/Treasurer 2+	0.	0.	0.
George F. Dixon III Washington, DC 20006	Immediate Past Chair 2+	0.	0.	0.
Richard J. Bacigalupo Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Mattie P. Carter Washington, DC 20006	Vice Chair 2+	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Michael DePallo Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Nathaniel P. Ford Sr. Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Fred Gilliam Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Kim R. Green Washington, DC 20006	Vice Chair 2+	0.	0.	0.
John M. Inglish Washington, DC 20006	Vice Chair 2+	0.	0.	0.
William D. Lochte Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Gary W. McNeil Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Jeffrey A. Nelson Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Joshua W. Shaw Washington, DC 20006	Vice Chair 2+	0.	0.	0.
David L. Turney Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Kathryn D. Waters Washington, DC 20006	Vice Chair 2+	0.	0.	0.
Linda S. Watson Washington, DC 20006	Vice Chair 2+	0.	0.	0.
John S. Andrews Washington, DC 20006	Director 2+	0.	0.	0.
J. Barry Barker Washington, DC 20006	Director 2+	0.	0.	0.
Bruno A. Barreiro Washington, DC 20006	Director 2+	0.	0.	0.
Stephen R. Beard Washington, DC 20006	Director 2+	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>Carolyn G. Biggins</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Gyna M. Bivens</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Christopher P. Boylan</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Roosevelt Bradley</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>John A. Brooks</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Shari Buck</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Michael T. Burns</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>John Canepari</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Donna K. Carter</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Flora M. Castillo</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Peter M. Cipolla</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Denis Clements</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Claude Dauphin</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Pasquale T. Deon, Sr.</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>William J. Deville</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Gordon Diamond</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>Lisa L. Dickerson</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Sandy Draggoo</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Richard C. Ducharme</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Beverly J. Duffy</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Albrecht P. Engel, P.E.</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Robert L. Flanagan</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Irene French</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Joseph R. Gibson</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Daniel A. Grabauskas</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Fred Hansen</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Huelon A. Harrison</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Gilbert L. Holmes</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>William Hudson, Jr.</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Mark E. Huffer</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Jan Hull</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Angela S. Iannuzziello, P Eng.</u> <u>Washington, DC 20006</u>	<u>Director</u>			
	<u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Robert H. Irwin Washington, DC 20006	Director			
	2+	0.	0.	0.
T. Dana Kauffman Washington, DC 20006	Director			
	2+	0.	0.	0.
Joel Keller Washington, DC 20006	Director			
	2+	0.	0.	0.
Ronald J. Kilcoyne Washington, DC 20006	Director			
	2+	0.	0.	0.
Jeanne Krieg Washington, DC 20006	Director			
	2+	0.	0.	0.
Frank Kruesi Washington, DC 20006	Director			
	2+	0.	0.	0.
Frank J. Lichtanski Washington, DC 20006	Director			
	2+	0.	0.	0.
Thomas E. Margro Washington, DC 20006	Director			
	2+	0.	0.	0.
Richard Marin Washington, DC 20006	Director			
	2+	0.	0.	0.
Clarence W. Marsella Washington, DC 20006	Director			
	2+	0.	0.	0.
Frank T. Martin Washington, DC 20006	Director			
	2+	0.	0.	0.
Michael J. Monteferrante Washington, DC 20006	Director			
	2+	0.	0.	0.
Faye L. M. Moore Washington, DC 20006	Director			
	2+	0.	0.	0.
Mary Morrow Washington, DC 20006	Director			
	2+	0.	0.	0.
Hugh A. Mose Washington, DC 20006	Director			
	2+	0.	0.	0.
Joyce F. Olson Washington, DC 20006	Director			
	2+	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Melinda K. Perkins Washington, DC 20006	Director 2+	0.	0.	0.
Joe Pirzynski Washington, DC 20006	Director 2+	0.	0.	0.
Nicholas E. Promponas Washington, DC 20006	Director 2+	0.	0.	0.
James J. Reiss, Jr. Washington, DC 20006	Director 2+	0.	0.	0.
Joe Murray Rivers Washington, DC 20006	Director 2+	0.	0.	0.
Janet S. Rogers Washington, DC 20006	Director 2+	0.	0.	0.
Irwin Rosenberg Washington, DC 20006	Director 2+	0.	0.	0.
Richard L. Ruddell Washington, DC 20006	Director 2+	0.	0.	0.
Ghassan Salameh Washington, DC 20006	Director 2+	0.	0.	0.
Larry E. Salci Washington, DC 20006	Director 2+	0.	0.	0.
Ricardo A. Sanchez Washington, DC 20006	Director 2+	0.	0.	0.
Michael A. Sanders Washington, DC 20006	Director 2+	0.	0.	0.
Vickie Shaffer Washington, DC 20006	Director 2+	0.	0.	0.
Roger Snoble Washington, DC 20006	Director 2+	0.	0.	0.
Jacob L. Snow Washington, DC 20006	Director 2+	0.	0.	0.
Gary C. Thomas Washington, DC 20006	Director 2+	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>Elwyn Tinklenberg</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Michael S. Townes</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Pierre Vandelac</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Peter Varga</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Cleopatra Vaughns</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Michael Walls</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Kenneth J. Warren</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>George D. Warrington</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Curtis A. Wiley</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>Frank J. Wilson</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>W. Randy Wright</u> <u>Washington, DC 20006</u>	<u>Director</u> <u>2+</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>

Total

286,636.14,332.0.

Form 990, Page 6, Part VII, Line 93

Program Service Revenue Stmt

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	
Program service revenue:					
<u>Safety audits</u>					836,900.
<u>Business Service Royalties</u>			15	27,300.	
<u>Publication sales</u>					512,159.
<u>Subscriptions</u>					141,799.
Total				27,300.	1,490,858.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	industry.
93d	Member support received for special purpose member programs such as "Rail Safety Audit Program", "TCRP Dissemination Project", "FTA Transit Communication Interface Protocol Project" and Conference showcases and displays.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Change in minimum pension liability	-2,080,583.
Unrealized gain on investments	499,313.
Total	<u>-1,581,270.</u>

Supporting Statement of:

Form 990 p 4/Part IV-A, Line d(2)

Description	Amount
TransportMAX	27,693.
Total	<u>27,693.</u>

Supporting Statement of:

Form 990 p 4/Part IV-B, Line d(2)

Description	Amount
TransportMAX expenses	723,028.
Total	<u>723,028.</u>

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	American Public Transportation Association		52-1007647	
	Number, street, and room or suite number. If a P.O. box, see instructions.			
	1666 K Street, NW, #1100		state ZIP code	
	City, town or post office. For a foreign address, see instructions.		DC	20006
	Washington			

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ The Association

Telephone No. ▶ (202) 496-4800 FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Feb 15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning Jul 1, 20 04, and ending Jun 30, 20 05.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer Identification number
	American Public Transportation Association	52-1007647
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	1666 K Street, NW, #1100	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Washington DC 20006	

Check type of return to be filed (File a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Association
Telephone No. (202) 496-4800 FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2006.

5 For calendar year _____, or other tax year beginning Jul 1, 2004, and ending Jun 30, 2005.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension The information necessary to ensure the filing of a proper return has yet to be obtained. Once this information is made available the return will be filed.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ 0.

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Amy Fox Title CPA Date 02/10/06

Notice to Applicant – To be Completed by the IRS

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other: _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	FEB 28 2006 SUBMISSION PROCESSING, OGDEN FIELD DIRECTOR VA 22206
	Langan Associates, PC	
	Number and street (include suite, room, or apartment number) or a P.O. box number	
	2900 South Quincy Street, Suite 150	
	City or town, province or state, and country (including postal or ZIP code)	
	Arlington VA 22206	