Form **990**

Department of the Treasury

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2627723 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. *(***_** ire ao

OMB No. 1545-0047 **Open to Public**

Interr	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and the	e latest m	iormation.	Inspection
AF	or th	e 2023 calendar year, or tax year beginning and en	nding		
Β	heck if	C Name of organization		D Employer identific	ation number
a	pplicab	ST. PAUL TRANSPORTATION MANAGEMENT			
	Addre chang				
	Name			41-190626	51
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final returr		70	(651)767-	
	termi ated			G Gross receipts \$	1,894,175.
	Amer returr			H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: ELLSSA SCHUPMAN		for subordinates?	Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind	
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a l	ist. See instructions
	Vebsi			H(c) Group exemption	
ΚF	orm o	f organization: 🚺 Corporation Trust Association Other	L Year of		State of legal domicile: MN
	art I	Summary		•	
	1	Briefly describe the organization's mission or most significant activities: MOVE M	MINNE	SOTA LEADS I	'HE
ЭCe		MOVEMENT FOR AN EQUITABLE AND SUSTAINABLE '			
nar	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ver	3	-		3	10
පී	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
کە م	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			16
itie	6	Total number of volunteers (estimate if necessary)			350
Activities & Governance				7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		704,433.	1,361,476.
Revenue	9	Program service revenue (Part VIII, line 2g)		563,859.	530,461.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,202.	2,238.
Ť	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,430.	-6,255.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,270,924.	1,887,920.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		939,751.	1,085,610.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) 144,612	2.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		367,069.	268,704.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,381,820.	1,354,314.
	19	Revenue less expenses. Subtract line 18 from line 12		-110,896.	533,606.
or es		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		725,667.	1,339,352.
Ass	21	Total liabilities (Part X, line 26)		120,303.	219,565.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		605,364.	1,119,787.
	nrt 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	Signature of officer Date ELISSA SCHUFMAN, INTERIM EXECUTIVE DIRECTOR Type or print name and title										
Here											
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	RACHEL FLANDERS	RACHEL FLANDERS	11/14/	24 self-employed	P01591790						
Preparer	Firm's name CLIFTONLARSONALLE	IN LLP		Firm's EIN $41-$	0746749						
Use Only	Firm's address 220 S 6TH STREET,	SUITE 300									
	MINNEAPOLIS, MN 5	5402		Phone no. 612 –	376-4500						
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes	No					
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23			Form 990 (20)23)					
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	ENT CON	TINUATIO	N						

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	1990 (2023) ORGANIZATION 41-1906261 Page rt III Statement of Program Service Accomplishments
. a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	MOVE MINNESOTA LEADS THE MOVEMENT FOR AN EQUITABLE AND SUSTAINABLE
	TRANSPORTATION SYSTEM THAT PUTS PEOPLE FIRST.
	WE ARE PASSIONATE ABOUT CONNECTING COMMUNITIES, ENDING THE CLIMATE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$
	ADVOCACY:
	FROM CITY HALL TO THE STATE CAPITOL, WE'VE SPENT DECADES PROTECTING
	MILLIONS OF DOLLARS IN FUNDING FOR WALKING, BICYCLING, AND TRANSIT, AND
	FOUGHT FOR NEW POLICIES AND INFRASTRUCTURE IN COMMUNITIES WHERE THEY'RE
	NEEDED. AS BOLD, EFFECTIVE ADVOCATES, MOVE MINNESOTA IS BUILDING AN
	ACTIVE GRASSROOTS BASE, FINDING COMMON GROUND IN SHARED VALUES, AND
	RALLYING PEOPLE AROUND THE RADICAL IDEA THAT IT'S GOOD TO HAVE OPTIONS.
	WE HELP OUR FELLOW MINNESOTANS TELL THE STORIES OF HOW TRANSPORTATION INFLUENCES THEIR LIVES AND THE FUTURE OF REGION. TOGETHER, OUR VOICES
	ARE A POWERFUL CHALLENGE TO THE STATUS QUO.
	ARE A FOWERFOL CHALDENGE TO THE STATUS 200.
	AT MOVE MINNESOTA, WE LOVE INSPIRING MORE PEOPLE TO RIDE TRANSIT, BIKE, WALK, CAR-SHARE, AND RIDE-SHARE. WE KNOW THAT SHARING KNOWLEDGE AND PROVIDING OPPORTUNITIES FOR PEOPLE TO EXPERIENCE TRANSPORTATION OPTIONS FIRSTHAND IS KEY TO CHANGING HEARTS, MINDS, AND HABITS. OUR EDUCATIONAL PROGRAMMING CONNECTS COMMUTERS AND EMPLOYERS WITH SUSTAINABLE OPTIONS FOR GETTING AROUND, AND PARTNERS WITH COLLEGES AND UNIVERSITIES TO IMPROVE COMMUTING OPTIONS FOR STUDENTS AND FACULTY.
4c	
4c	COMMUNITY ENGAGEMENT:
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ST. PAUL TRANSPORTATION MANAGEMENT

Form	<u>990 (2023)</u> ORGANIZATION 41-1906	261	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI	11a	<u></u>	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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ST. PAUL TRANSPORTATION MANAGEMENT

Form	<u>990 (2023)</u> ORGANIZATION 41-1906	261	P	_{age} 4						
Par	t IV Checklist of Required Schedules (continued)									
			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		X						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
b	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?									
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete									
	Schedule L. Part I	25b		x						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x						
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		x						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>									
-	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>.</u>								
02		32		x						
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34	х							
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X							
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000								
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>						
00	If "Yes," complete Schedule R, Part V, line 2	36		x						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>						
00	Note: All Form 990 filers are required to complete Schedule O	38	х							
Par		1 00		1						
	Check if Schedule O contains a response or note to any line in this Part V			\square						
		<u></u>	Yes	No						
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11									
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
-	(gambling) winnings to prize winners?	1c	Х							
332004	4 12-21-23		990	(2023)						
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Part V Statements Regarding Other IRS Filings and Tax Compliance contributed 2a Exter its number of employee reported on Form W3, Trainmital of Wage and Tax Statements. 16 1 1 20 X:x 2a Exter its number of employees reported on Form W3, Trainmital of Wage and Tax Statements. 20 X 2b X:x 20 X 20 X 2b X:x x y X:x 20 X 2b X:x x y X:x 20 X 2b X:x x y X:x y X:x X:x X:x 2b Y:x x X:x X:x X:x X:x 2b Y:x x X:x X:x X:x 2b Y:x x X:x	Form	990 (2023) ORGANIZATION 41-1906	261	Р	age 5
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If "Yes," complete Form 6069.			17		
	332005		Form	990	(2023)

332005 12-21-23

ST. PAUL TRANSPORTATION MANAGEMENT

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					P	age 6
Fai				"No" r	espon	se
		See I	nstructions.			
						X
Sec	tion A. Governing Body and Management					
				_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	Image: Construction of the constructin constructin construction of the construction construction of the		3		x	
4				4		Х
5				5		X
				6		x
	•					
				7a		x
h				<u> </u>		
D				7b		x
0				70		- 22
	Mathematical and the set of the		0-	х		
a				8a		x
D				dß		
9						v
600				9		X
Sec	TOTI B. POICIES (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	No
				10a		X
b		apters	, affiliates,			
				10b	77	
11a		befor	e filing the form?	11a	Х	
b						
12a				12a	X	
				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
				12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec						
17	List the states with which a copy of this Form 990 is required to be filed MN					
18		d 990	-T (section 501(c)(3):	s only) a	availat	ole
		_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		on Sc	hedule ()			
19			,	d financ	cial	
			and policy, and			
20		ks and	t records			
332004				Form	990	(2023)
	1a Enter the number of voting members of the governing body at the end of the tax year 1a 10 1b If there are material differences in voting rights among members of the governing body, or if the governing body and the governing body. The difference interest or its of the governing body or a business relationship with any other office, director, trustee, or key employees have a family relationship or a business relationship with any other office, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duration company or then person? 2 2 Did the organization have members, succhoiders, or other person? 2 3 Did the organization have members, succhoiders, or other person? 2 4 Did the organization have members, succhoiders, or other person? 7 5 Did the organization theorem and body? 7 8 Did the organization company of the members, succhoiders, or persons ofth and the power to elect or appoint one or more members of the governing body? 7 8 Did the organization neaves durating the governing body? 8 9 Is the any ordice, director, trustee, or key employees to duratin Part VIII, Section A, who cannot be reached at the governing bo					

	ST. PAUL TRANSPORTATION MANAGEMENT	
Form 990 (2023)	ORGANIZATION	41-1906261 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Hig	ghest Compensated
Employee	es, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensated Employed	es
 List all of the organ 	or all persons required to be listed. Report compensation for the calendar ye nization's current officers, directors, trustees (whether individuals or organiz (E), and (F) if no compensation was paid.	5 5 ,
•	nization's current key employees, if any. See the instructions for definition of on's five current highest compensated employees (other than an officer, direct	

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			ne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	rson i	s both r/trus	an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SAM ROCKWELL	32.00									
EXECUTIVE DIRECTOR	8.00			Х				105,451.	0.	31,086.
(2) LINNEA HOUSE	32.00									
DIRECTOR OF FINANCE	0.00			Х				50,170.	0.	33,787.
(3) PATRICK MARTIN	4.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(4) LAURA GRETEMAN	4.00									
VICE CHAIR/TREASURER	1.00	Х		X				0.	0.	0.
(5) ALEX TSATSOULIS	2.00									_
SECRETARY	1.00	Х		X				0.	0.	0.
(6) KIM BERGGREN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) JOAN HOLLICK	2.00								•	•
TRUSTEE	0.00	Х						0.	0.	0.
(8) SASHA LWEIS-NORELLE	4.00								0	0
	1.00	X						0.	0.	0.
(9) ERIC MORAN	2.00	37							0	0
TRUSTEE	1.00	Х						0.	0.	0.
(10) BEN RABE TRUSTEE	2.00	х						0.	0.	0.
(11) DARWIN YASIS	2.00	Λ						0.	0.	<u> </u>
TRUSTEE	1.00	х						0.	0.	0.
(12) ANGELA PETERSON	2.00	~						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
	1.00									U •
		1								
		1								
		1								
220007 10 01 02										Earm 990 (2023)

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Form 990 (2023)

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ST. PAUL TRANSPORTATION MANAGEMENT

	990 (2023) ORGANIZAT	ION			- 0			- 1 - 1		41-19	062	261	Page 8
Par	t VII Section A. Officers, Directors, Trust		oloye	es,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, offic	not ch unles cer and	s per	nore t	than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related) ated nt of er	
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	compen from organiz and re organiz	the ation lated
											\square		
											-		
											\dashv		
									155,621.			6.4	072
с	Subtotal Total from continuation sheets to Part VII	, Section A							<u> </u>		0. 0. 0.		873. 0. 873.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization										<u></u>	01,	1
3	Did the organization list any former officer,	director, truste	e, k	ey e	mple	oyee	e, or	hig	hest compensated emp	loyee on		Ye	s No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	dual for services		4	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	<u>ch p</u>	berso	on .				<u> </u>	5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	nsat	ion from	
	(A) Name and business	address	NC	ONE]				(B) Description of s	ervices	С	(C) ompensa	tion
								_					
								_					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hos 0		ted	above) who received m	ore than			

Form **990** (2023)

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ST. PAUL TRANSPORTATION MANAGEMENT

			<u></u> ,	ANIZATI	ON				41-1906	261 Pa	age 9
Pa	rt \	/	Statement of Rev	venue							
			Check if Schedule O c	ontains a resp	onse	or note to any lir	1 / • •	(5)	(0)	(D)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exc from tax ur	
										sections 512	
nts nts	1	а	Federated campaigns	1a			-				
àraı our				<u>1b</u>			4				
a, C Am			Fundraising events			3,995.	-				
Gifi İlar			Related organizations			1 001	-				
ns, Simi			Government grants (contri			4,281.	-				
itio er S		f	All other contributions, gifts, g		1						
Oth			similar amounts not included			353,200.	4				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in li				1 261 476				
<u>a</u> C		h	Total. Add lines 1a-1f			Business Code	1,361,476.				
		_	CMAO - WORKDI	אפשפ		485000	262,946.	262,946.			
rice	2		<u>CMAQ - WORKPLZ</u> CMAQ - COMPETE			485000	146,203.				
er. ue		b	OTHER CONTRACT			485000	96,012.				
Program Service Revenue			CITY OF ST PA			485000	25,300.	25,300.			
		u e				405000	25,500.	25,500.			
Pro			All other program service r								
			Total. Add lines 2a-2f				530,461.				
	3		Investment income (includ								
							2,238.			2,2	38.
	4		Income from investment of								
	5		Royalties								
				(i) Re	al	(ii) Personal					
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of	(i) Secu	rities	(ii) Other	-				
			assets other than inventory	7a			-				
		b	Less: cost or other basis								
venue			and sales expenses	7b			-				
			Gain or (loss)	7c							
r B			Net gain or (loss)								
Other Re	8	а	Gross income from fundraisin including \$3								
0			contributions reported on I								
			Part IV, line 18	-	8a	0.					
		b	Less: direct expenses				1				
			Net income or (loss) from f				-6,255.			-6,2	55.
	9		Gross income from gaming								
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from g								
	10	а	Gross sales of inventory, le	ess returns							
			and allowances			a					
		b	Less: cost of goods sold		101	þ					
		С	Net income or (loss) from s	sales of invent	ory						
S						Business Code					
eou	11										
scellaneo Revenue		b									
Miscellaneous Revenue		C d									
Mi			All other revenue								
	12		Total revenue. See instruction				1,887,920.	530,461.	0.	-4,0	17.
33200					<u></u>		_,,,,,	,		Form 990	

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2023.05000 ST. PAUL TRANSPORTATION M A4782441

ORGANIZATION

Form 990 (2023)

ST. PAUL TRANSPORTATION MANAGEMENT

41-1906261 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
	Check if Schedule O contains a respons	(A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		ł
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	237,629.	192,847.	40,157.	4,625
6	Compensation not included above to disqualified			10/10/1	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	742,339.	523,042.	125,577.	93,720
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,652.	15,823.	3,165.	<u>10,664</u> 8,204
0	Payroll taxes	75,990.	55,074.	12,712.	8,204
1	Fees for services (nonemployees):				
а	Management	1 1 0 17		1 055	
b	• • • • • • • • • • • • • • • • • • •	1,107. 19,365.	52.	1,055.	1
с	• • • • • • • • • • • • • • • • • • •	490.	908.	<u>18,456.</u> 490.	1
d	, , , , , , , , , , , , , , , , , , ,	490.		490.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g					
э	column (A), amount, list line 11g expenses on Sch 0.)	100,587.	79,277.	13,977.	7.333
2	Advertising and promotion	413.	79,277. 311.	11.	<u>7,333</u> 91
3	Office expenses	14,118.	8,757.	3,943.	1,418
4	Information technology	8,365.	6,642.	948.	775
5	Royalties				
6	Occupancy	58,626.	42,839.	8,868.	6,919
7	Travel	205.	205.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0					
1	Payments to affiliates	11,991.	3 9 9 7	3,997.	3,997
2 3	Depreciation, depletion, and amortization	4,716.	<u>3,997.</u> 1,316.	3,187.	213
3 4	Other expenses. Itemize expenses not covered		1,510.	5,107.	215
•	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	18,612.	13,006.	1,856.	3,750
b	PROGRAM MATERIALS	17,344.	16,399.	101.	844
с	PAYROLL & 401K SERVICE	5,753.	3,311.	1,155.	1,287
d	PROFESSIONAL DEVELOPMEN	4,893.	3,050.	1,539.	304
е	All other expenses	2,119.	1,232.	420.	467
5	Total functional expenses. Add lines 1 through 24e	1,354,314.	968,088.	241,614.	144,612
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2023)

Form 990 (2023)

ORGANIZATION

ST. PAUL TRANSPORTATION MANAGEMENT

	rt X	Balance Sheet					1900201 Page II
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			79,975.	1	70,808.
	2	Savings and temporary cash investments	448,455.	2	425,683.		
	3	Pledges and grants receivable, net			116,958.	3	685,471.
	4	Accounts receivable, net			3,557.	4	0.
	5	Loans and other receivables from any current or			•	_	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				6,338.	9	12,330.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	157,709.			
	b		10b	151,340.	18,359.	10c	6,369.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			52,025.	15	138,691.
	16	Total assets. Add lines 1 through 15 (must equa			725,667.	16	1,339,352.
	17	Accounts payable and accrued expenses	120,303.	17	85,737.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pay	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	•		100.000
		of Schedule D		····· -	0.	25	133,828.
	26	Total liabilities. Add lines 17 through 25			120,303.	26	219,565.
6		Organizations that follow FASB ASC 958, che	ck here				
ICe		and complete lines 27, 28, 32, and 33.			202 064		126 161
alar	27				392,864.	27	436,464.
Ä	28	Net assets with donor restrictions			212,500.	28	683,323.
un		Organizations that do not follow FASB ASC 95	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
μĂ	31	Retained earnings, endowment, accumulated inc		E C		31	1 110 707
Ne	32	Total net assets or fund balances			605,364. 725,667.	32	1,119,787.
	33	Total liabilities and net assets/fund balances			145,007.	33	1,339,352.

Form 990 (2023)

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isiyii i					
	ST. PAUL TRANSPORTATION MANAGEMENT	11 10	0 C 0 C 1		40
	n 990 (2023) ORGANIZATION rt XI Reconciliation of Net Assets	41-19	06261	Pag	_{ge} 12
Fai					T7
	Check if Schedule O contains a response or note to any line in this Part XI				X
			1 005	,	20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>1,887</u> 1,354	, 9.	<u>20.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	:, 3.	$\frac{14}{26}$
3	Revenue less expenses. Subtract line 2 from line 1	3	605	, 0	54
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	603), 30	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1 0	1	<u></u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-19	, <u>1</u>	53.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1 1 1 1		- -
Do	column (B))	10	1,119	, /	5/.
Fai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				v
2a			2a		X
	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			v	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2023)

SCHEDULE A	Dublic Ch	arity Status an	d Duk	slia Su	innort		OMB No. 1545-0047		
(Form 990)		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.					2023		
Department of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public		
Internal Revenue Service	Go to www.irs.go	ov/Form990 for instruction	ns and the	e latest inf	ormation.	Inspection			
Name of the organization	on ST. PAUL TRAN	SPORTATION MAI	NAGEMI	ΣNT			identification number		
	ORGANIZATION						1-1906261		
Part I Reason	or Public Charity Status	 (All organizations must c 	omplete th	nis part.) S	ee instruction	S.			
The organization is not a	private foundation because it is	s: (For lines 1 through 12, c	heck only	one box.)					
1 A church, cor	vention of churches, or associa	tion of churches described	l in sectio	on 170(b)(1	I)(A)(i).				
2 A school des	cribed in section 170(b)(1)(A)(ii	. (Attach Schedule E (Forn	า 990).)						
	a cooperative hospital service o	•			•				
	earch organization operated in	conjunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
city, and state									
	on operated for the benefit of a	college or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
	b)(1)(A)(iv). (Complete Part II.)								
	te, or local government or gover								
-	on that normally receives a subs	stantial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
	b)(1)(A)(vi). (Complete Part II.)								
	trust described in section 170		-	ad in aanii	notion with o	land grant			
-	al research organization describ			-		-	-		
university:	or a non-land-grant college of ag	nculture (see instructions).		name, city	, and state of	the college			
· _	on that normally receives (1) mo	re than 33 1/3% of its sunr	ort from c	ontribution	ns membersh	in fees and	d aross receipts from		
	ed to its exempt functions, sub								
	nrelated business taxable incor						-		
	509(a)(2). (Complete Part III.)								
	on organized and operated excl	usively to test for public sa	fety. See	section 50)9(a)(4).				
	on organized and operated excl	•	•			rry out the	purposes of one or		
more publicly	supported organizations descri	bed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on		
lines 12a thro	ugh 12d that describes the type	e of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
a 🗌 Type I. A si	upporting organization operated	, supervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving		
the support	ed organization(s) the power to	regularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting		
organizatio	n. You must complete Part IV,	Sections A and B.							
b Type II. A s	upporting organization supervis	ed or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving		
control or n	nanagement of the supporting c	rganization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
organizatio	n(s). You must complete Part I	V, Sections A and C.							
	ctionally integrated. A suppor	• •				ly integrate	ed with,		
	ed organization(s) (see instructio								
	n-functionally integrated. A su					•			
	unctionally integrated. The orga	c ,	•		•	an attentiv	/eness		
·	t (see instructions). You must o	•							
	box if the organization received integrated, or Type III non-func				турет, туре	п, туре п			
	· · · · · · · · · · · · · · · · · · ·								
	ng information about the suppo	rted organization(s)							
(i) Name of suppo		(iii) Type of organization		anization listed	(v) Amount of	fmonetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see ir	nstructions)	support (see instructions)		
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332021 12-21-23 19 Schedule A (Form 990) 2023

ST. PAUL TRANSPORTATION MANAGEMENT

	(Form 990) 2023 ORGANIZATION	41-1906261	Page 2
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fail	ed to qualify under Part III. If the organizati	ion
	fails to qualify under the tests listed below, please complete Part III.)		

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	185,692.	437,695.	871,258.	704,433.	1361476.	3560554.
2	Tax revenues levied for the organ-		-		-		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	185,692.	437,695.	871,258.	704,433.	1361476.	3560554.
	The portion of total contributions	100,001	10//0901	0/1/2001	/01/1000	10011/01	
5	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)						2420689.
~	·····						1139865.
	Public support. Subtract line 5 from line 4.						1139003.
	••	()	(1) 0000	() 000 ((1) 0000	() 2222	(a) =
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021 871,258.	(d) 2022	(e)2023 1361476.	(f) Total 3560554.
	Amounts from line 4	185,692.	437,695.	0/1,200.	704,433.	13014/0.	3300354.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 544	1	4 995			
	and income from similar sources \dots	1,711.	1,099.	1,335.	1,202.	2,238.	7,585.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	274.		987.	2,435.		3,696.
11	Total support. Add lines 7 through 10						3571835.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,512,440.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>31.91 %</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>64.46</u> %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						V
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is 1	
~	more, and if the organization meets the	•					, , ,
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-		• •		
		and not oncon a l		<u>, 100, 110, 01 170</u>	, encor and box a		(Form 990) 2023

Schedule A (Form 990) 2023

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	T. PAUL T RGANIZATI		TION MANA	GEMENT	41-190	6261 Page 3
Part III Support Schedule for C			Section 509(a)	(2)	11 190	
(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under P	art II. If the organiz	ation fails to
qualify under the tests listed b			organization failed			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and		(1) = = = = =	(0) = 0 = 0	(,		(1) 10100
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	() == (=	(1) 0000	() 000 ((1) 0000	() 2222	(1)
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6 10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatic	on,
check this box and stop here	-					
Section C. Computation of Publi						
15 Public support percentage for 2023 (I			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 20					17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%

17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%			
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%			
19	19a 33 1/3% support tests - 2023. 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	tion				
I	33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 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 ins	tructi	ons			

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 332023 12-21-23

Schedule A (Form 990) 2023

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ST. PAUL TRANSPORTATION MANAGEMENT

Schedule A (Form 990) 2023	
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Yes No

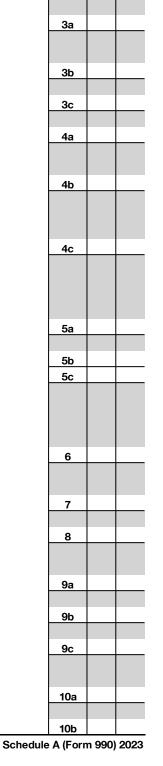
ORGANIZATION Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	ST. PAUL TRANSPORTATION MANAGEMENT		-	
	dule A (Form 990) 2023 ORGANIZATION 41-19	0626	<u>1 Pa</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
6 00	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
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 governmental entity (see in	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2a		
b				
5	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 been engaged in			
	these activities but for the organization's involvement.	2b		
			1	

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "No" 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.* 332025 12-21-23

3b | Schedule A (Form 990) 2023

3a

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ST. PAUL TRANSPORTATION MANAGEMENT

Sche	dule A (Form 990) 2023 ORGANIZATION		4	1-1906261 Page 6
Pa		ng Organi		<u>и</u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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ST. PAUL TRANSPORTATION MANAGEMENT

Sche	dule A (Form 990) 2023 ORGANIZATION	DIONIATION MANY		41	L-1906261 Page 7
Par		(a)(3) Supporting Orga	nizations (continued		
Secti	on D - Distributions		(*********		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-			- 1	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			- 1	
	than zero, explain in Part VI. See instructions.			-	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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ST. PAUL TRANSPORTATION MANAGEMENT

ORGANIZATION Schedule A (Form 990) 2023 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990) 2023

SCHEDULE C	Po	litical Campaign	and Lobbyir	ng Activities		OMB No. 1545-0047
Form 990)	For Orga	nizations Exempt From Incom	ne Tax Under Section	501(c) and Section 5	27	2023
epartment of the Treasury ternal Revenue ServiceComplete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization answ • Section 501(c)(3) org • Section 501(c)(3) org the organization answ ax) (see separate instr • Section 501(c)(4), (5) ame of organization Part I-A Completion 1 Provide a description 2 Political campaign a 3 Volunteer hours for Part I-B Completion 1 Enter the amount of 2 Enter the amount of 3	wered "Yes" on janizations: Complete than section 50 ations: Complete wered "Yes" on janizations that h janizations that h wered "Yes" on ructions), then: , or (6) organizati ST. PAUI ORGANIZZ ete if the organization on of the organization political campaig ete if the organization activity expenditu political campaig ete if the organization and the organization political campaig	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not co 1(c)(3)) organizations: Complete Part I-A only. Form 990, Part IV, line 4, or Fo ave filed Form 5768 (election un ave NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Prox ons: Complete Part III. TRANSPORTATION ATION anization is exempt und ation's direct and indirect politic ures an activities anization is exempt und ncurred by the organization unconcurred by organization manage	rm 990-EZ, Part V, lin mplete Part I-C. Parts I-A and C below orm 990-EZ, Part VI, lin nder section 501(h)): C ion under section 501(y Tax) (see separate in MANAGEMENT er section 501(c) al campaign activities er section 501(c) ler section 4955 ers under section 4955	ne 46 (Political Camp v. Do not complete Par ine 47 (Lobbying Acti complete Part II-A. Do r (h)): Complete Part II-B instructions) or Form or is a section 52 in Part IV. (3).	t I-B. vities), the not comple 990-EZ, I Employe 27 organ \$	vities), then: en: ete Part II-B. omplete Part II-A. Part V, line 35c (Proxy er identification numb 41 - 1906261 nization. ()
a Was a correction m b If "Yes," describe in art I-C Comple	ade? 1 Part IV. ete if the orga	a 4955 tax, did it file Form 4720	er section 501(c)	, except section {	501(c)(3)	-
 2 Enter the amount or exempt function ac 3 Total exempt function interaction interac	f the filing organi tivities on expenditures. zation file Form ddresses, and en or each organizat ved that were pro	by the filing organization for se- zation's funds contributed to ot Add lines 1 and 2. Enter here a 1120-POL for this year? Inployer identification number (E ion listed, enter the amount pair mptly and directly delivered to a idditional space is needed, prov	her organizations for s nd on Form 1120-POL N) of all section 527 p d from the filing organi a separate political org	ection 527 -, volitical organizations to ization's funds. Also er ganization, such as a so	\$ \$ o which th ater the an	nount of political
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er-0	(e) Amount of political ontributions received an promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

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		ST. PAUL TH	RANSPORTATIO	N MANAGEMENT	1	
Sche		ORGANIZATIO				L906261 Page 2
Pa	rt II-A Complete if the org	anization is exe	mpt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
	section 501(h)).					
Α	Check 🛛 if the filing organiza	tion belongs to an af	filiated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
	expenses, and sha	re of excess lobbying	expenditures).			
B	Check 🔄 if the filing organiza	tion checked box A a	and "limited control" pro	ovisions apply.		_
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
с	Total lobbying expenditures (add li	nes 1a and 1b)				
d	•					
е	Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter	er the amount from th	e following table in bot	h columns.		
	If the amount on line 1e, column (a) c	or (b) is: The lo	bbying nontaxable am	ount is:		
	not over \$500,000,	20% of	f the amount on line 1e.			
	over \$500,000 but not over \$1,000),000, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000, \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,	000,000, \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000,	\$1,000	,000.			
g	Grassroots nontaxable amount (er	ter 25% of line 1f)				
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i	Subtract line 1f from line 1c. If zero	o or less, enter -0				
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this	year?				Yes No
		4-Year Av	veraging Period Under	Section 501(h)		
	(Some organizations t	See the sepa	rate instructions for li	nes 2a through 2f.)	of the five columns b	elow.
		Lobbying Expe	enditures During 4-Yea	ar Averaging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					

Schedule C (Form 990) 2023

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c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

ST. PAUL TRANSPORTATION MANAGEMENT

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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 e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		ı)	(b)	
	obbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		v		
	Volunteers?	x	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x		
C L	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x	Δ		490.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	A	X		490.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 X		
	Other activities?		Δ		490.
	Total. Add lines 1c through 1i		х		490.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Δ		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or sec	tion	
1 41	501(c)(6).		, 01 000		
				Yes	No
4	Mara autostantially all (000/ as mara) dues respired pendedustible by members?		1	100	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th tIII-B Complete if the organization is exempt under section 501(c)(4), section			tion	
l'ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3			-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information				
Draw	the dependence required for Dart LA, line 1: Dart LP, line 4: Dart LC, line 5: Dart II A (affiliated group	list), Dort II	A lines 1 a		

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

Schedule C (Form 990) 2023

332043 11-06-23

SC	HEDULE D	OMB No. 1545-0047					
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2023			
	ment of the Treasury	Open to Public					
	I Revenue Service		0 for instructions and the latest informatic איד איז				
Nam	e of the organization	ORGANIZATION	ATION MANAGEMENT	Employer identification number 41-1906261			
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value at	t end of year					
5	-		writing that the assets held in donor advised				
			exclusive legal control?				
6			dvisors in writing that grant funds can be us				
	• •		r donor advisor, or for any other purpose cor				
Da	impermissible priva		· · · · · · · · · · · · · · · · · · ·				
			ganization answered "Yes" on Form 990, Par	rt IV, line 7.			
1		servation easements held by the organization					
		of land for public use (for example, recrea	<i>'</i>	historically important land area certified historic structure			
	_	f natural habitat n of open space	Preservation of a	certified historic structure			
2			ied conservation contribution in the form of	a conservation easement on the last			
2	day of the tax year	o o 1		Held at the End of the Tax Year			
а							
b							
c	e e	vation easements on a certified historic stru					
d		vation easements included on line 2c acqu					
		•		2d			
3			eased, extinguished, or terminated by the or				
	year						
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	holds?	Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year			
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year			
-							
8		·	satisfy the requirements of section 170(h)(4)				
•							
9	,	0 1	on easements in its revenue and expense sta				
		ounting for conservation easements.	ote to the organization's financial statement	s that describes the			
Pa			Art, Historical Treasures, or Othe	er Similar Assets.			
		f the organization answered "Yes" on Form					
			8, not to report in its revenue statement and	balance sheet works			
			blic exhibition, education, or research in furth				
			ncial statements that describes these items.	·			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	ance sheet works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,			
	provide the followi	ng amounts relating to these items.					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$			
	(ii) Assets include	ed in Form 990, Part X		\$			
2	0		asures, or other similar assets for financial ga	ain, provide			
	-	unts required to be reported under FASB A	-				
a							
	-	eduction Act Notice, see the Instructions	5 TOR FORM 990.	Schedule D (Form 990) 2023			
33205	1 09-28-23		30				
			50	· · · ·			

		UL TRANSPOR	TATION M	ANAGEMENT	1				_
	edule D (Form 990) 2023 ORGANI			-		41-	1906261	LF	> _{age} 2
Pa	rt III Organizations Maintaining							ued))
3	Using the organization's acquisition, acces collection items (check all that apply).	sion, and other record	ls, check any of	the following that	make si	gnificant use of	its		
а	Public exhibition	(d 🗌 Loan or	exchange progra	am				
b	Scholarly research								
с	Preservation for future generations								
4	Provide a description of the organization's	collections and explai	n how thev furth	er the organizatio	n's exem	not purpose in F	Part XIII.		
5	During the year, did the organization solicit	•		•					
•	to be sold to raise funds rather than to be		,	,			Yes		No
Pa	rt IV Escrow and Custodial Arra								
	reported an amount on Form 990, F								
1a	Is the organization an agent, trustee, custo	dian, or other interme	diary for contrib	utions or other as	sets not	included			
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XI								
			lowing table.				Amount		
~	Beginning balance					1c		-	
	Beginning balance								
	Additions during the year								
-	5 7								
f Or	Ending balance Did the organization include an amount on						Yes		
	-					•			No
	If "Yes," explain the arrangement in Part XI rt V Endowment Funds Complete					<u></u>			
I UI		(a) Current year	(b) Prior yea			(d) Three years b	ack (e) Four	Voor	e back
			(b) Phor yea		SDACK	(a) Three years b		year	5 Dauk
	Beginning of year balance								
b	Contributions								
С									
	• • • • • • • • • • • • • • • • • • • •								
е	Other expenditures for facilities								
	and programs								
f									
g	End of year balance								
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.							
3a	Are there endowment funds not in the post	session of the organization	ation that are he	ld and administer	ed for the	е			
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requi	red on Schedule	R?			3b		
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization answe	red "Yes" on Form 990	D, Part IV, line 1 ⁻	a. See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o	other (b)	Cost or other	(c) A	cumulated	(d) Bool	< vali	ue
		basis (investi	• •	asis (other)	• •	preciation			
1a	Land								
	Buildings								
				14,571.		14,568.			3.
	Equipment Other			143,138.	1	36,772.	6	5 7	366.
	I. Add lines 1a through 1e. (Column (d) musi		V line 10=						
1010	Add intes ta through te. (Column (d) musi	<u>equal Form 990, Part</u>		/////(B)) ·····			dule D (Form		
						Sche	uule D (Form	ເລລິ	1 2023

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Schedule D (Form 990) 2023

ST. PAUL TRANSPORTATION MANAGEMENT

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

ORGANIZATION

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

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) RIGHT OF USE ASSET	132,822.
(2) LEASE DEPOSIT	5,869.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	138,691.
Part X Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	133,828.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	133,828.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

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Schedule D (Form 990) 2023

edule D (Form 990) 2023 ORGANIZATION	homonto With Dovon	<u>41-1906261</u>
rt XI Reconciliation of Revenue per Audited Financial Stat		le per Return
Complete if the organization answered "Yes" on Form 990, Part IV, lir		
		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
Add lines 2a through 2d		
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. art XII Reconciliation of Expenses per Audited Financial Sta) atements With Expen	
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> , art XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir) atements With Expen ne 12a.	ses per Return
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements) atements With Expen ne 12a.	ses per Return
c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i> art XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With Expen ne 12a.	ses per Return
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities) atements With Expen ne 12a. 	ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments) atements With Expen ne 12a. 	ses per Return
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses) atements With Expen ne 12a. 2a 2b 2c	ses per Return
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return 1 2e
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return 1 2e
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With Expen ne 12a. 2a 2b 2c 2d	5 ses per Return 1 2e
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, art XII) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b) atements With Expen 10 12a. 2a 2b 2c 2d 4a	5 ses per Return 1 2e
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)) atements With Expen 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3
 c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> art XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b) atements With Expen ne 12a. 2a 2b 2c 2d 2d 4a 4b	5 ses per Return 1 2e 3 4c

PART X, LINE 2:

MOVE MINNESOTA IS EXEMPT FROM	M FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE	(IRC) AND FROM MINNESOTA INCOME TAXES. IN
ADDITION, THE ORGANIZATION H	AS BEEN DETERMINED BY THE INTERNAL REVENUE
SERVICE NOT TO BE A PRIVATE	FOUNDATION WITHIN THE MEANING OF SECTION
509(A) OF THE IRC. THEREFORE	, CHARITABLE CONTRIBUTIONS ARE TAX DEDUCTIBLE.
THE ORGANIZATION FOLLOWS THE	PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES. THIS STANDARD	CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES RECOGNIZED IN A	N ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES
A RECOGNITION THRESHOLD FOR	THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED	TO BE TAKEN ON A TAX RETURN THAT ARE NOT
332054 09-28-23	Schedule D (Form 990) 2023
21091114 131839 A478244	2023.05000 ST. PAUL TRANSPORTATION M A478244

ST. PAUL TRANSPORTATION MANAGEMENT ORGANIZATION

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 Schedule D (Form 990) 2023
 ORGANIZATIO

 Part XIII
 Supplemental Information (continued)

CERTAIN TO BE REALIZED.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL AND STATE

AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD

JEOPARDIZE ITS TAX-EXEMPT STATUS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE O	OMB No. 1545-0047							
(Form 990)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on							
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		2023 Open to Public Inspection					
Name of the organization	ST. PAUL TRANSPORTATION MANAGEMENT ORGANIZATION		identification number 906261					

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUTS PEOPLE FIRST.

WE ARE PASSIONATE ABOUT CONNECTING COMMUNITIES, ENDING THE CLIMATE

CRISIS, EXPANDING ACCESS TO JOBS AND RESOURCES, AND IMPROVING DAILY

LIFE FOR MINNESOTANS OF ALL AGES, RACES, INCOMES, AND ABILITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CRISIS, EXPANDING ACCESS TO JOBS AND RESOURCES, AND IMPROVING DAILY

LIFE FOR MINNESOTANS OF ALL AGES, RACES, INCOMES, AND ABILITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REGION'S NEXT BIG TRANSIT PROJECT, WE KNOW WE CAN DO MORE WHEN WE'RE

AUTHENTICALLY CONNECTED.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD OF DIRECTORS DOES NOT HAVE A COMMITTEE WITH GOVERNING AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWED THE COMPLETED FORM 990 AND MADE A

RECOMMENDATION TO THE FULL BOARD OF DIRECTORS REGARDING THE ACCEPTANCE AND

FILING OF THE FORM 990. THE FULL BOARD OF DIRECTORS WAS PROVIDED A COPY OF

THE FORM 990, IN ADDITION TO THE MINNESOTA ATTORNEY GENERAL'S ANNUAL REPORT

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PRIOR TO FILING.

Schedule O (Form 990) 202	Page 2				
Name of the organization	ST.	PAUL ANIZA		MANAGEMENT	Employer identification number 41-1906261
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FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS PROVIDE DISCLOSURE OF ANY CONFLICTS OF INTEREST AT EACH MEETING. THESE STATEMENTS ARE REVIEWED BY THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR. ANY ACTUAL CONFLICTS ARE SHARED WITH THE FULL BOARD ORALLY AND IN WRITING. IF THERE ARE QUESTIONS ABOUT WHETHER A CONFLICT EXISTS, THE FULL BOARD VOTES. IF A CONFLICT EXISTS, THE INVOLVED BOARD MEMBER DOES NOT VOTE ON THE MATTER. ADDITIONALLY, IF A DIRECT FINANCIAL CONFLICT EXISTS, THE INVOLVED BOARD MEMBER DOES NOT PARTICIPATE IN THE DISCUSSION. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS EACH YEAR, AND AT THE HIRING OF A NEW EXECUTIVE DIRECTOR. TO REACH ITS DECISION, THE EXECUTIVE COMMITTEE REVIEWS PEER SALARY INFORMATION FROM THE MINNESOTA COUNCIL OF NONPROFIT'S SALARY SURVEY (PUBLISHED EVERY TWO YEARS) AND MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS DISCUSSES AND ACCEPTS OR AMENDS THE COMMITTEE'S RECOMMENDATION. THE SALARY AMOUNT IS TRANSMITTED IN WRITING (EMAIL) TO THE EXECUTIVE DIRECTOR AND FINANCE & ADMINISTRATION DIRECTOR.

IN 2022, KEY EMPLOYEES USED THE MINNESOTA COUNCIL OF NONPROFIT'S SALARY SURVEY TO REVIEW COMPENSATION LEVELS AND DETERMINED RATES FOR ALL EMPLOYEES FOR 2023. THE FINAL PROPOSAL FOR COMPENSATION WAS INCLUDED AS PART OF THE 2023 ANNUAL BUDGET APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

MOVE MINNESOTA MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

332212 11-14-23
Schedule O (Fo

	NSPORTATION MANAGEMENT	Employer identification numb
ORGANIZATION		41-1906261
ORM 990, PART XI, LINE 9,	CHANGES IN NET ASSETS.	
NDING NET ASSETS HELD AT H	PAC	-19,183.
		Schedule O (Form 990) 2

21091114 131839 A478244

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organiza											
	41-19										
Part I Identification of Disregarded Entities. Complete (a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d)	(e) ne End-of-year a	assets Dir	(f) Direct controllin entity				
		-									
		-									
Part II Identificat organizatio	tion of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one c	or more related tax	-exempt				
	(a) me, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllir entity	ng _{cont}	g) 512(b)(13) rolled tity? No			
MOVE MINNESOTA A 2446 UNIVERSITY ST PAUL, MN 551		ADVOCACY	MINNESOTA	501(C)(4)	s I	T PAUL RANSPORTATION MANAGEMENT	X				
		-									
		-									

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

ST. PAUL TRANSPORTATION MANAGEMENT

Schedule R (Form 990) 2023 ORGANIZATION

41-1906

41-1906261 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											_ _
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11 40 4				Yes	No

ST. PAUL TRANSPORTATION MANAGEMENT

Schedule R (Form 990) 2023 ORGANIZATION

Part	V Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	1990, Part IV, line 34, 35b,	or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_		Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed in	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a	Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	5, 5, , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1a		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)				11		X
,							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ	/ .			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio	.,		—	1n	х	
					10	X	
0	Sharing of paid employees with related organization(s)			·····	10	21	
					4		Х
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				<u>1q</u>		
							v
					1r		X
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	lationships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
<u>(6)</u>			

41-1906261

Page 3

ST. PAUL TRANSPORTATION MANAGEMENT

Schedule R (Form 990) 2023 ORGANIZATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2023

ST. PAUL TRANSPORTATION MANAGEMENT

Schedule R (Form 990) 2023 ORGANIZATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

MOVE MINNESOTA ACTION FUND

DIRECT CONTROLLING ENTITY: ST PAUL TRANSPORTATION MANAGEMENT ORGANIZATION

332165 09-28-23