PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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.

Room/suite **E** Telephone number

310

Department of the Treasury Internal Revenue Service

Address change Name change

Initial return

Final

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identifica

TRANSPORTATION CHOICES COALITION

Number and street (or P.O. box if mail is not delivered to street address)

1402 THIRD AVE

me Tax ivate founda public. ation.		ns)	OMB No. 1545-0047 2023 Open to Public Inspection
mployer ide	ntifi	cati	on number
94-318	56	39	
elephone nur 206–32			36
oss receipts \$			1,138,757.
Is this a grou	up re	eturr	า
for subordin	ates	?	Yes X No
Are all subordina	ates in	clude	ed? Yes No
If "No," attac	ch a	list.	See instructions
Group exem	$\overline{}$		
nation: 199	3 1	1 St	ate of legal domicile: WA
0			
25% of its ne		sets. I	1 /
	3		14
	4		10
	5		14
	6		0.
	7a 7b	_	0.
rior Year	713		Current Year
992,20	5.		1,032,729.
	9.		19,051.
+,5+	<u>- • </u>	-	15,051.

	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,138,757.
X	Amen		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: KIRK HOVENKOTTER		? Yes X No
•	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	
I T	ax-ex			list. See instructions
	Vebsi		H(c) Group exemption	
_			ear of formation: 1993 N	
	rt I	Summary	our or formation, =====	· Otato of logal dofficino,
		Briefly describe the organization's mission or most significant activities: SEE SCHEI	DULE O	
ce	•	briefly describe the organization of most organization of most organization.		
Governance	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets
veri		Number of voting members of the governing body (Part VI, line 1a)	1 1	14
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)		14
		Total number of individuals employed in calendar year 2023 (Part V, line 2a)	·····	10
Activities &		Total number of volunteers (estimate if necessary)	·····	14
ţį		Total unrelated business revenue from Part VIII, column (C), line 12		0.
Ac				0.
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		Operation of the second expenses (Ports) (III. line 11h.)	992,205.	1,032,729.
ne		Contributions and grants (Part VIII, line 1h)	1,319.	19,051.
/en		Program service revenue (Part VIII, line 2g)	1,097.	4,179.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,650.	<u>4,179.</u> 0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,006,271.	1,055,959.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	729,629.	748,680.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	35,100.
ă		Total fundraising expenses (Part IX, column (D), line 25) 192,313.	226 054	405 054
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	336,854.	405,854.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,066,483.	1,189,634.
		Revenue less expenses. Subtract line 18 from line 12	-60,212.	-133,675.
s or			Beginning of Current Year	End of Year
ssets Saland	20	Total assets (Part X, line 16)	2,395,477.	1,603,946.
ot As		Total liabilities (Part X, line 26)	772,549.	126,632.
		Net assets or fund balances. Subtract line 21 from line 20	1,622,928.	1,477,314.
	rt II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		Charakters of afficer	Data	
Sigr		Signature of officer	Date	
Her	Э	KIRK HOVENKOTTER, EXECUTIVE DIRECTOR		
		Type or print name and title	I Data I =	DTIN
		Print/Type preparer's name Preparer's signature	Date Check Check	PTIN
Paid		ERIC L. KIMPTON ERIC L. KIMPTON	self-employe	
Prep		Firm's name GREENWOOD OHLUND, PS	Firm's EIN 9	1-0873571
Use	Only	Firm's address 4241 21ST AVE W SUITE 400		06) 800 155
		SEATTLE, WA 98199	Phone no. (2)	06) 782-1767
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No

Form	1 990 (2023) TRANSPORTATION CHOICES COALITION	94-3185639	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TRANSPORTATION CHOICES COALITION BRINGS PEOPLE TOGETHER	TO ADVOCATE	
	FOR SAFE, SUSTAINABLE, AND EQUITABLE TRANSPORTATION ACRO		N .
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		Vec	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		111 110
•		Vac	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LA_ NO
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a			<u>051.</u>)
	POLICY - THE POLICY PROGRAM DEVELOPS CUTTING-EDGE LOCAL,		
	STATE POLICIES TO MAKE IT EASIER FOR RESIDENTS TO WALK,		E
	TRANSIT SAFELY, AFFORDABLY AND CONVENIENTLY. THE PROGRAM		
	IMPLEMENTS POLICIES TO MAKE IT MORE EFFICIENT TO MOVE PE	OPLE AND GOOD	DS.
4b	(Code:) (Expenses \$242,448. including grants of \$) (Reve		```
40	(Code:) (Expenses \$242,448. including grants of \$) (Reverse EDUCATION - THE EDUCATION PROGRAM EDUCATES WASHINGTON RE		
	TRANSPORTATION OPTIONS AVAILABLE TO GET AROUND. THIS WOR		
	WORKSHOPS, TRAININGS, MEETINGS, EVENTS AND OTHER ACTIVIT		
	WORKSHOPS, IRAININGS, MEETINGS, EVENTS AND OTHER ACTIVIT	TED.	
4c	(Code:) (Expenses \$	nue \$)
	ADVOCACY - THE ADVOCACY PROGRAM WORKS TO INCREASE FUNDING	IG AND GAIN	
	SUPPORT FOR TRANSIT, BIKE, AND PEDESTRIAN INFRASTRUCTURE	THROUGH	
	BUILDING OF INTERSECTIONAL COALITIONS THAT BRING TOGETHE	R BUSINESS,	
	LABOR, SOCIAL JUSTICE, ENVIRONMENTAL, HEALTH, AND TRANSF	ORTATION	
	ADVOCATES.		
4d	, , , , , , , , , , , , , , , , , , , ,		
	(Expenses \$ 83,554 · including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 838,073.		00
		Form 9	90 (2023)

Form 990 (2023) TRANSPORTATION CHOICES COALITION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	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			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	444	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 22	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	<u> </u>	X

	1990 (2023) TRANSPORTATION CHOICES COALITION 94-318	5639	Р	age '
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		 -
2 -1 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	·	040		x
	Schedule K. If "No," go to line 25a			<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			₩
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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
00		21		
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			3,7
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	.		
٠.		34		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
		. <u>35a</u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	9		
				4

	chock in contrast of containing a respective of files to any line in this case.					
			_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			10	x	

023) TRANSPORTATION CHOICES COALITION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a		37						
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	37					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X					
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
E.									
b	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30							
oa	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ju							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor'	? 7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с	<u> </u>	х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv							
11	Section 501(c)(12) organizations. Enter:								
_	Gross income from members or shareholders Cross income from other courses (De not not amounts due or noid to other courses against	\dashv							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1						
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

TRANSPORTATION CHOICES COALITION

Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

98093

MCBOOKS,

INC. - 206-373-6111 1815 SW CAMPUS DR #25673, FEDERAL WAY.

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

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

X

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

(A)	(B)	I		((<u></u>		ioati	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any						ĺ	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELSEY MESHER	40.00	_	_			1				
INTERIM EXECUTIVE DIRECTOR START 5/2				Х				103,987.	0.	12,025.
(2) ALEX HUDSON	40.00									
EXECUTIVE DIRECTOR UNTIL 5/19				Х				45,320.	0.	4,977.
(3) RICHARD DE SAM LAZARO	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(4) DAN KULLY	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(5) SAM ZIMBABWE	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(6) KRISTINA WALKER	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(7) CHARLA SKAGGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KYLIE ROLF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JEREMY UNE	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) CALEB WEAVER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PATIENCE MALABA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) KATIE GARROW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JACOB GONZALEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) EMILY MANNETTI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) LES REARDANZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ANGIE PETERS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Form 990 (2023) TRANSPOR	TATION (CHO	IC	ES	C	OA	LΙ	TION	94-31	185	639	Page 8
Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	Deathier								(I	F)		
Name and title	Average		not c	heck i	more	than c		Reportable	Reportable			nated
	hours per week					s both r/trust		compensation from	compensation from related			unt of her
	(list any	ctor						the	organization			nsation
	hours for	or dire	au au			ted		organization	(W-2/1099-MIS	SC/	fron	n the
	related organizations	Individual trustee or director	In stit utio nal tru stee		92	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			ization elated
	below	dual tr	ntional	L	Key employee	st con	75	1099-NEC)				zations
	line)	Individ	Institu	Officer	Key en	Highest compensated employee	Former				o. ga	
		-										
								140 207		^	1 7	000
1b Subtotal								149,307.		0.	1/,	002.
c Total from continuation sheets to Part V								149,307.		0.	17	002.
d Total (add lines 1b and 1c)									000 of reportable	_	,	,002.
compensation from the organization	iot iiiriited to ti	1036	11316	u au	JOVE) WIII	016	eceived more man proo,	ooo or reportable	•		1
componential non-tho-organization											Y	es No
3 Did the organization list any former office	r, director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	," co	mple	ete S	Sche	dule	J f	or such individual			4	X
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." col	nplete Schedul	e J fo	or st	ıch r	oers	on .					5	X
Section B. Independent Contractors		J = .= =						t i d th f	100 000		L:	
 Complete this table for your five highest of the organization. Report compensation for 	· ·	-								ensa	tion from	
(A)	trie caleridai y	cai c	iluii	ig w	iti i C) WII	111111	(B)	ear.		(C)	
Name and busines	s address	NC	ONE	3				Description of s	ervices	С	compensa	ation
							_					
							-					
2 Total number of independent contractors	including but a	ot lin	nitor	1 + 0 +	thos	منا م	ted	ahove) who recoived me	ore than			
\$100,000 of compensation from the organ	•	J. 1111	mec		(.cu	above, who received file	J. C. II I II I			

94-3185639

		Check if Schedule O contains a response or note t	o any line in this Part VIII			
		Official if Confedure O Contains a response of flote t	Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1:	A Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Text Add lines 1a-1f	150. 479.			
<u>O</u> 8	,	Total. Add lines 1a-1f Busine	ss Code			
ø.	2 :		099 19,051.	19,051.		
vic	_ `					
Ser						
ım (
Program Service Revenue						
Pro	, 1	All other program service revenue				
		Total. Add lines 2a-2f	19,051.			
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	4,179.			4,179.
	5	Royalties				
		(i) Real (ii) Pe	rsonal			
	6 8	a Gross rents6a				
	ı	Less: rental expenses 6b				
	•	Rental income or (loss) 6c				
	(Net rental income or (loss)				
	7 :	a Gross amount from sales of (i) Securities (ii) C	Other			
		assets other than inventory 7a				
	ı	Less: cost or other basis				
ne		and sales expenses 7b				
Revenue		Gain or (loss) 7c				
Re		Net gain or (loss)				
Other		Gross income from fundraising events (not including \$ 191,100. of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 82,	798.			
			798.			
	•	Net income or (loss) from fundraising events	0.			
	9 8	Gross income from gaming activities. See				
		Part IV, line 199a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a				
	ı	Less: cost of goods sold10b				
	•	Net income or (loss) from sales of inventory				
<u>s</u>		Busine	ss Code			
eon	11 a	·				
Miscellaneous Revenue	ı	·				
cel Sev	(·				
Mis	· '	All other revenue				
		Total. Add lines 11a-11d	1 055 050	10 051	^	4 1 7 0
	12	Total revenue. See instructions	1,055,959.	I 19.051.	0.	4,179.

Form 990 (2023) TRANSPORTATION CHOICES COALITION Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	455 000	44 = 0.64	0.4 = 0.=	00 510						
	trustees, and key employees	166,309.	117,864.	24,727.	23,718.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	470 000	257 425	67.000	<u> </u>						
7	Other salaries and wages	478,992.	357,425.	67,298.	54,269.						
8	Pension plan accruals and contributions (include	12 206	11 604	1 500	250						
_	section 401(k) and 403(b) employer contributions)	13,386. 37,756.	11,604. 32,731.	1,523. 4,295.	259. 730.						
9	Other employee benefits	52,237.	32,731.	7,522.	5,485.						
10	Payroll taxes	54,45/•	33,430.	1,344.	5,405.						
11	Fees for services (nonemployees):										
a	Management										
D	Legal	44,528.	35,329.	3,835.	5,364.						
4	Accounting	83,554.	83,554.	3,033.	3,304.						
u	Lobbying Professional fundraising services. See Part IV, line 17	35,100.	03,334.		35,100.						
f	Investment management fees	3371001			3371001						
g											
9	column (A), amount, list line 11g expenses on Sch 0.)	137,932.	86,167.	24,041.	27,724.						
12	Advertising and promotion		-								
13	Office expenses										
14	Information technology	8,152.	1,864.	961.	5,327.						
15	Royalties										
16	Occupancy	60,081.	32,362.	11,981.	15,738.						
17	Travel	12,389.	8,161.	1,641.	2,587.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Other expenses, Itemize expenses not covered										
24	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.)	31,632.	10 554	0 264	2 01 /						
a	MISCELLANEOUS MEALS & ENTERTAINMENT	16,591.	19,554. 5,660.	8,264.	3,814. 9,670.						
a	TELEPHONE & COMMUNICATI	10,995.	6,568.	1,899.	2,528.						
c d	TELEFITORE & COMMUNICATE	±0,99J•	0,300.	<u> </u>	4,340•						
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,189,634.	838,073.	159,248.	192,313.						
26	Joint costs. Complete this line only if the organization	_,,	220,0.00								
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					E 000 (2222)						

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			950,397.	1	835,134.
	2	Savings and temporary cash investments	360,313.	2	363,388.		
	3	Pledges and grants receivable, net			323,385.	3	295,497.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			12,852.	9	9,359.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	. 10b	2,514.	287.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		748,243.	15	100,568.	
	16	Total assets. Add lines 1 through 15 (must ed			2,395,477.	16	1,603,946.
	17	Accounts payable and accrued expenses			29,361.	17	21,376.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ja de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin		· · ·	743,188.		105 256
		of Schedule D			772,549.	25	105,256. 126,632.
	26	Total liabilities. Add lines 17 through 25	book bo	e X	112,349.	26	120,032.
S		Organizations that follow FASB ASC 958, cl and complete lines 27, 28, 32, and 33.	neck ner	e A			
20	27				1,198,675.	27	1,242,314.
ala	28				424,253.	28	235,000.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC		ack here	121/2331	20	23370001
		and complete lines 29 through 33.	900, CII	eck fiele			
	29	Capital stock or trust principal, or current fund	le			29	
	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated				31	
et/	32			or other funds	1,622,928.	32	1,477,314.
Z	33	Total liabilities and net assets/fund balances			2,395,477.	33	1,603,946.
		Total habilition and not appets/fully balances			=, = = , - , - , - , - , - , - , - , - ,	50	

Form **990** (2023)

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,18		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,62	2,9	<u> 28.</u>
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	1,9	39.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,47	7,3	<u>14.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X 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	audit,			
	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 9.1 – 3.1.8.5.6.3.9

				CHOICES COA				4-3103033
Pa	rt I	Reason for Public (Charity Status. (All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	Ħ	A medical research organiza					•	the hospital's name.
•	ш	city, and state:	acion operated in cor	ijanotion with a noopital	accombca	000110	170(b)(1)(A)(iii). Einoi	the noophal o hame,
5		An organization operated for	or the benefit of a col	lege or university owner	d or operat	ed by a go	wernmental unit describe	ad in
3	ш			lege of diliversity owner	o operat	ed by a go	Werninental unit describe	5 u III
_		section 170(b)(1)(A)(iv). (C				-04 1/41/41	<i>(</i>)	
6		A federal, state, or local gov	_					
7	X	An organization that normal	-	itial part of its support fi	rom a gove	ernmental	unit or from the general i	oublic described in
		section 170(b)(1)(A)(vi). (Co	•					
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	pt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11		An organization organized a	and operated exclusive	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported org	•	•	-		•	
		lines 12a through 12d that of						
а		Type I. A supporting orga	* *					aivina
u		the supported organization	· · · · · · · · · · · · · · · · · · ·			-		
		• • • •			i majority c	i the direc	iors or trustees or the st	apporting
L		organization. You must o			tion with its		od organization(s) by boy	vin a
D		Type II. A supporting orga						•
		control or management of			ame perso	ns that co	ntroi or manage the supp	оопеа
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ed with,
		its supported organization						
d								. ,
		that is not functionally into	-	•	•		•	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	ınization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f		r the number of supported o						
g		ride the following information			I (i.) la tha area			T (84) (44)
	(Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

332021 12-21-23

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

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

Sec	tion A. Public Support	7.1	•	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	• •	,	
	membership fees received. (Do not						
	include any "unusual grants.")	1075452.	1548455.	1045968.	992,205.	1032729.	5694809.
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	1005450	1540455	1045060	000 005	1020700	F 60 4000
	Total. Add lines 1 through 3	1075452.	1548455.	1045968.	992,205.	1032729.	5694809.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1002602
_	column (f)						1003692. 4691117.
Sec	Public support. Subtract line 5 from line 4.						4091117.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1075452.	1548455.	1045968.	992,205.	1032729.	(f) Total 5694809.
	Gross income from interest,	10/34326	1340433.	10433000	JJZ, Z0J.	1032723.	3034003.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,963.	1,151.	645.	1,097.	4,179.	9,035.
9	Net income from unrelated business	2,3000		0101	2,00,0	2/2/30	2,000
Ŭ	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.)						
11	Total support. Add lines 7 through 10						5703844.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	58,753.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	82.24 %
	Public support percentage from 2022					15	85.35 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	•				•	IU% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n dia not check a b	oox on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar	ia see instructions	

Schedule A (Form 990) 2023 TRANSPORTATION CHOICES COALITIC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Vaa	No
		Yes	140
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
le	A (Forn	n 990)	2023

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no 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		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority 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			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a'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	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 TRANSPORTATION CHOICES	COALL	LION	94-3185639 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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		

emergency temporary reduction (see instructions). ___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

6

Schedule A (Form 990) 2023

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Sect	ion 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-			
	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			
е	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			
	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:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

	TRANSPORTATION CHOICES COALITION	94-3185639					
Organization type	e (check one):						
Filers of:	Section:						
Form 990 or 990-E	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	inization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.					
General Rule							
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
sections s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributo literary, o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Pa	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B or art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Pet the filing requirements of Schedule B (Form 990).	•					

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

TRANSPORTATION CHOICES COALITION

94-3185639

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 55,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TRANSPORTATION CHOICES COALITION

94-3185639

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

	PORTATION CHOICES COALI		94-3185639		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)		
(a) No.	Use duplicate copies of Part III if additional	space is needed. I			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.		_			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	r of gift		
}	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	Occilon o	o 1(0)(-), (0), or (0) organizat	iono. Compicto i ait iii.					
Nam	ne of orga	nization			E	mploy	er identification numb	oer
		TRANSPO	RTATION CHOICES	COALITION			94-3185639	
Pa	rt I-A		anization is exempt und		or is a section 527	orga	nization.	
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities					
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)(3	3).			
			incurred by the organization un			\$		
			incurred by organization mana	ders under section 4955		\$		
			n 4955 tax, did it file Form 4720					No
								No
		describe in Part IV.						
Pa	rt I-C	Complete if the org	anization is exempt und	der section 501(c),	except section 50	1(c)(3	3).	
1	Enter the	e amount directly expended	by the filing organization for se	ection 527 exempt funct	ion activities	\$_		
2	Enter the	e amount of the filing organ	ization's funds contributed to c	other organizations for se	ction 527			
	exempt 1	unction activities				\$_		
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,				
	line 17b					\$_		
4	Did the f	iling organization file Form	1120-POL for this year?				Yes	No
5	made pa	yments. For each organizations received that were pro	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organiz a separate political orga	ation's funds. Also enter anization, such as a sepa	r the a	mount of political	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter	s c	(e) Amount of political contributions received a promptly and directly delivered to a separate political organization If none, enter -0	and / :e

			ION CHOICES			185639 Page 2
Part II-A Complete if the org	anizatio	ı is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organiza	ition belong	s to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess	lobbying e	expenditures).			
B Check if the filing organiza	tion checke	ed box A ar	nd "limited control" pro	visions apply.		
Limi	ts on Lobb	vina Expei	nditures		(a) Filing	(b) Affiliated group
			nts paid or incurred.)		organization's totals	totals
					totalo	
1a Total lobbying expenditures to influ	•	,			00 554	
b Total lobbying expenditures to influ					83,554.	
c Total lobbying expenditures (add li		1b)			83,554.	
d Other exempt purpose expenditure					1,106,080.	
e Total exempt purpose expenditure	•				1,189,634.	
f Lobbying nontaxable amount. Ente					193,963.	
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable amo	ount is:		
not over \$500,000,			the amount on line 1e.			
over \$500,000 but not over \$1,000			00 plus 15% of the exce			
over \$1,000,000 but not over \$1,5			00 plus 10% of the exce			
over \$1,500,000 but not over \$17,	000,000,		00 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,	000.		48,491.	
g Grassroots nontaxable amount (en		,			40,491.	
h Subtract line 1g from line 1a. If zer	•				0.	
i Subtract line 1f from line 1c. If zero	,				0.	
j If there is an amount other than ze					Г	
reporting section 4911 tax for this						Yes No
(Some organizations t			eraging Period Under	` '	of the five columns he	low
(Come organizations to			ate instructions for lin	•	in the live columns be	1044.
			nditures During 4-Yea			
		J J — . I	 			
Calendar year	(a) 2	020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(or fiscal year beginning in)	, ,		` ` ′		. ,	, ,
2a Lobbying nontaxable amount	162	,991.	156,897.	181,648.	193,963.	695,499.
b Lobbying ceiling amount		·	,	·		•
(150% of line 2a, column(e))						1,043,249.
c Total lobbying expenditures	84	,678.	77,619.	60,500.	83,554.	306,351.
d Grassroots nontaxable amount	40	,748.	39,224.	45,412.	48,491.	173,875.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						260,813.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 TRANSPORTATION CHOICES COALITION 94-31856 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)).

the lobbying activity.					o)
		Yes	No	Amo	ount
During the year, d	id the filing organization attempt to influence foreign, national, state, or				
	cluding any attempt to influence public opinion on a legislative matter				
or referendum, thr					
a Volunteers?					
	gement (include compensation in expenses reported on lines 1c through 1i)?				
Media advertiseme	ents?				
	ers, legislators, or the public?				
	ublished or broadcast statements?				
Grants to other or	ganizations for lobbying purposes?				
Direct contact with	n legislators, their staffs, government officials, or a legislative body?				
n Rallies, demonstra	tions, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?					
Total. Add lines 1	through 1i				
	n line 1 cause the organization to not be described in section 501(c)(3)?				
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				
I If the filing organiz	ation incurred a section 4912 tax, did it file Form 4720 for this year?				
a in the mining organiz	ete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or se	ction	
rt III-A Comple					
rt III-A Compl 501(c)(0).			Vaa	
rt III-A Comple 501(c)(•			Yes	ı
rt III-A Comple 501(c)(c	all (90% or more) dues received nondeductible by members?			Yes	
rt III-A Comple 501(c)(Were substantially Did the organization rt III-B Comple 501(c)(vall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year? n 501(c)(5	2 3 5), or sec	etion	
Were substantially Did the organization Int III-B Completing Completing Completing Sol1(c)(c) answer	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes."	ne prior year? on 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	3, is
Were substantially Did the organization III-B Complete To the organization Complete To the organization To	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." Is and similar amounts from members	ne prior year? on 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
Were substantially Did the organization Int III-B Completion Sol(c)(answer	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the lete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." Is and similar amounts from members and eductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year? on 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
rt III-A Comple 501(c)(c) Were substantially Did the organization of the organization	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the lete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." It is and similar amounts from members and similar amounts from members (do not include amounts of politic to the section 527(f) tax was paid).	ne prior year? on 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
rt III-A Comple 501(c)(Were substantially Did the organization of the organization o	r all (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." on a similar amounts from members and similar amounts from members and continuous from political expenditures (do not include amounts of political the section 527(f) tax was paid).	ne prior year? n 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
were substantially Did the organization Till-B Complete Sol(c)(c) answer Dues, assessment Section 162(e) nor expenses for whis Current year	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ared "Yes." Is and similar amounts from members and similar amounts from members and deductible lobbying and political expenditures (do not include amounts of political types). It year	ne prior year? n 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
rt III-A Comple 501(c)(Were substantially Did the organization of the organization o	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the ete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ared "Yes." Is and similar amounts from members and similar amounts from members and deductible lobbying and political expenditures (do not include amounts of political types). It year	ne prior year? in 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
were substantially Did the organization Till-B Complete Sol1(c)(c) answel Dues, assessment Section 162(e) nor expenses for which Current year Carryover from last Total Aggregate amount	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the rete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." Is and similar amounts from members and deductible lobbying and political expenditures (do not include amounts of political the section 527(f) tax was paid). It year	ne prior year? on 501(c)(5 "No" OR	2 3 5), or sec (b) Part	etion	
Were substantially Did the organization Did the organization Did the organization Till-B Complete South Columns Section 162(e) nor expenses for which a Current year Carryover from last Total Aggregate amount If notices were ser	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the rete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." It is and similar amounts from members and deductible lobbying and political expenditures (do not include amounts of political the section 527(f) tax was paid). It year It reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 2c except and t	ne prior year's in 501(c)(5 "No" OR (2 3 5), or sec (b) Part	etion	
were substantially Did the organization of the	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the rete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." Is and similar amounts from members and adductible lobbying and political expenditures (do not include amounts of political the section 527(f) tax was paid). It year It reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the excition agree to carryover to the reasonable estimate of nondeductible lobbying and political and the amount on the reasonable estimate of nondeductible lobbying and political and the amount on the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and polit	ne prior year? In 501(c)(5 "No" OR cal	2 3 5), or sec (b) Part	etion	
Were substantially Did the organization of the	rall (90% or more) dues received nondeductible by members? on make only in-house lobbying expenditures of \$2,000 or less? on agree to carry over lobbying and political campaign activity expenditures from the rete if the organization is exempt under section 501(c)(4), section 6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered red "Yes." It is and similar amounts from members and deductible lobbying and political expenditures (do not include amounts of political the section 527(f) tax was paid). It year It reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 3, what portion of the except and the amount on line 2c exceeds the amount on line 2c except and t	ne prior year? In 501(c)(5 "No" OR cal	2 3 5), or sec (b) Part	etion	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TRANSPORTATION CHOICES COALITION

Employer identification number 94-3185639

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	ind not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Particle Loan or exchange program Scholarly research Collection tense (excited with the provided a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Porticle a description of the organization solicitor receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV		t III Organizations Maintaining Co	ollections of Ar				r Other	Similar		(contin		age Z
collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations e Other 7 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold for arise funder state than to be eminatined as part of the organization sollection? Yes Fart IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII and complete the following table: Amount a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Amount b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 Additions during the year 11 c Bedining balance 10 Additions during the year 11 c Bedining balance 12 Additions during the year 12 a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes b If "Yes," Explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a Beginning of year balance (b) Prior	_	•								COITE	<i>iaca</i>	
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scollections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not include an on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 b if Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2 b if Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 3 b if Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 4 contributions 5 c Not investment earnings, gains, and losses of the organization answered Yes, or form 990, Part X, line 10. 5 c Not investment earnings, gains, and losses of the organization in the possession of the organization that are held and admini	Ū		ori, aria otrior rocora	.0, 0,1001	carry or tho	onowing that	i mano on	griiirodi it de	30 01 110			
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Description or the organization and explain how they further the organization's exempt purpose in Part XIII. Part VI Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? I deal obstitutions during the year I feding balance I f	а			, [Loan or exc	hange progra	am					
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Complete Comple	1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contribution	s or other as	sets not	included				
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f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
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basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2,514. 2,514.		Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
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d Equipment 2,514. 2,514.												
						2,514.		2,51	4.			0.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Sch	edule D	⊢or (⊢or	m 990)	2023		T.
					A : I	_

Part VII Investments - Other Securities Complete if the organization answered "Yes" o			3103033 Page 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(4) Figure stated about a time	(a) Book value	(e) methed of valuations door of one	a or your 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" o	n Form 990 Part IV line	11c See Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DEPOSITS			5,055.
(2) RIGHT OF USE ASSET			95,513.
(3)			·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		100,568.
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n 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) RIGHT OF USE LIABILITY			105,256.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			405 056
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		105,256.

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	1,055,959.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	1,055,959.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>,) </u>	5	1,055,959.
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	-	es per Returr	
		Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total	expenses and losses per audited financial statements		1	1,189,634.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ted services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			0.
3	Subtra	act line 2e from line 1		3	1,189,634.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		•
С		nes 4a and 4b			0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information	<u> (8.)</u>	5	1,189,634.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

TRANSPORTATION CHOICES COALITION 94-3185639 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) SUMAN "SUMI" BHAT-KINCAID -CONSULTS ON INDIVIDUAL AND Yes No 6540 10TH AVE NW, SEATTLE, WA INSTITUTIONAL SOLICITATION Х 0 35,100 0. 35 100. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. WA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	OGG INCOMIC ON FORM	LL, IIIIOO I AIIG OD. LIGI O		9 +-,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avents
			TUXES AND		NONE	(d) Total events
			TRAINS			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(GVG/III LYPO)	(overit type)	(total Hamber)	
Revenue	١.	_	272 000			272 000
ş	1	Gross receipts	273,898.			273,898.
_						
	2	Less: Contributions	191,100.			191,100.
	3	Gross income (line 1 minus line 2)	82,798.			82,798.
	4	Cash prizes				
	'					
	5	Noncash prizes				
S		Noncash prizes				
Se		B 46 33				
ber	6	Rent/facility costs				
Direct Expenses						50.000
ect	7	Food and beverages	60,882.			60,882.
ä						
	8	Entertainment	4,150. 17,766.			4,150. 17,766.
	9	Other direct expenses	17,766.			17,766.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			82,798.
	11	Net income summary. Subtract line 10 from I				0.
Pa	irt					•
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
		,		(b) Pull tabs/instant		(d) Total gaming (add
	l		(a) Bingo		(c) Other gaming	
e	l		', "	i bindo/brodressive bindo l	., .	Icol. (a) through col. (c)
venue			.,,	bingo/progressive bingo		col. (a) through col. (c))
Revenue			., .	bingo/progressive bingo	., ,	col. (a) through col. (c))
Revenue	1	Gross revenue		bingo/progressive bingo	., , ,	col. (a) through col. (c))
Revenue	1			bingo/progressive bingo	., .	col. (a) through col. (c))
	1	Gross revenue		bingo/progressive bingo	., 0	col. (a) through col. (c)
	2	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
	2			bingo/progressive bingo		col. (a) through col. (c))
=xpenses	2	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
=xpenses	2	Cash prizes Noncash prizes		bingo/progressive bingo		col. (a) through col. (c)
	2	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
=xpenses	2 3 4	Cash prizes Noncash prizes		bingo/progressive bingo		col. (a) through col. (c))
=xpenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c))
=xpenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses				col. (a) through col. (c))
=xpenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c))
=xpenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %			col. (a) through col. (c))
=xpenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %			col. (a) through col. (c))
=xpenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d)		Yes %	col. (a) through col. (c))
=xpenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)		Yes %	col. (a) through col. (c))
Direct Expenses	3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)	Yes% No	Yes%	col. (a) through col. (c))
6 Direct Expenses	1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:	Yes% No	Yes %	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes %	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes %	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes %	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes %	
G B O Direct Expenses	2 3 4 5 6 7 8 En l ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes% No	Yes No
d b G Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain: ere any of the organization's gaming licenses researched.	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these services.	Yes% No states?	Yes% No	Yes No
d b G Direct Expenses	2 3 4 5 6 7 8 En Ist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming at No," explain:	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these services.	Yes% No states?	Yes% No	Yes No

Sch	edule G (Form 990) 2023 TRANSPORTATION CHOICES COALITION 94-3	<u> </u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	<u> </u>			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lin	es 9, 9	}b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
<u> </u>	HEROEL CY TIME IT SING ED, SIGI OF THE HIGHEST THIS TOMBERSONED	•		
/ T	\ NAME OF FINIDDATCED. CHMAN "CHMT" DUAM KINGAID			
<u>(I</u>) NAME OF FUNDRAISER: SUMAN "SUMI" BHAT-KINCAID			
(I) ADDRESS OF FUNDRAISER: 6540 10TH AVE NW, SEATTLE, WA 98117			
(I	I) ACTIVITY: CONSULTS ON INDIVIDUAL AND INSTITUTIONAL SOLICITAT	ידו	ΨЪ	СТТС
<u>, </u>	-, COMPOSID ON THE THE INSTITUTION BOUNCEIN			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	TRANSPORTATION	CHOICES	COALITION	94-3185639	Page 4
Part IV	(Form 990) Supplemental Infor	mation _(continued)				
					_	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TRANSPORTATION CHOICES COALITION

Employer identification number 94-3185639

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRANSPORTATION CHOICES COALITION BRINGS PEOPLE TOGETHER TO ADVOCATE FOR SAFE, SUSTAINABLE, AND EQUITABLE TRANSPORTATION ACROSS WASHINGTON. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHERS - THE LOBBY PROGRAM ADVANCES FUNDING AND POLICIES BY ADVOCATING TO STATE AND LOCAL ELECTED OFFICIALS AND THROUGH INITIATIVES TO THE PUBLIC AT THE LOCAL, REGIONAL AND STATE LEVEL. EXPENSES \$ 83,554. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PREPARED BY A THIRD PARTY AND SUBMITTED TO STAFF AND THE BOARD FINANCE COMMITTEE. ONCE APPROVED IT IS FORWARDED TO THE FULL BOARD FOR APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST ITEMS ARE BROUGHT TO THE BOARD MEETINGS. THE EXCUTIVE DIRECTOR IDENTIFIES POTENTIAL CONFLICTS BASED ON CONTRACTS, POLICIES, OR PROGRAMS LEAD BY THE ORGANIZATION. CONFLICT OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED BY THE BOARD ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY AND PERFORMANCE ARE INDEPENDENTLY REVIEWED

BY THE BOARD CHAIR, WITH PERFORMANCE INPUT FROM KEY EMPLOYEES. THE

COUNTY NON-PROFIT WAGES AND BENEFITS ANNUAL SURVEY DATA.

COMPENSATION IS ASSESSED IN COMPARISON TO ARCHBRIGHT SURVEY DATA AND KING

SUBSTANTIATION IS

Schedule O (Form 990) 2023 Page **2**

Name of the organization TRANSPORTATION CHOICES COALITION	Employer identification number 94-3185639
IN THE FORM OF PERFORMANCE EVALUATION, COMPENSATION COMPAR	•
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST.	
FORM 990, PAGE 7, PART VII, LINE 1A	
FORM 990 WAS AMENDED TO UPDATE THE SPELLING OF BOARD MEMBE	ER EMILY
MANNETTI'S NAME.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	86,167.
MANAGEMENT AND GENERAL EXPENSES	24,041.
FUNDRAISING EXPENSES	27,724.
TOTAL EXPENSES	137,932.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	137,932.