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Form **990** 

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

Inter	nal Reven	nue Service	- The organization may have	e to ase	a copy of this return to s	alisty state reput	ung requiremen	113				7 3 3 1 3 1	
	For the	e 2009 calendar year,	or tax year beginning		, 20	09, and endir							
В	Check if a	applicable	С				[	<b>Employ</b>	er Identii	fication N	ımber		
	Add	ress change IRS label		RANSE	PORTATION			53-	02327	732			
	$\vdash$	or print or type.	ENGINEERS, INC.				E	Telepho	ne numb	er			
	<del>     </del>	See specific	1099 14th STREE				202/289-0222						
	$\vdash$	Instruc-	WASHINGTON, DC	2000	)5		<u> </u>						
	H	mination tions						Gross r	ocounte <b>C</b>	. 6	,747,	705	
	$\vdash$	ended return			<u> </u>		H(a) Is this a				Yes	X No	
	Арр		and address of principal officer				H(b) Are all af				Yes	H No	
			As C Above					tach a list		tructions)		□•	
<u></u>		exempt status X 50	1(c) ( 3 ) <b>√</b> (insert	no )	4947(a)(1) or	527	_						
<u>J</u>	Webs	site: ► N/A				I .	H(c) Group ex				_		
K			ration Trust Associa	ion	Other ►	L Year of Forma	ation	M s	State of le	egal domic	ile		
Pa	rt 🖾												
			rganization's mission or m				TION OF	_TECH	<u>NTCA</u>	T T INF	<u>ORMA</u>	T.TOW	
ė	<u> </u>	<u>FOR THE EDUCA</u>	<u>TION_OF_TRANSPOR</u>	<u>TAT</u> I	<u>ON ENGINEERS</u>								
Activities & Governance	_												
ē	_												
Š			if the organization disco			lisposea of m	ore than 25	% Of ItS	assets			12	
જ		•	mbers of the governing bo nt voting members of the			line 1h)			4		1	6,995	
es		·	oyees (Part V, line 2a)	govei	rillig body (r art vi,	inie 10)			5			0, <u>223</u> 0	
Ĭ.		· ·	nteers (estimate if necess	arv)					6			0	
Act			business revenue from P		I. column (C), line 1	2			7a		1	,163.	
		-	s taxable income from Fo						7b			,905.	
							Pri	or Year		Cu	rrent Y	ear	
	8 (	Contributions and ara	nts (Part VIII, line 1h)		RECEIVE	ED		670,0					
e	ı		nue (Part VIII, line 2g)					019,8		6	. 643	,180.	
Revenue	ا مما	t t	)	: 3 Az-	and 7d)			549,3			,	,	
æ	11 (	Other revenue (Part \	/III, column (A), lines 5, 6	4 8E	$\frac{1}{3}$ $\frac{1}$	010		-9,8			1	,163.	
	12 T	Fotal revenue - add l	lines 8 through 11 (must	egual f	Part VIII. column (A	). line 🔯	6,	130,		6		,343.	
	13 (	Grants and similar an	nounts paid (Part IX, colu	mn A	lines (P3D) EAL	LIT	<u> </u>	409,2				,263.	
		Benefits paid to or for						•					
	ľ	Salaries, other compe	3.	535,6	555.	3	. 395	,919.					
es	ŀ						,						
Expenses	ì		ng fees (Part IX, column										
х			enses (Part IX, column (D					<del></del>					
_			IX, column (A), lines 11a					013,0	$\overline{}$			, 144.	
	18 ⊺	Fotal expenses. Add	lines 13-17 (must equal P	art IX,	column (A), line 25	5)		957,9		6	<del> </del>	<u>, 326.</u>	
	19 F	Revenue less expens	es Subtract line 18 from	line 12	2			827,	185.		-242	<u>,983.</u>	
8 8								ing of \			d of Ye		
	20 7	Total assets (Part X,	<u>line 16)</u>					617,0				,835.	
Net Assets or Fund Balances	21 7	fotal liabilities (Fact.)	(, line 26)				2,	352,	999.	2	,578	<u>,940.</u>	
ΣŽ	22 N	Vet assets or fund ba	lances Subtract line 2 1	rom lir	ne 20		5,	264,0	041.	5	,019	,895.	
Pa	rt II 🗼	Signature Ble	ek/	1									
		Under penalties of perjury	r, I declare that I have examined the Declaration of preparer (other t	nis return	n, including accompanying	schedules and st	atements, and t	the best	of my kno	owledge ar	nd belief,	ıt ıs	
		true, correct, and complet	e Declaration of preparer (other t	han offic	er) is based on all informa	ation of which prep							
Sig	n	► 18						6/3/	10				
He		Signature of officer				-	Date	1					
		> THOMAS	W. BRAHMS,	550	ROTARI								
		Type or print name a											
						Date		ck if	Pr (s	reparer's id ee instruct	dentifying ions)	number	
Pa	id		7		// /		self em	oloyed P	1				
Pre	e-	Preparer's signature	X )	11	V	6/02/	10		P	00633	536		
	rer's	Firm's name (or		1/									
Us			04 B Pinecrest O	ffic	e Pk Dr		Ein	-					
On	ııy		exandria, VA 223		C IN DI			ne no	(70	3) 35	4-77	50 —	
NA~:	, the ID		with the preparer shown		2 (see instructions)		1,710		,,,,		es	No	
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



Form 990 (2009)

TEEA0113L 12/29/09

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $Yes$ , complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	ļ,
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X</li> </ul>	10 m	<b>.</b>	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12 A X	5 2 E		1124
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) INSTITUTE OF TRANSPORTATION

Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 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	Х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) 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
i	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	CAn entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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, Parts II, III, IV, and V, line 1	34		_x_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line $2$	35	i	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		_X_
2 / /		Eor.	aan /	CONOCY

_	11330 (2003) INSTITUTE OF TRANSFORMITION 33 0202.0	<u> </u>		age .
<u>Pa</u>	rt V 💹 Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable.		74	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	- m	322
	a 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  2 a 0		` .\ \ 	ν.  
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		e *.	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	Х	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country	\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ 45	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	1,300	32	學文
	a 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		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	100		- A
	e Did the organization, during the year, 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		<u>X</u>
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	2 to	L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	35/42/3	75 W.	
	a Did the organization make any taxable distributions under section 4966?	9a		*
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	۸, .		7
	a Initiation fees and capital contributions included on Part VIII, line 12			, c
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1	ı	
	Section 501(c)(12) organizations. Enter	1 1	٠	1
	a Gross income from other members or shareholders		* * * * * * * * * * * * * * * * * * *	
	b Gross income from other sources (Do not net amounts due or paid to other sources against	[第]	32.	
10	amounts due or received from them ).	120	. 4.5-	• .

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

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 in Schedule O See instructions.

Schedule of See Histrations.			
Section A. Governing Body and Management			
		Yes	No
1a Enter the number of voting members of the governing body		- 3	1
b Enter the number of voting members that are independent  16, 9	ᆁ .	13.	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule 0	2	Х	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		Х_
4 Did the organization make any significant changes to its organizational documents	4	<u> </u>	X
since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6 Does the organization have members or stockholders? See Schedule O	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the			
governing body? See Schedule Q <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 a	+	x
		Section in	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		<u> </u>	
a The governing body?	8a	+	<u> </u>
<b>b</b> Each committee with authority to act on behalf of the governing body?	88	X	ļ
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Section B. Policies (This Section B requests information about policies not required by the Interr	ıal		
Revenue Code )		T V	T
10a Does the organization have local chapters, branches, or affiliates?	10 a	Yes	No
	<u> </u>		
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization?	101		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	\ 11	X	L
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	12 2	X	<del></del>
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	128	^	<del> </del>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 t	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  See Schedule O	120	X_	
13 Does the organization have a written whistleblower policy?	13	<u> </u>	X
14 Does the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			žř. 'Y
a The organization's CEO, Executive Director, or top management official	15 a	X	
<b>b</b> Other officers of key employees of the organization See Schedule 0	151	X	<u> </u>
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	-	1.	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal entity during the year?	ole <b>16</b> a		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	ion ot 161		
Section C. Disclosures			
17 List the states with which a copy of this Form 990 is required to be filed None			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only inspection. Indicate how you make these available. Check all that apply.  Own website.  Another's website.  Upon request	) avaılal	ole for	public
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest statements available to the public	policy, a	ind fina	ancial
20 State the name, physical address, and telephone number of the person who possesses the books and records of the PETER FRENTZ 1099 14th ST, NW, #300 W WASHINGTON DC 20005 202/289-0222	organiza - – – –	tion 	

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

#### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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.

  Let persons in the following order, including trustees or directors, institutional trustees, officers, key employees, highest compensation.

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

X Check this box if the organization did no	ot compen	sate a	ny (	curre	ent (	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
			-e			fed	_			
KENNETH VOIGT President	0						_	0.	0.	0.
SEE ATTACHED SCHEDULE KEY EMPLOYEE	37.5					х		1,285,765.	0.	248,371.
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Form 990 (2009) INSTITUTE OF TRANSPORTATI		_							53-023273	
Part VII   Section A. Officers, Directors, Trust	tees, k	(ey	Em	ıplo	oye	es,	ang	d Highest Con	npensated Emp	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Highest compensated	S Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
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						[ [				
		-			-	H				
	1									
1 b Total	l				i		•	1,285,765.	0.	248,371.
2 Total number of individuals (including but not limiter from the organization ► 7	d to tho	se li	sted	lab	ove)	) who	o re		\$100,000 in report	
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual</li> <li>5 Did any person listed on line 1a receive or accrue complete.</li> </ul>	portable han \$15 ompens	cor 60,00	npe 10?	nsai If 'Y	tion 'es' any	and com	oth <i>plet</i>	er compensation e Schedule J for :	from such	Yes No 3 X
rendered to the organization? If 'Yes,' complete Sci Section B. Independent Contractors	hedule _	J for	suc	h pe	erso	n				5   X
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntra	ctors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	S					-		(B Description of	of Services	(C) Compensation
									<del></del>	
		_								
2 Total number of independent contractors (including		lımı	led	to th	nose	e listi	ed a	hbove) who receiv	red more than	on again a

Pai	rt VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
·~	The state of the s		revenue		512, 513, or 514
5 S	1a Federated campaigns. 1a	1 1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 16 6 1. 18 1. 18 1. 18
A S	b Membership dues 1b		3.7		(1) 李明 [1]
38	c Fundraising events 1c		•	~ · ·	
الإي	d Related organizations 1d			,	·
ا ا	e Government grants (contributions) 1 e			•	5 :
S S					, ,
5岁	f Ali other contributions, gifts, grants, and similar amounts not included above				7
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					10,1
8 S	g Noncash contribus included in lns 1a-1f \$			,	
~~	h Total. Add lines 1a-1f			<del>-</del>	<del>                                     </del>
Ž.	Business Code		0 155 140	. ,	'
Ę	2a MEMBERSHIP	3,155,140.	3,155,140.		
22	b GRANTS & CONTRACTS	1,377,062.	1,377,062.		
5	c JOURNAL & PUBLICATIONS	788,916.	788,916.		<u> </u>
E	d MEETINGS 541900	656,923.	656,923.		
₹	e OTHER SERVICES 541900	400,620.	400,620.		
8	f All other program service revenue	264,519.	264,519.		
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	6,643,180.	-4	1. 1. 1. 4. 1. 4. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1. 1. 2
	<ul> <li>3 Investment income (including dividends, interest and other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proceeds</li> <li>5 Royalties</li> </ul>				
	(i) Real (ii) Personal	,	J. 1		
	6a Gross Rents	•	, ,,		
	b Less rental expenses	* * (2- ***	• •	و موا	لاً عبسور د د د
		.,	,	· 1	1 2 2 2
	c Rental income or (loss)				
	d Net rental income or (loss)			<del></del>	- स्वर्धन
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		- 1		-
	<b>b</b> Less: cost or other basis and sales expenses				
	c Gain or (loss)		كناء مستسال فتشم بالما		
	d Net gain or (loss).				
Ë.	8a Gross income from fundraising events (not including \$				and the second
OTHER REVENU	of contributions reported on line 1c)		' ·		
8	See Part IV, line 18	The state of the s	1 mg 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
单	<b>b</b> Less direct expenses <b>b</b>	1	* *		
6	c Net income or (loss) from fundraising events			1112	
	9a Gross income from gaming activities See Part IV, line 19			.,	- C4
		, ,			
	2 2000 4001 0000	and make a second	para de deservações de la compansa d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	c Net income or (loss) from gaming activities	<del></del>	<del></del>	<del> </del>	
	10a Gross sales of inventory, less returns and allowances a 104,525.	, <u>;</u>			
- 1	<b>b</b> Less cost of goods sold <b>b</b> 103, 362.				·
	c Net income or (loss) from sales of inventory	1,163.		1,163.	
	Miscellaneous Revenue Business Code	,			
	11 a			1	
	h				
	<u>~</u>				1
	L All allows		<del></del>	<del> </del>	<del>                                     </del>
	d All other revenue		<del></del>	<del> </del>	<del> </del>
	e Total. Add lines 11a-11d			1	<del> </del>
	12 Total revenue. See instructions	6,644,343.	6,643,180.	1,163.	0.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	<del></del>	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	550,263.	550,263.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				<
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				, ,
4	Benefits paid to or for members				- (
5	Compensation of current officers, directors, trustees, and key employees	1,361,023.	999,544.	361,479.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,034,896.	1,566,870.	468,026.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	n Management				
ŧ	Legal				
	Accounting				
	Lobbying				
	Prof fundraising svcs See Part IV, In 17		· ,		
	Investment management fees				
	Other	<del></del>			
_	Advertising and promotion				
	- · ·			<u> </u>	
13	Office expenses				
14	Information technology	<del></del>			
15	Royalties	1 452 570	1 110 400	224 002	
16	Occupancy	1,452,579.	1,118,486.	334,093.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	232,049.	178,678.	53,371.	
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				·-·
	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
-	JOURNAL COSTS	890,226.	685,474.	204,752.	
	COUNCIL MEETINGS, EXPS	231,836.	178,514.	53,322.	····
	ONGOING/SPECIAL PROJ EXP	186,064.	143,269.	42,795.	
	CONFRENCES & SEMINARS	111,641.	85,964.	25,677.	
	SCHOLARSHIPS		52,242.	15,605.	
		67,847.			
	All other expenses	-231,098.	-177, 945.	-53,153.	
	Total functional expenses. Add lines 1 through 24f	6,887,326.	5,381,359.	1,505,967.	0.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	<u>irt X</u>	☑ Balance Sheet		r		<del></del>
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		4,764,617.	2	4,596,278.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		527,211.	4	497,172.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))		-	Asset was a
		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use		224,142.	8	120,780.
Ś	9	Prepaid expenses and deferred charges		393,299.	9	323,871.
	10 a	Land, buildings, and equipment cost or other basis	10a 1,748,401.		,	
		Complete Part VI of Schedule D		4		
	b	Less accumulated depreciation.	10b 1,431,797.	492,094.	10 c	316,604.
	11	Investments - publicly-traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11 .		1,215,677.	15	1,744,130.
	16	Total assets Add lines 1 through 15 (must equal line	34)	7,617,040.	16	7,598,835.
	17	Accounts payable and accrued expenses		299,341.	17	280,668.
	18	Grants payable			18	
	19	Deferred revenue	1,835,787.	19	1,977,334.	
L	20	Tax-exempt bond liabilities.			20	
A B I	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
i L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II		. By	
- 1		of Schedule L			22	
S		3.3	-		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D		217,871.	25	320,938.
	26	Total liabilities. Add lines 17 through 25		2,352,999.	26	2,578,940.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X and complete lines	a rinding to the state of		
Ą	27	Unrestricted net assets		5,264,041.	27	5,019,895.
S T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		29		
R F		Organizations that do not follow SFAS 117, check he lines 30 through 34.				
ピンスロ	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, and equip		31		
Ļ	32	Retained earnings, endowment, accumulated income,			32	
BALAZCES	33	Total net assets or fund balances	5,264,041.	33	5,019,895.	
Š	34	Total liabilities and net assets/fund balances.	I	7,617,040.	34	7,598,835.
BA			<del></del>			Form <b>990</b> (2009)

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			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 in Schedule O	1	, ,	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	b Were the organization's financial statements audited by an independent accountant?	_2b	X	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c	_	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	3		- E
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			, , , , , , , , , , , , , , , , , , ,
	Separate basis Consolidated basis Both consolidated and separate basis		` .	,, ,,
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

BAA

Form 990 (2009)

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

#### **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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization INSTITUTE OF TRANSPORTATION ENGINEERS. 53-0232732 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 1 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 X June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III — Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify (i) Name of Supported Organization (ii) EIN (iv) Is the (vi) Is the (vii) Amount of Support (iii) Type of organization nization in col organization in nization in col above or IRC section (see instructions)) (i) listed in your (i) organized in the your support? No Yes No Yes Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009

Par	(Complete only if you check				од і дадіі) ап	a 170(a)(1)(	4)(VI)		
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			_					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4	40.00		y	4 36 4				
Sec	tion B. Total Support	<u> </u>		<u> </u>	L				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10				- 1 8 . N . N . N		6. 		
12	Gross receipts from related activ	vities, etc (see in	structions)			1	2		
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3) ►		
	tion C. Computation of Pu								
14	Public support percentage for 20			ne 11, column (f)		1	<del></del>		
15	Public support percentage from	2008 Schedule A,	Part II, line 14			_ 1	5%		
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or more	, check this box		
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	i not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	3-1/3% or more	e, check this box		
17 a	7a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Division for the organization meets the 'facts-and Division for the organization of th	meets the 'facts-and-circumstances'	and-circumstance test The organi	s' test, check this ization qualifies a	box and <b>stop he</b> s a publicly suppo	<b>re.</b> Explain in P orted organizati	on ►		
18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 10a, 16b, 17			n 990 or 990-EZ) 2009		
BAA					50	inedule A (FOII)	1 230 01 330-62) 2009		

## Schedule A (Form 990 or 990-EZ) 2009 INSTITUTE OF TRANSPORTATION Part III: Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete	only if	you	checked	the	box	on	line 9	∂ of	Part	1)
tion	A Public	Sunn	ort								

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			5,165,794.			22,119,338.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 5 Amounts included on lines 1.	4,876,411.	5,387,218.	5,165,794.	6,689,915.	0.	22,119,338.			
	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.			
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.			
,	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.			
	Public support (Subtract line	~	·	" = " · · · · · · · · · · · · · · · · ·		<b>できた。後には</b>				
•	7c from line 6) 22,119,338.									
Sec	tion B. Total Support	<del></del>	<u> </u>		1	,				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total			
9	Amounts from line 6	4,876,411.	5,387,218.	5,165,794.	6,689,915.	0.	22,119,338.			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	123,636.	193,820.	249,289.			566,745.			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.			
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	123,636.	193,820.	249,289.	0.	0.	566,745.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV		60,946.	115,597.			176,543.			
	Total support. (add ins 9, 10c, 11, and 12)	<u> </u>		, , , , , , , , , , , , , , , , , , ,	l	, *	22,862,626.			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ► X			
	tion C. Computation of Pu					····				
	Public support percentage for 20	•	· · ·	ne 13, column (f))	1	_15				
	Public support percentage from					16	<u>%</u>			
	tion D. Computation of Inv					<del></del>				
	· · · · · ·	· · ·		=	ımn (f))	17	%			
10										
18	Investment income percentage from 2008 Schedule A, Part III, line 17  a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
19 a	33-1/3 support tests $-2009$ . If the comore than $33-1/3%$ , check this b	ox and stop here	. The organization	n qualifies as a pu	ublicly supported o	organization	▶ ∐			
19 a	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this bit 33-1/3 support tests – 2008. If the comore than 33-1/3%, check	ox and stop here he organization di this box and stop	. The organization d not check a box o here. The organ	n qualifies as a pu con line 14 or 19 ization qualifies a	ublicly supported o a, and line 16 is r as a publicly supp	organization nore than 33-1/3% orted organization	•			
19 a	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this bit 33-1/3 support tests – 2008. If the comore tests – 2008.	ox and stop here he organization di this box and stop	. The organization d not check a box o here. The organ	n qualifies as a pu con line 14 or 19 ization qualifies a	ublicly supported of a, and line 16 is reas a publicly supported this box and	organization nore than 33-1/39 orted organization see instructions	•			

Schedule A	A (Form	1 990 or	990-EZ	2009	IN	STITU	TE O	<u>F</u> 1	<u>ran</u>	SPO	TAT:	<u>ION</u>			53-	-0232	732		Page 4
Part IV	Sup Part	olemer II, line	17a (	<b>forma</b> tor 17b,	tion. , and	Comp Part I	lete ti II, lini	his e 12	part 2. Pr	to provide	ovide any	the other	explana additio	itions re onal inf	equired ormation	by Pon. Se	art II, ee inst	line 1 truction	0; ns.
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				- <b>-</b>		~	- <b></b> -	<b>.</b>			. <b></b> -	<del>_</del>							
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2009 Schedule A, Part IV: Supplemental Information Rage
INSTITUTE OF TRANSPORTATION
Client ZZITE ENGINEERS, INC. 53-02327 Part III, Line 12 - Other Income <u>Nature and Source 2009 2008 2007 2006 2005</u> SALES OF SECURITIES

#### **SCHEDULE D** (Form 990)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

Open to Public Inspection

name of the organization		Employer radikineakori hamber
INSTITUTE OF TRANSPORTATION ENGINEERS, INC.		53~0232732
Part I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Fundo o Form 990, Part IV, line 6.	ds or Accounts Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		<del></del>
, , ,		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised Yes No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	ers, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a efit??	ls may be any other Yes No
Part II Conservation Easements Comple	ete if the organization answered 'Yes' t	o Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by	y the organization (check all that apply)	
Preservation of land for public use (e.g., r		f an historically important land area
Protection of natural habitat	<b>⊢</b>	f certified historic structure
H		r certifica mistorie structure
Preservation of open space		the form of a second second to the
2 Complete lines 2a through 2d if the organizatillast day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
tast day or this tax you		Held at the End of the Year
a Total number of consequence excements		2a
a Total number of conservation easements		
<b>b</b> Total acreage restricted by conservation ease		2 b
c Number of conservation easements on a certi	fied historic structure included in (a).	2c
d Number of conservation easements included i	n (c) acquired after 8/17/06	2d
3 Number of conservation easements modified,	transferred, released, extinguished, or terminate	ed by the organization during the tax
year ►		
4 Number of states where property subject to co	onservation easement is located >	-
5 Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, har it it holds?	ndling of violations, Yes No
6 Staff and volunteer hours devoted to monitoring the year ►	ng, inspecting, and enforcing conservation ease	ments
7 Amount of expenses incurred in monitoring, in during the year	rspecting, and enforcing conservation easement	\$
8 Does each conservation easement reported or	n line 2(d) above satisfy the requirements of sec	ction — —
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	s conservation easements in its revenue and expens	∐ Yes ☐ No
include, if applicable, the text of the footnote conservation easements	to the organization's financial statements that d	escribes the organization's accounting for
Part III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets  8.
1 a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in furtherai	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
amounts relating to these items	lic exhibition, education, or research in furtheral	nce of public service, provide the following
(i) Revenues included in Form 990, Part VIII,	line 1	<b>^</b> \$
(ii) Assets included in Form 990, Part X		<b>-</b> \$
2 If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	or financial gain, provide the following
a Revenues included in Form 990, Part VIII, line	5	<b>-</b> \$
<b>b</b> Assets included in Form 990, Part X.	•	►\$ ►\$
5 / 350t5 included in Form 530, Falt A.		Y

Schedule D (Form 990) 2009 INST	TUTE OF	TRANS	SPORTATION .					5	3-023	32732		Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical Tre	asures	s, or O	ther	Simil	ar As	sets (c	ontını	ied)
<ol> <li>Using the organization's acquisititems (check all that apply)</li> </ol>	on accession	n and oth	ner records, che	ck any of th	he follow	ving tha	t are a	signif	ficant u	se of its	collecti	on
a Public exhibition			d Loan	or exchang	e progra	ams						
<b>b</b> Scholarly research			e U Other	<del></del>								
c Preservation for future gener	ations											
4 Provide a description of the orga Part XIV			·	-		_		·	ot purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	r receive	donations of ai	t, historical of the organ	l treasur nization'	es, or o s collec	ther su	mılar		Yes	Γ	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arranger	nents (	Complete if c	rganızatı					orm 9			
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodia	an, or oth	ner intermediary	for contrib	outions o	r other	assets	not		Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ing table								
							<u> </u>			Amoun	<u>t</u>	
c Beginning balance							1c					
<b>d</b> Additions during the year							1 d		···			
e Distributions during the year							1 e					
f Ending balance							1f				——-	
2a Did the organization include an a		orm 990,	Part X, line 213	•						Yes	L	No
b If 'Yes,' explain the arrangement		<del></del>		- 1 1 1 2 1 1		- 000	D	15.7	. 10			
Part V   Endowment Funds Co												<del></del> -
1. D	(a) Curren	t year	(b) Prior yea	(c)	Two year	s back	(0)	nree ye	ars back	(e)	Four year	s back
1 a Beginning of year balance				* ***	n Ng	75.3	£4 · ·	,		<i>A</i> 3	33 3	- ;;
<b>b</b> Contributions				<del> </del> -			<del>  ` ` </del>	<u></u>		12		1 2 1
c Net Investment earnings, gains, and losses				18 7	<u> </u>	·	ξ,	<del>- , -</del>	, , ,		4 1 2	, m, .
<b>d</b> Grants or scholarships.							<u> </u>			1 12		
<ul> <li>Other expenditures for facilities and programs</li> </ul>					···•	·			· 🐉	14 1 POST	- <sup>-</sup>	
f Administrative expenses				- 2," 1		J. 100 -	r ·	10.30	787 2	A	n* , , ,	
g End of year balance			l <u></u>				<u> </u>	<u>',,                                    </u>		-4		
2 Provide the estimated percentage	•	end bala	ance held as									
a Board designated or quasi-endov			8									
<b>b</b> Permanent endowment ►		;										
c Term endowment ►	<sup>8</sup>											
3a Are there endowment funds not a organization by	n the posses	ssion of t	he organization	that are he	eld and a	adminis	tered f	or the		[	Yes	No
(i) unrelated organizations										3a(i)	163	110
(ii) related organizations										3a(ii)		<del> </del>
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations	listed as	s required on Se	chedule R?						3b		<del> </del> -
4 Describe in Part XIV the intended	=		*							<u> </u>		
Part VI Investments-Land, B					90. Par	t X. li	ne 10	·				
Description of investment		(a) Cost	or other basis vestment)	(b) Cost	or othe (other)		(c) Acc			(d)	Book V	alue
1a Land							,š	,	. ′			
<b>b</b> Buildings												
c Leasehold improvements												
<b>d</b> Equipment												
e Other				1,7	48,40	1.	1,	431,	797.		316	,604.
Total. Add lines 1a through 1e (Column	n (d) must e	qual Forr	n 990, Part X, d	olumn (B),	line 10	(c) )			<u></u>		316	,604.
BAA		<u></u>							Sche	dule <b>D</b> (F	orm 99	2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 INSTITUTE OF TRANS	SPORTATION	53-023	2732 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives	<u> </u>		
Closely-held equity interests	ļ		
Other	ļ		<u></u>
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			<del></del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12 ) ▶			,
Part VIII Investments-Program Related (See F	orm 990, Part X, line	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	ļ	Cost or end-of-year mar	ket value
	ļ		
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	<del> </del>		<del></del>
			- <u> </u>
45			
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			the state of the
Part IX Other Assets (See Form 990, Part X,			41.5
(a) De	scription		(b) Book value
· · · · · · · · · · · · · · · · · · ·	~		
	· · · · · · · · · · · · · · · · · · ·		
			1 544 120
Total. (Column (b) must equal Form 990, Part X, col (B), li Part X Other Liabilities (See Form 990, Part		<u>▶</u>	1,744,130.
	(b) Amount		
(a) Description of Liability Federal Income Taxes	(b) Amount	┥゛	5 *
MISC PAYABLES	8,993	┪ 、 , , , ,	., •
Non-qualified def. comp. payable	311,945		
Non quarified del. comp. payable	311,313	-	
		<del>-</del>   •	175
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	320,938		·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)  2. FIN 48 Equation 1. Part XIV provide the text of the foot			e organization's liabil

Sche	dule <b>D</b> (Form 990) 2009 INSTITUTE OF TRANSPORTATION	53-023	32732	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	<u>v</u>
$\overline{}$	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
ā	Net unrealized gains on investments 2a			
ŧ	Donated services and use of facilities 2b			
c	Recoveries of prior year grants.	,		
¢	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- ( ;	]	
a	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
c	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn N/A	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,		
-	Donated services and use of facilities 2a			
	Prior year adjustments 2b		ļ	
_	Other losses 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	<u> </u>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1, ,,,		
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		i	
_	Add lines 4a and 4b  Tatal agreement Add lines 3 and 4a (This must equal Form 900, Bort I, line 19.)	5		<del></del>
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  t'XIV   Supplemental Information		L	
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to p	th and 2b, F provide any a	Part V, dditional
			. <b></b>	
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TEEA3304L 02/02/10

Schedule D (Form 990) 2009

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Schedule D	(Form 990) 2009	INSTITUTE OF	TRANSPORTAT	ION		5	3-0232732	Page 5
Part XIV	Supplemental	INSTITUTE OF Information (cor	ntınued)					
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Schedule **D** (Form 990) 2009

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Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

<u>≗</u> TRANSPORTATION (h) Purpose of grant or assistance STREET DESIGN ENVRIONMENTAL IMPACT FROM RESEARCH & Part.II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form STANDARDS EVALUATE Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 53-0232732 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 0. CONTRACT CONTRACT See Part 0 (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 23,978. 1,329,344 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I. General Information on Grants and Assistance (b) EIN INSTITUTE OF TRANSPORTATION SEE SCHEDULE-FED HIGHWAY ADMIN SEE SCHEDULE-EPA 1 (a) Name and address of organization or government Name of the organization

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Part III. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non cash assistance I, line 2, and any other additional information. 53-0232732 (e) Method of valuation (book, FMV, appraisal, other) SPECIFIC ACCOUNTING FOR MONITORING THE REVENUES AND EXPENDITURES FOR GRANT FUNDS. Part IV: Supplemental Information. Complete this part to provide the information required in Part (d) Amount of non-cash assistance (c) Amount of cash grant Part I, Line 2 - Grantmaker's Description of How Grants are Used INSTITUTE OF TRANSPORTATION (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 BAA

#### SCHEDULE J (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Rublic Inspection

Name of the organization

Employer identification number

INS	STITUTE OF TRANSPORTATION	5	3-0232732			
Par						
					Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any rele	the following to or for a person listed in Form vant information regarding these items	n 990, Part		f	•
	First-class or charter travel	Housing allowance or residence for p	ersonal use		}	
	Travel for companions	Payments for business use of persor	nal residence		`	
	Tax indemnification and gross-up payments	Health or social club dues or initiatio	n fees			
	Discretionary spending account	Personal services (e.g., maid, chauff	eur, chef)			
t	If any of the boxes on line 1a are checked, did the organizate reimbursement or provision of all of the expenses described	ion follow a written policy regarding paym above? If 'No,' complete Part III to explai	ent or n	1 b		
2	Did the organization require substantiation prior to reimbursi trustees, and the CEO/Executive Director, regarding the item	ng or allowing expenses incurred by all of ns checked in line la?	ficers, directors,	2		
3	Indicate which, if any, of the following the organization uses CEO/Executive Director Check all that apply	to establish the compensation of the orga	nızatıon's		-	
	X Compensation committee	Written employment contract	İ	.		
	Independent compensation consultant	Compensation survey or study	ĺ	· .	\ *	,
	X Form 990 of other organizations	X Approval by the board or compensat	ion committee	, <u>-</u> ,		.,
	_	_	ĺ	. :		
4	During the year, did any person listed in Form 990, Part VII,	Section A. line 1a with respect to the filin	g organization	١,		
•	or a related organization		g g			- ,2
а	Receive a severance payment or change-of-control payment	7		4a		_X
	Participate in, or receive payment from, a supplemental non			4ь		X
C	Participate in, or receive payment from, an equity-based cor		ļ	4c		<u>X</u>
	If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part			. ·	
	0.1 11 501(1/0) 1501(1/0) 1 11			3		•
	Only section 501(c)(3) and 501(c)(4) organizations must con	•		. `	- ,	
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of	did the organization pay or accrue any co	mpensation	, '}		4
а	The organization?			5a	4"	Χ
b	Any related organization?		İ	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.			· , , , , , , , , , , , , , , , , , , ,	3.2	, , ,
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of	did the organization pay or accrue any co	mpensation		Jacky Line	1
а	The organization?			6a		Х
b	Any related organization?		İ	6ь		X
	If 'Yes' to line 6a or 6b, describe in Part III			.;	 	
7	For person listed in Form 990, Part VII, Section A, line 1a, d described in lines 5 and 6? If 'Yes,' describe in Part III	id the organization provide any non-fixed	payments not	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regs section 53 4958-4(a)(3	ccrued pursuant to a contract that was sub b)? If 'Yes,' describe in Part III	ject to the initial	_8_		X
9	If 'Yes' to line 8, did the organization also follow the rebuttab section 53 4958-6(c)?	ole presumption procedure described in Re	egulations	9		Х

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Schedule J (Form 990) 2009

Page 2

53-0232732

Schedule J (Form 990) 2009 INSTITUTE OF TRANSPORTATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	amobyleona (a)	Breakfown of W. 2 and/or 1000 MISC	MISC composition		/m/ Ni - 1 1- 1		
(A) Name	(i) Base compensation		(ii) Other reportable compensation	other deferred compensation	benefits	(E) rotal of columns (B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
SEE ATTACHED SCHEDULE (i)	1,132,475.	36, 720	116,570.	86,557.	161,814	1,534,136.	1,193,080.
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(ii)	7						
ВАА			TEEA4102L 02/02/10	02/10		Sched	Schedule J (Form 990) 2009

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## SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions with Interested Persons**

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization INSTITUTE OF TRA	NSPORT	ATION				i i	ıployer ı			mber		
ENGINEERS, INC.							3-02					
Part I Excess Benefit Transaction Complete if the organization answ	<b>1s</b> (sect ered 'Yes'	on 50'	1 (c) (3) ar n 990, Part	nd section IV, line 25a d	501(c)( or 25b, or	4) organız Form 990-EZ	ations Part V	s only /, line	/). 40b			
1 (a) Name of disqualified person					(b) Description	on of transaction					(c) Cor	rected?
(a) Name of disqualified person											Yes	No
2 Enter the amount of tax imposed on the section 4958	_					ring the year	under	<b>►</b> \$				
3 Enter the amount of tax, if any, on line 2				organization				<b>►</b> \$				
Part II Loans to and/or From Inter Complete if the organization answ				IV, line 26 or	Form 990	)-EZ, Part V, I	line 38	a. 				
(a) Name of interested person and purpose		to or from anization?	(c) C principa	driginal al amount	(d) B	alance due	(e) In (	default?	by bo	oroved ard or uttee?	(g) W agree	/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
					-,		-					
	<del> </del>											
		-										
Total		L	<u> </u>	<b>▶</b> \$	L		,.			. ,		<u> </u>
Part III Grants or Assistance Bene Complete if the organization	fitting I	nteres	ted Perso	ons.	art IV, I	ıne 27.			<u> </u>		<u> </u>	
(a) Name of interested person				nterested person			c) Amour	nt and ty	pe of as	sistanc	e	
							<u>.</u>			-		
Part IV Business Transactions Inv			tad Dave									
Part IV Business Transactions Inv Complete if the organization	n answe	ered'Ye	es' on For	m 990, Pa	art IV, lı	ne 28a, 28	b, or	28c.				
(a) Name of interested person	(b) Reuntere	elationship sted persor organizati	n and the	(c) Amou transaction		(d) De	scription	of trans	action		organi	aring of zation s nues?
				<del></del> -		0.00000					Yes	No
HEARTS DELIGHT GOURMET CATERING	WIFE	OF EXEC	DIREC			CATERING	SERVI	CES				X
												<u> </u>
BAA For Privacy Act and Paperwork Reducti	on Act N	otice, se	e the Instri	uctions for F	orm 990	LSct	nedule	L (For	m 990	or 9	L 90-E <i>7</i> 1	2009

## SCHEDÜLE O (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization INSTITUTE OF TRANSPORTATION ENGINEERS, INC.	Employer identification number 53-0232732
Form 990, Part III, Line 4d - Other Program Services Description	
ANNIIAI MEETING OF MEMBERSUID AND DIDECTORS	
MMOVE_MEETING_OF_MEMBERSHIP THE DIRECTORS	
MEETINGS & CONFERENCES: ANNUAL MEETING CONSISTS OF TECH	NICAL SESSIONS WITH 1.200 TO
1,400 ATTENDEES; SPECIAL CONFERENCES CONSIST OF 250 TO	
PROJECTS: VARIOUS PROGRAMS OF BOTH LIMITED AND ONGOING	DURATION. INCLUDES STUDENT
PROGRAMS, SCHOLARSHIPS AND SERVICES FOR THE GENERAL PU	BLIC.
Form 990, Part VI, Line 2 - Business or Family Relationship of Officer	s, Directors, Etc.
COMPANY OWNED BY SPOUSE OF EXECUTIVE DIRECTOR WAS CONT	RACTED TO PROVIDE CATERING
SERVICES DURING THE YEAR	
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Sha	reholder
MEMBERS ARE REGISTERED TRANSPORTATION ENGINEERS.	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Gov	erning Body
COMPANY OWNED BY SPOUSE OF EXECUTIVE DIRECTOR WAS CONT	RACTED TO PROVIDE CATERING
SERVICES DURING THE YEAR IN THE AMOUNT OF \$16,450.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
THE 990, AS PREPARED BY AN INDEPENDENT CPA, IS REVIEWE	D BY THE SIGNING OFFICER PRIOR
TO SIGNING.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcen	nent of Conflicts
ORGANIZATION'S ADMINISTRATION AND BOARD MONITORS THE A	SSOCIATIONS OF THE EMPLOYEES
AND REPORTS ANY UNUSUAL POTETENTIAL CONFIICTS SHICH AR	E REVIEWED WITH THE EMPLOYEE.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process	for Officers & Key Employees
COMPARABLE SALARIES ARE OBTAINED THROUGH TRADE PUBLICA	TIONS, ASSOCIATIONS AND
EMPLOYMENT AGENCIES WHICH ARE REVIEWED AND COMPARED WI	TH CURRENT EMPLOYEES SALARIES.

Schedule <b>O</b> (Form			Page 2
Name of the organization	INSTITUTE OF TRANSPORTATION ENGINEERS, INC.	Employer identification number 53-0232732	
, .			
	·		
			<del>_</del>
			<b>_</b>

#### 990 2009-Inst of Transportation Engineers

Schedule J, Line 4a

Non-Qualified Retirement Plan

ITE Rabbi Trust

Participants	200	9 Contrib.
Brahms, Thomas W	\$	19,368
Frentz, Peter W	\$	19,368

# Institute of Transportation Engineers SCHEDULE OF FEDERAL AWARDS AND EXPENITURES For the Year Ended December 31, 2009

This Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by U S Office of Management and Budget Circular A-133, Audits of States, Local Government, and Non-Profit Organizations, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole

Federal Grantor/

Pass-through Grantor/

Grant Number/

Program Title

Pass-through Identify Number

Amount

#### Federal Highway Administration:

Direct Awards:

ITS Standards Support

DTFH61-96-X-00014

\$ 669,090

Next Generation Surface transportation Management & Operations

DTFH61-00-C-00003

98,334

Support for Government Traffic Engineering Professionals

DTFH61-06-D-00042

480,761

Total Direct Awards:

1,248,185

#### Pass-through Awards:

University of North Carolina at Chapel Hill/National Safe Routes to School Clearinghouse

DTFH61-06-H-00013

4,477

Science Applications International Corp/Technical Support for Highway Safety

DTFH61-05-D-00025/

58,566

4600006516

Cambridge Systematics, Inc./National Agenda for Ins. Safety

DTFH61-05-R-00113

18,116

Total Pass-through Awards:

81,159

Total Federal Highway Administration:

\$1,329,344

#### **Environmental Protection Agency**:

Direct Awards:

Context Sensitive Street Design PI-83381601-0 \$\frac{23,978}{23}\$

TOTAL EXPENDITURES OF FEDERAL AWARDS \$1,353,322

**NOTE:** The schedule of expenditures of Federal awards includes the Federal grant activity of ITE and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations.* 

HISTORICAL TRIAL BALANCE SUMMARY FOR 2009

6:18:57 AM

5/27/2010 5/27/2010

System. User Date:

Institute of Transportation Engineers

**General Ledger** 

Natural Posting

Sorted By: Include:

To: 12/31/2009 1-1607-00-1000

From: 1/1/2009 1-1600-00-1000

Ranges: Date: Account:

\$850,190.77 (\$738,087 35) \$560,840.57 (\$381,408.71) \$337,368.70 (\$312,300 82) Ending Balance \$0 00 (\$42,082.17) (\$82,654.71) \$0.00 (\$56,084.06) Net Change \$5,331 40 \$0.00 \$82,654 71 \$0 00 \$56,084 06 \$0 00 Credit \$42,082 17 \$5,331.40 \$0.00 \$0.00 \$0.00 \$0.00 Debit Debit \$844,859.37 (\$655,432 64) \$560,840 57 (\$325,324.65) \$337,369 70 Beginning Balance (\$270,218 65) Beginning Balance Accounts Leasehold Improvements Leasehold-Accum. Amortization Computer System Components Computer Sys -Accum Deprec Inventory-Fumiture/Equipment Accumulated Depreciation 1-1600-00-1000 1-1601-00-1000 1-1602-00-1000 1-1603-00-1000 1-1606-00-1000 Inactive Account

Ending Balance \$316,604.16

Net Change (\$175,489.54)

Credit \$180,820.94

\$5,331.40

\$492,093.70

**Grand Totals:** 

- g

Page: User ID:

990 2009 Section A Page 7 & Schedule J - Headings for items not applicable are not shown on the chart Institute of Transportation Engineers

																										3 2009 Deferred comp includes \$1,610 of transit benefits	<ul> <li>2009 Deferred comp includes \$469 of transit benefits</li> </ul>		
is.	Compensation reported in pnor Form 990			•	•	•	•	·	•	•	,	•	•	<b>.</b>	•	•	•	•		303,910		\$ 226,627		145,506	\$ 145,571	\$ 137,543	<b>.</b>		
ш	Total B1-D		•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	900	225,004	10,024	227 503		149,800	163,081	151,364	106 450		1,301,023
۵	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠,		30,040 20,040	20,003	28,693		17,988	19,759 \$	18,228 \$	11,637	•	419,101
v	atton		•	,	,	<b>ب</b>			•	•	•	•	•	•		•	<b>.</b>	•	•	* (000 22)		\$ (009'6)		s (000'/t)	(3,664) \$	(17,324) \$	(16,969) \$	F 12 600	¢ (/cc'oa)
	Deferred Sation Compens		٠.	••	٠,	,	<b>ب</b>	•	•••	<b>ب</b>	<b>ب</b>	<b>ب</b>	<u>۰</u>	<b>ب</b>		,	<b>,</b>	••	•	20119		24,770 \$		312 \$	7 736 \$	7,961 \$	282 \$	95.	<b>♦</b> 0/c'q11
<b>≡</b> <b>∞</b>	Other		٠,	<b>ب</b>	<b>.</b>		\$	<b>49</b>	<b>د</b> ه	<b>ب</b>	<b>•</b>	s	<b>∽</b>	<b>∽</b>		<b>.</b>	<b>,</b>	s.		7.440 \$	•	11,440 \$		200 \$	200	200	\$ 009		36,720 <b>3</b>
<b>.</b>	Bonus or incentive n compensal		<b>د</b>	<b>•</b>	<b>.</b>	<b>••</b>	<b>د</b>	<b>د</b>	<b>5</b>	<b>.</b>	<b>.</b>	<b>ب</b>	<b>پ</b>	<b>5</b> .		<b>∽</b>	<b>پ</b>	<b>.</b>	•	, .	•	<b>.</b>		<u>د</u>		<b>\$</b>	\$ 0		n
Schedule J B i	Base Compensatio		ر.	so.	ø,	s	s	~	ø,	s	•	•	ر.	s		•	s	S		5 238,225	^	\$ 172 000		s	\$ 138,750	\$ 142,000	<b>~</b>	,	5 1,132,475
٥	Reportable Compensation Base from Org W2 Comf			•	•	•	٠		•	•	•	•					•	•		300,244	7/7'/61	198,610		\$ 131,812	143,322				
	Highest Compensated Employee Key Employee Officer		•	•	•	50	S	S	S	S	'n	**	•	<b>.</b>		×	×	×		× >					×	×	×		
<b>8</b>	Trustee or Director		× V		X/A			X/A								N/A	N/A	N/A	;	8 9	₽	4		99	45	37	7		
Section A, Page 7 A	Túle	Directors	Director	Director	Director	Director	Director	Director	Director	Director	Director	Director	Director	Director		President	Vice President	Imm Past President	,	Executive Director	Deputy Exec Director	Deputy Exec Director	d Employees	Senior Program Director	Senior Program Director	Senior Program Director	Senior Program Director		
S.	Name	Individual Tractees or Diseases	LaMunyon, Lynn	Best Susant	Samuelson, David L	Manhart, Stephen J	Stammer Robert E	Ackeret Kenneth W	McCourt Ransford S	Mustafa Zakı	Gough, James W	McCombs Peter	Thomas Gary B	Arey Jeffray	Officers	Voiat Kenneth	Eng-Wong Paul	Guebert Alfred A	Key Employees	Brahms, Thomas W	Cardso Philip J	Frentz, Peter W	Highest Compensated Employees	Noble, Douglas E	Stollof, Edward R	Nada Siva R K	Tremey, Lisa F		

## (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return.

Internal Revenue Service	The a Separate application for each retain.										
<ul> <li>If you are filing for an Automatic 3-Month</li> </ul>	Extension, complete only Part I and check this box										
•	omatic) 3-Month Extension, complete only Part II (										
	dy been granted an automatic 3-month extension of										
The state of the s	ion of Time. Only submit original (no cop										
A corporation required to file Form 990-T and	requesting an automatic 6-month extension — chec	ck this box and complete Part I only									
•	), partnerships, REMICS, and trusts must use Form										
Electronic Filing (e-file). Generally, you can e returns noted below (6 months for a corporation the additional (not automatic) 3-month extens	lectronically file Form 8868 if you want a 3-month a on required to file Form 990-T). However, you cann ion or (2) you file Forms 990-BL, 6069, or 8870, group y completed and signed page 2 (Part II) of Form 88 or the for Charities & Nonprofits.	ot file Form 8868 electronically if (1) you want oup returns, or a composite or consolidated									
Name of Exempt Organization		Employer identification number									
Type or INSTITUTE OF TRANSPO	RTATION	53-0232732									
ENGINEERS, INC.  File by the Number, street, and room or suite number	If a P.O. how see instructions	[33-0232132									
due date for											
filing your return See instructions 1099 14th STREET, NW City, town or post office, state, and ZIP coo											
· ·											
WASHINGTON, DC 20005											
Check type of return to be filed (file a separa	<b>7</b> · · ·	□ r 4700									
	Form 990 Form 990-T (corporation) Form 4720										
Form 990-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 5227									
Form 990-EZ	Form 990-T (trust other than above)	Form 6069									
Form 990-PF	Form 1041-A	Form 8870									
<ul> <li>If this is for a Group Return, enter the org check this box</li> <li>If it is for part of the extension will cover</li> </ul>	e or place of business in the United States, check the anization's four digit Group Exemption Number (GE) the group, check this box	is box  If this is for the whole group, with the names and EINs of all members									
	hs for a corporation required to file Form 990-T) ex										
The extension is for the organization's re	the exempt organization return for the organization eturn for.	Tharned above.									
► X calendar year 20 09 or											
	, 20, and ending, 20										
2 If this tax year is for less than 12 month		eturn Change in accounting period									
nonrefundable credits. See instructions	00-PF, 990-T, 4720, or 6069, enter the tentative tax,	3a \$ 0.									
b If this application is for Form 990-PF or made Include any prior year overpayment	990-T, enter any refundable credits and estimated ent allowed as a credit	tax payments 3b \$ 0.									
c Balance Due. Subtract line 3b from line deposit with FTD coupon or, if required, See instructions.	3a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment	rred, System) 3c \$ 0.									
Caution. If you are going to make an electron payment instructions	ic fund withdrawal with this Form 8868, see Form 8	453-EO and Form 8879-EO for									
BAA For Privacy Act and Paperwork Reduct	ion Act Notice, see instructions.	Form <b>8868</b> (Rev 4-2009)									