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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	or t	ne 201	6 calendar year, or tax year beginning 07/01, 2016, a	ana enaing		5/30, 20 1/
R	Check if	applicable	C Name of organization RAHALL TRANSPORTATION INSTITUTE		D Employer identific	
, C	_		FOUNDATION, INC.		20-519385	4
L	Add char		Doing business as		J	
	Nam	ne change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Initia	al return	P.O. BOX 5425		(304) 696-7	098
		l return/ nnated	City or town, state or province, country, and ZIP or foreign postal code			
Г		ended	HUNTINGTON, WV 25703-0425		G Gross receipts \$	1,614.
	Арр	lication	F Name and address of principal officer ROBERT PLYMALE		H(a) Is this a group retu	rn for Yes X No
_	pen	aing	P.O. BOX 5425 HUNTINGTON, WV 25703-0425	$\Lambda' \prec$	subordinates? H(b) Are all subordinates	ncluded? Yes No
$\overline{\mathbf{I}}$	Tax-e	xempt st		(527)	If "No," attach a lis	
÷		ite. >	100.1000	1021	H(c) Group exemption r	,
<u>-</u>		of organ		1 Vaca of farms	ation 2006 M State	
_	art I		Immary	L real of forma	ALION ZOOO IN STATE	or legal doffficile ***
				AOTE THE E	NHANCEMENT A	ND DEVELOPMENT
	1		y describe the organization's mission or most significant activities TO PROV PUBLIC AND PRIVATE TRANSPORTATION. RESEARCH,			ND DEVELOTIBLE
Governance			MERCIALIZATION OF PUBLIC, PRIVATE, AND RECREA			
Ľ	١.					
o Ve	2		k this box if the organization discontinued its operations or disposed			2
			per of voting members of the governing body (Part VI, line 1a)			3.
Se	4		per of independent voting members of the governing body (Part VI, line 1b)			
Activities &	5	Total	number of individuals employed in calendar year 2016 (Part V, line 2a)			0.
ŧ	6		number of volunteers (estimate if necessary)			0.
⋖	' "		unrelated business revenue from Part VIII, column (C), line 12			0.
	t	Net u	nrelated business taxable income from Form 990-T, line 34	<u> </u>		0.
<u>o</u>					Prior Year	Current Year
	8	Contr	butions and grants (Part VIII, line 1h)		90,605.	0.
enc	9	Progr	am service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,832.	1,614.
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,631.	-143.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,806.	1,471.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		17,000.	0.
	14	Benef	fits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Ś	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10).		0.	0.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e d	. .		fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
யி	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,106.	43,844.
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		48,106.	43,844.
	19		nue less expenses Subtract line 18 from line 12	,	32,700.	-42,373.
Pes		110761	DEAD.		nning of Current Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	<u>-</u> -	1,017,961.	978,896.
4ss	21		liabilities (Part X, line 16)		0.	0.
let /	22			• • • • • • • • • • • • • • • • • • • •	1,017,961.	978,896.
	irt II		ssets or fund balances Subtract line 21 from line 20		1,01,75	3,0,000
				e and statements	and to the hest of my	knowledge and helief it is
tru	e, corr	ect, and	of perium. I declare that I have examined this return the putting abcompanying schedule complete, Declaration of prepargr (other than officer) is based on all information of which	preparer has any i	nowledge	Anowicage and belief, it is
		1, '	travel I I Hay II			
Sig	ın		Signature of officer		Date	
He	-		ROBGOT H WYMAN SECY/TOCASI	IDER	5-	14-18
			Type or print name and title	""> ()		- , ,
	PTIN					
Paid	d		Type preparer's name Preparer's signature	Date	Clieck ii	
	- parer	WAD	E S C NEWELL, CPA	MAY 1 4 201		P01051041
	Only	, Firm's	s name SOMERVILLE & COMPANY, P.L.L.C.		Firm's EIN ▶ 55-0	
			s address ▶501 5TH AVENUE HUNTINGTON, WV 25701		Phone no 304	-525-0301
Ma	y the	IRS dis	ccuss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	X Yes No
For	Pape	erwork	Reduction Act Notice, see the separate instructions.			Form 990 (2016)

JSA 6E1010 1 0000 27607V P123

RAHALL TRANSPORTATION INSTITUTE

	990 (2016		Page Z
Pa		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
		GANIZATION PROMOTES THE ENHANCEMENT AND DEVELOPMENT OF PUBLIC	
		IVATE TRANSPORTATION, RESEARCH AND DEVELOPMENT OF ALL MODES AND	
		OF TRANSPORTATION, AND THE COMMERCIALIZATION AND PROMOTION OF	
		ORTATION, INCLUDING PUBLIC, PRIVATE, AND RECREATIONAL.	
2	Did the o	organization undertake any significant program services during the year which were not listed or	n the
		m 990 or 990-EZ?	Yes X No
		describe these new services on Schedule O	
		organization cease conducting, or make significant changes in how it conducts, any pro	
			Yes X No
		describe these changes on Schedule O the organization's program service accomplishments for each of its three largest program s	convece as measured by
4	Describe	s Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants is	and allocations to others.
		expenses, and revenue, if any, for each program service reported.	and anodations to entere,
4a	(Code.) (Expenses \$ 31,225. including grants of \$) (Revenue \$)
	THE EN'	TITY DEVELOPS RECREATIONAL BIKE PATHS IN CONJUNCTION WITH	· · · · · · · · · · · · · · · · · · ·
		TY OF HUNTINGTON. SEGMENTS OF THIS PATH ARE COMPLETED AS	
	FUNDIN	G IS ACQUIRED AND PROPER PERMISSIONS ARE IN PLACE.	
			
<u> </u>	(Codo) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code _	/(Expenses \$/fixevenue \ \frac{1}{2}	/
	<u>•</u>		
			-
4c	(Code _) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other pro	ogram services (Describe in Schedule O)	
	(Expense	es\$ including grants of \$) (Revenue \$)	
4e	Total pro	ogram service expenses ► 31,225.	
JSA			Form 990 (2016)

20-51938**5**4

Part	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,"		v	
_	complete Schedule A	1	X	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		х
_	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- -		
8	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	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	11b		Х
С	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	11c		Х
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l v
	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			v
4=	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			
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
	If "Yes," complete Schedule G, Part III	19		L ^

Part I\	Checklist of Required Schedules (continued)			
			Yes	No
20a ì	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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 19 If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
ı	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
(organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
;	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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?	25b		Х
	If "Yes," complete Schedule L, Part I	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	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		X
C .	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l v
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			x
	Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	-33		
	or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
	5	- 	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
			1	}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		$\neg \uparrow$	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.]
h	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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Ī	
	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		<u>X</u>
b	If "Yes," enter the name of the foreign country		- 1	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		- 1	
	(FBAR)	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
-	gifts were not tax deductible?	OB		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 ;
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		نـــــ
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		Ì	
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Cross rescriptor, included on a soft art vini, and 12, 161 pashe according to the	{	- 1	.
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		- 1	, }
	Gross income from members or shareholders		Į	. }
b	against amounts due or received from them)		[. }
12 a	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 12b			
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		ł	
	Enter the amount of reserves on hand			لبيس
	Did the organization receive any payments for indoor tanning services during the tax year? \dots	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ŀ	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ļ		
	any other officer, director, trustee, or key employee?	_2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			х
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		х
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	X	الـــــا
a	The governing body?	8b		
b	Each committee with authority to act on behalf of the governing body?	0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	L
	UN DE CONTROL DE CONTR		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u></u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	ļ	 ,
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			X
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		l	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.Ch	<u> </u>	
<u></u>	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \(\bigs_{WV}\).	E04/	~\(2\-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)
	Own website X Another's website X Upon request Other (explain in Schedule O)			
40		a.a	nalis:	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the graphization's books and record	c L		
20	State the name, address, and telephone number of the person who possesses the organization's books and record ROBERT PLYMALE P.O. BOX 5425 HUNTINGTON, WV 25703-0425	3 P		
ISA		F	000	(2016)

Form	990	(2016)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

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 neither the organization nor	any related	orga	nıza	tion	со	mpen	sate	ed any current offic	er, director, or trus	stee
	(C)									
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
	hours per	1				is both		compensation	compensation from	amount of
	week (list any		т т			tor/trust		from the	related organizations	other compensation
	hours for related organizations below dotted line)	1 Y =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)ROBERT PLYMALE	1.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(2)AUDY PERRY	1.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(3)FRANK BETZ	1.00									
DIRECTOR	0.	Х					<u> </u>	0.	0.	0
(4)		-		ļ				<u></u>		
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)				-						
(12)										
(13)										
(14)										

Pa	rt VII Section A. Officers, Directors, T	rustees, Ke	y En	plc	ye	es,	and F	ligi	nest Compensat	ed Employees	(continue	ed)_	
	(A) • Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	rson Irect	e than of is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC	from amount other compensations is organization.		
		below dotted line)	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	7	,		1	d related anizations	
		- 			_								
				-							-		
	Sub-total	_	<u> </u>	<u> </u>					0.	0			0.
С	Total from continuation sheets to Part VII, Total (add lines 1b and 1c)	Section A .						>	0.	0			0.
	Total number of individuals (including but no reportable compensation from the organization	t limited to t		liste				re	ceived more than	\$100,000 of			-
_							1		lavas as basks			Yes	No
3	Did the organization list any former off employee on line 1a? <i>If "Yes," complete Sche</i>										3		X
4	For any individual listed on line 1a, is the organization and related organizations of	sum of rep reater than	portal 1 \$15	ole (50,0	com	per	nsatior '''Yes	n aı	nd other compens complete Schedu	sation from the life J for such]
5	Individual										4		<u>x</u>
	for services rendered to the organization? If "	Yes," comple	te Sci	hedu	ıle .	J for	such	per	son	· · · · · · · · · · · · · · · · · · ·	5		X
1	Complete this table for your five highest co compensation from the organization Report year.												
	(A) Name and business a	ddress							(B) Description of se	ervices	(C) Compen		
			-										
2	Total number of independent contractors							e l	isted above) who	received			1

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Pa	rt VI	•						
		Check if Schedule O co	ontains a respor	nse or note to any	line in this Part	VIII		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not included Noncash contributions included	1b 1c 1d 1d 1d 1e grants, d above . If		0.			· ·
ene		Total Floor Id II T T T		Business Code				
Program Service Revenue	2a b c d e f	All other program service rev	venue		0.			
	3	Total. Add lines 2a-2f				<u> </u>	*	
	4 5	Investment income (income and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	1,614. 0. 0.			1,614.
	6a b c	Gross rents		(II) Personal	0.			
	7a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Secunties	(II) Other				
	c d	and sales expenses Gain or (loss) Net gain or (loss)			0.			
evenue	8a	Gross income from fundra events (not including \$	using					
Other Revenue	b	of contributions reported on See Part IV, line 18 Less direct expenses	a	0. 143.				,
	9a	Net income or (loss) from full Gross income from gaming See Part IV, line 19	activities		-143.	f the team apply as the second		-143.
	b	Less direct expenses		0.		·		
	С	Net income or (loss) from ga	aming activities.		0.			
	10a	Gross sales of inventoreturns and allowances	a	0.		r.		
	b c	Net income or (loss) from sale	es of inventory	0. ▶ Business Code	0.			
	11a							
	b							
	c							
	d e	All other revenue Total. Add lines 11a-11d	[0.			
	12	Total revenue. See instruction			1,471.			1,471.
JSA								000(2016)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 0 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 Other employee benefits 0. Fees for services (non-employees) 0 a Management 0 5,000 5,000. c Accounting 0 d Lobbying Ö e Professional fundraising services See Part IV, line 17. 538 538 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). ō 7,081 7,081. Office expenses 0 Information technology..... 0 15 5,694 5,694 16 0. Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 19 0. 20 0. Payments to affiliates. 10,715 10,715 Depreciation, depletion, and amortization 22 2,316. 2,316. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 12,500. 12,500. aPATH CONSTRUCTION e All other expenses 43,844. 31,225 12,619 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) 0

Forr	n 990 (RAHALL TRANSPORTATION INSTITUTE 2016)	•	20-	-5193854 Page 11
Pa	rt X				
		Check if Schedule O contains a response or note to any line in t	his Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	170,879	. 1	134,395.
	2	Savings and temporary cash investments	0	. 2	0.
	3	Pledges and grants receivable, net	0	• 3	0.
	4	Accounts receivable, net	0	. 4	3,750.
	5	Loans and other receivables from current and former officers, director	ors,		
		trustees, key employees, and highest compensated employee	es		
]	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sec	0	- 5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employand sponsoring organizations of section 501(c)(9) voluntary employees' benefit organizations (see instructions). Complete Part II of Schedule L	yers Harv	. 6	0.
ets	7	Notes and loans receivable, net			0.
Assets	8	Inventories for sale or use	0	+	0.
4	9	Inventories for sale or use Prepaid expenses and deferred charges	489		489.
	10 a	Land, buildings, and equipment cost or		T	
	l	other basis Complete Part VI of Schedule D 10a 832, 8	77.		
	ь	Less accumulated depreciation 10b 62,8	780,773	10c	770,058.
	11	Investments - publicly traded securities ATCH 3	65,820		70,204.
	12	Investments - other securities See Part IV, line 11	0	12	0.
	13	Investments - program-related See Part IV, line 11	0	13	0.
	14	Intangible assets		. 14	0.
	15	Other assets. See Part IV, line 11	0	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	978,896.
	17	Accounts payable and accrued expenses	0	17	0.
	18	Grants payable	0	18	0.
	19	Deferred revenue	0	19	0.
	20	Tax-exempt bond liabilities	0		0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0.
es	22	Loans and other payables to current and former officers, director	·		
∄		trustees, key employees, highest compensated employees, a			
Liabilities	İ	disqualified persons Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	• •	24	0.
	25	Other liabilities (including federal income tax, payables to related the	i		
	ļ	parties, and other liabilities not included on lines 17-24) Complete Par			
		of Schedule D	0	 	0.
	26	Total liabilities. Add lines 17 through 25		26	0.
Ś		Organizations that follow SFAS 117 (ASC 958), check here ► X a complete lines 27 through 29, and lines 33 and 34.	ana		
nce.	27	·	611,026	27	600,118.
ala	28	Unrestricted net assets Temporarily restricted net assets			378,778.
a B	29	Permanently restricted net assets	0,		0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.		23	
	30	Capital stock or trust principal, or current funds		20	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	• •	30	
As	32	Retained earnings, endowment, accumulated income, or other funds	• •	32	
Net	33	Total net assets or fund balances	1,017,961.		978,896.
~	34	Total liabilities and net assets/fund balances		34	978,896.
	L <u></u>		.,,		Form 990 (2016)

Form 99	90 (2016)				Pa	ge 12
Part	XI 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			1,4	471.
2	Total expenses (must equal Part IX, column (A), line 25)	2			43,8	344.
3	Revenue less expenses Subtract line 2 from line 1	3				373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,0	17,9	961.
5	Net unrealized gains (losses) on investments	5			3,3	308.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		9	78,8	396.
Part						
_	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," e	xplair	מו נ			
	Schedule O	•		.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?,			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con		-			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both		u	-		
	X Separate basis Consolidated basis Both consolidated and separate basis		į		.	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	aht			
ŭ	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ϵ					
	Schedule O	piun	,,			
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	מור		ľ	
Ja	the Single Audit Act and OMB Circular A-133?			3a	- {	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		,0	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection RAHALL TRANSPORTATION INSTITUTE Name of the organization Employer identification number FOUNDATION, INC. 20-5193854 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 10 acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii) EIN (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

5-40	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization 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				_		
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	114,405.	55,926.	118,572.	90,605.	0.	379,508.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	114,405.	55,926.	118,572.	90,605.		379,508.
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)						0.
6	Public support. Subtract line 5 from line 4						379,508.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	114,405.	55,926.	118,572.	90,605.		379,508.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	564.	525.	1,113.	1,832.	1,614.	5,648.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	9					0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						385,156.
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13 	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup	·	·				00 53
14	Public support percentage for 2016 (In	, ,	•			14	98.53% 99.52%
15	Public support percentage from 2015					15	
76a	331/3% support test - 2016. If the o						1 1
h	this box and stop here. The organization 33 1/3% support test - 2015. If the co			-			
b	check this box and stop here . The orga						f 1
17a	10%-facts-and-circumstances test - 2						
• • •	10% or more, and if the organization	-				•	
	Part VI how the organization meets t						
	organization	<i></i>					▶ □
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances	' test, check th	nis box and st o	op here.
	Explain in Part VI how the organization				•	•	
	supported organization						
18	Private foundation. If the organization						
	instructions	<u> </u>	<u></u>	<u> </u>			
					s	chedule A (Form 99	90 or 990-EZ) 2016

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					1	7
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise					ļ	
	sold or services performed, or facilities	ĺ			Į.	ĺ	
	furnished in any activity that is related to the]	
	organization's tax-exempt purpose						/
3	Gross receipts from activities that are not an	1					ĺ
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the	ĺ			ł		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to the			,	,		u
	organization without charge	<u></u>			<u> </u>	/	
6	Total. Add lines 1 through 5						
7 a	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		,				i
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		 	 		 	
	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
500	tion B. Total Support	<u> </u>	<u> </u>		L	l	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		(-,			(1)	
	Gross income from interest, dividends,			1			
	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	1				ļ	
С	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in line 10b,					Ì	
	whether or not the business is regularly carried on			_	<u> </u>		
12	Other income Do not include gain or						
	loss from the sale of capital assets				(
	(Explain in Part VI)					<u></u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L			<u> </u>		
14	First five years. If the Form 990 is f						
	organization, check this box and stop here			<u></u>	<u></u>	<u> </u>	<u></u> ▶
	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8					15	<u>%</u>
16	Public support percentage from 2015 Sche				<u></u>	16	%_
	tion D. Computátion of Investmen			10 (0)		47	0/
17	Investment income percentage for 2016 (II					17	%
18	Investment income percentage from 2015				· ·	18	<u></u> %
ıya	331/3% support tests - 2016. If the or						
L	17 is not more than 331/3%, check th						
ט	331/3% support tests - 2015. If the orgaline 18 is not more than 331/3%, check						
20	Private foundation. If the organization			=	• •	• • •	. —

Schedule A (Form 990 or 990-EZ) 2016

Part IV **Supporting Organizations**

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

	ion A. All Supporting Organizations		Ves	No
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	1	163	
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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	3b		
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	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 10b below	10a		
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)	10b		

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

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

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

3a

3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov 20, 1970 (explai	n in Part VI) See
 instructions. All other Type III non-functionally integrated supporting organization 	ations r	nust complete Section	ns A through E
Section 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	1 1		
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		
Section 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		
e 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 1-1/2% of line 3 (for greater amount,	7-1-		
see instructions)	4		_
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	, integra	ited Type III supporting	g organization (see
instructions)	_	,	

Schedule A (Form 990 or 990-EZ) 2016

Schedu	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page 7
	ion D - Distributions	oupporting Organizat	ions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish e.	xempt purposes	 -	Ourient real
	Amounts paid to perform activity that directly furthers exer			
_	organizations, in excess of income from activity	pr parpodee or support	ou	
3	Administrative expenses paid to accomplish exempt purpo	ises of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	occo or supported organi	Editoris	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in Part VI) See instructions	and organization to roop	10/10/10	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		 	
	Elife o difficult divides by Elife o difficult	<u> </u>	(ii)	/iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f.		··· ··· ·	
4	Distributions for 2016 from			
	Section D, line 7. \$			
a_	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c			<u> </u>
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
	 			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE D (Form 990)

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.

OMB No 1545-0047
2016

Department of the Treasury Internal Revenue Service

Name of the organization

RAHALL TRANSPORTATION INSTITUTE

Attach to Form 990.

Open to Inspect I

Open to Public Inspection

FOUNDATION, INC. 20-5193854 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.............. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year -Number of states where property subject to conservation easement is located ▶ __ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). Public exhibition а Loan or exchange programs b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar No assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not **b** If "Yes," explain the arrangement in Part XIII and complete the following table. 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance **b** Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses 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 b Permanent endowment ▶ Temporarily restricted endowment > The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?........... Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (investment) depreciation (other) 1a Land 389,727. 389,727. Buildings 416,000. 60,666 355,334. Leasehold improvements...... Equipment 24,997. 27,150. 2,153. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) 770,058.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

JSA 6E1270 1 000

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Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Pa	rt X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ulue
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
	Investments - Program Related.	<u> </u>		
rait VIII	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990 Pa	rt X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			- "
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
_(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	uno 15 l		
Part X	Other Liabilities. Complete if the organization answered line 25.			90, Part X,
1	(a) Description of liability	(b) Book valu	e	
	ral income taxes	(0) 500. 10.0		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements that re	eports the
	s liability for uncertain tax positions under FIN 48			

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Part XIII Supplemental Information (continued)

PART X LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THIS STANDARD REQUIRES AN ENTITY TO RECOGNIZE A LIABILILTY FOR TAX POSITIONS WHEN THERE IS A 50% OR GREATER LIKELIHOOD THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS NOT ENGAGED IN ANY UNRELATED BUSINESS INCOME AS DEFINED BY IRS REGULATIONS AND THAT IT IS MORE LIKELY THAN NOT THAT THIS POSITION WOULD BE SUSTAINED UPON EXAMINATION. AS SUCH, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2017 AND 2016.

PART XI AND X11, LINE 2D

RECLASSIFICATION OF FUNDRAISING EXPENSES \$143.

PART XI AND XII, LINE 4B

RECLASSIFICATION OF INVESTMENT FEES \$538

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 RAHALL TRANSPORTATION INSTITUTE

Name of the organization

Employer identification number

FOUNDATION, INC.

WOULD BE ADDRESSED IMMEDIATELY.

20-5193854

FORM 990, PART VI, LINE 11B ORGANIZATION'S PROCESS USED TO REVIEW FORM 990: THE EXECUTIVE BOARD OF DIRECTORS HAS GRANTED THE PRESIDENT OF THE ORGANIZATION THE AUTHORITY TO COORDINATE THE PREPARATION OF THE 990 BY OUTSIDE PROFESSIONALS, REVIEW, SIGN, AND FILE FORM 990.

990, PART VI, LINE 12C CONFLICT OF INTEREST COMPLIANCE: ALL SIGNIFICANT BUSINESS MATTERS ARE DISCUSSED AT BOARD MEETINGS. ANY POTENTIAL RISK OF CONFLICT OF INTEREST

FORM 990, PART VI, LINE 19 DISCLOSURE REQUIREMENTS: ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC PER REQUEST. ALSO THE 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE. ATTACHMENT 1 FORM 990, PART VIII - FUNDRAISING EVENTS

DIRECT NET DESCRIPTION **EXPENSES** INCOME PATH FIT FEST 143. -143. TOTALS 143. -143.

Schedule O (Form 990 or 990-EZ) 2016		Page
Name of the organization RAHALL TRANSPORTATION INSTITUTE	Employer identification num	
FOUNDATION, INC.	20-5193854	
•	ATTACHMENT 2	
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES		
	ENDING	
DESCRIPTION	BOOK VALUE	
PREPAID INSURANCE	489.	
TOTALS	489.	
	ATTACHMENT 3	
	ATTACHMENT 3	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	=	
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV

TOTALS

70,204.

70,204.

FMV

INVESTMENTS