

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

Name of foundation <b>ENO TRANSPORTATION FOUNDATION</b>		A Employer identification number <b>06-0662124</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1629 K STREET NW</b>	Room/suite <b>200</b>	B Telephone number <b>202-879-4700</b>
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>7,462,597.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received	944,251.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	16.	16.	16.	
	4 Dividends and interest from securities	143,678.	143,678.	143,678.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	237,979.			
	b Gross sales price for all assets on line 6a	1,187,252.			
	7 Capital gain net income (from Part IV, line 2)		237,979.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	1,002,198.	0.	1,002,198.	STATEMENT 1	
12 Total. Add lines 1 through 11	2,328,122.	381,673.	1,145,892.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	239,518.	0.	36,325.	204,960.
	14 Other employee salaries and wages	795,980.	0.	120,717.	681,134.
	15 Pension plans, employee benefits	128,177.	0.	19,439.	116,974.
	16a Legal fees <b>STMT 2</b>	5,360.	0.	320.	0.
	b Accounting fees <b>STMT 3</b>	48,176.	2,409.	7,306.	40,978.
	c Other professional fees <b>STMT 4</b>	382,098.	214.	340,806.	37,060.
	17 Interest				
	18 Taxes <b>STMT 5</b>	71,007.	0.	10,769.	60,598.
	19 Depreciation and depletion	8,322.	0.	1,262.	
	20 Occupancy	102,450.	0.	15,302.	120,279.
	21 Travel, conferences, and meetings	369,162.	0.	313,587.	67,666.
	22 Printing and publications	8,535.	0.	4,723.	3,387.
	23 Other expenses <b>STMT 6</b>	88,017.	0.	19,748.	67,195.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,246,802.	2,623.	890,304.	1,400,231.
	25 Contributions, gifts, grants paid	7,499.			7,499.
26 Total expenses and disbursements. Add lines 24 and 25	2,254,301.	2,623.	890,304.	1,407,730.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	73,821.				
b Net investment income (if negative, enter -0-)		379,050.			
c Adjusted net income (if negative, enter -0-)			255,588.		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	157,563.	228,806.	228,806.
	2 Savings and temporary cash investments .....	64,292.	47,689.	47,689.
	3 Accounts receivable ▶ 63,194.			
	Less: allowance for doubtful accounts ▶ .....	58,955.	63,194.	63,194.
	4 Pledges receivable ▶ 334,271.			
	Less: allowance for doubtful accounts ▶ .....	298,992.	334,271.	334,271.
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....	3,000.	2,600.	2,600.
	9 Prepaid expenses and deferred charges .....	21,133.	31,101.	31,101.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock STMT 7 .....	6,256,208.	6,668,930.	6,668,930.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other .....				
14 Land, buildings, and equipment: basis ▶ 96,114.				
Less: accumulated depreciation ▶ 65,781.	14,655.	30,333.	30,333.	
15 Other assets (describe ▶ DEPOSITS)	25,804.	55,673.	55,673.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	6,900,602.	7,462,597.	7,462,597.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	111,990.	80,828.	
	18 Grants payable .....			
	19 Deferred revenue .....	140,819.	116,967.	
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ STATEMENT 8)	170,975.	37,336.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	423,784.	235,131.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b>			
	24 Unrestricted .....	5,820,947.	6,666,595.	
	25 Temporarily restricted .....	341,795.	236,667.	
	26 Permanently restricted .....	314,076.	324,204.	
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds .....			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	29 Retained earnings, accumulated income, endowment, or other funds .....			
30 <b>Total net assets or fund balances</b> .....	6,476,818.	7,227,466.		
31 <b>Total liabilities and net assets/fund balances</b> .....	6,900,602.	7,462,597.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	6,476,818.
2 Enter amount from Part I, line 27a .....	2	73,821.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN .....	3	676,827.
4 Add lines 1, 2, and 3 .....	4	7,227,466.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	7,227,466.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 1,187,252.		949,273.	237,979.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			237,979.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }	2	237,979.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....		3	0.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016			
2015			
2014			
2013			
2012			

2 Total of line 1, column (d) .....	2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....	3	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....	4	
5 Multiply line 4 by line 3 .....	5	
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	
7 Add lines 5 and 6 .....	7	
8 Enter qualifying distributions from Part XII, line 4 .....	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and total tax due. Values include 0.00 and N/A.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question text, Yes, and No. Includes questions about political campaigns, tax on political expenditures, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.ENOTRANS.ORG
14 The books are in care of PAUL LEWIS Telephone no. 202-879-4700
Located at 1629 K STREET NW, NO. 200, WASHINGTON, DC ZIP+4 20006
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions  Yes  No

Organizations relying on a current notice regarding disaster assistance, check here  **N/A**

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d). **N/A**

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		239,518.	29,656.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEFFREY DAVIS - 1710 RHODE ISLAND AVE NW #500, WASHINGTON, DC 20036	SENIOR FELLOW	& EDITOR,	ETW	
ALEXANDER BOND - 1710 RHODE ISLAND AVE NW #500, WASHINGTON, DC 20036	DIRECTOR, CTL	181,962.	14,725.	0.
PAUL LEWIS - 1710 RHODE ISLAND AVE NW #500, WASHINGTON, DC 20036	VP, POLICY AND FINANCE	103,063.	9,835.	0.
KAREN PRICE (START MARCH 2017) - 1710 RHODE ISLAND AVE NW #500,	DIR., DEV. & STRATEGY	97,268.	8,935.	0.
ERIN SHUMATE - 1710 RHODE ISLAND AVE NW #500, WASHINGTON, DC 20036	SR. MANAGER, TRAINING & EVENTS	68,271.	4,421.	0.
		59,483.	7,727.	0.
<b>Total</b> number of other employees paid over \$50,000				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Includes entries for INSIGHT STRATEGIES and PERMUT CONSULTING, LLC.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Includes entries for 'SEE STATEMENT 10' and 'LEADERSHIP AND DEVELOPMENT - DEVELOPED AND IMPLEMENTED TRAINING COURSES...'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Includes entry '1 N/A' and 'All other program-related investments. See instructions.'

Total. Add lines 1 through 3 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	6,604,238.
b	Average of monthly cash balances .....	1b	274,018.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	6,878,256.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	6,878,256.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	103,174.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	6,775,082.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	338,754.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	
4	Recoveries of amounts treated as qualifying distributions .....	4	
5	Add lines 3 and 4 .....	5	
6	Deduction from distributable amount (see instructions) .....	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,407,730.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	1,407,730.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	1,407,730.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012 .....				
<b>b</b> From 2013 .....				
<b>c</b> From 2014 .....				
<b>d</b> From 2015 .....				
<b>e</b> From 2016 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ .....				
<b>a</b> Applied to 2016, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2017 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013 ...				
<b>b</b> Excess from 2014 ...				
<b>c</b> Excess from 2015 ...				
<b>d</b> Excess from 2016 ...				
<b>e</b> Excess from 2017 ...				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶ 12/31/85

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	255,588.	151,868.	358,923.	365,527.	1,131,906.
<b>b</b> 85% of line 2a	217,250.	129,088.	305,085.	310,698.	962,120.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	1,407,730.	1,687,197.	2,309,186.	1,816,945.	7,221,058.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities	7,499.	7,500.	0.	0.	14,999.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,400,231.	1,679,697.	2,309,186.	1,816,945.	7,206,059.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					0.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	225,836.	217,991.	239,282.	243,685.	926,794.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
<b>(3)</b> Largest amount of support from an exempt organization					0.
<b>(4)</b> Gross investment income					0.

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SIMSBURY LIBRARY 725 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	PC	GENERAL OPERATING EXPENSES	7,499.
<b>Total</b> .....				<b>7,499.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....				<b>0.</b>





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

ENO TRANSPORTATION FOUNDATION

Employer identification number

06-0662124

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number <b>06-0662124</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DALLAS AREA RAPID TRANSIT AUTHORITY P.O. BOX 660263 DALLAS, TX 75266	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY ONE GATEWAY PLAZA LOS ANGELES, CA 90012	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	METROPOLITAN ATLANTA RAPID TRANSIT AUTHORITY 2424 PIEDMONT ROAD NE ATLANTA, GA 30324	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	REGIONAL TRANSPORTATION DISTRICT 1900 31ST STREET DENVER, CO 80216	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INTEL CORPORATION P.O. BOX 1000 HILLSBORO, OR 97123	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STV INCORPORATED 7125 AMBASSADOR ROAD, SUITE 200 BALTIMORE, MD 21244	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number <b>06-0662124</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRANSURBAN 6440 GENERAL GREEN WAY ALEXANDRIA, VA 22312	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SOUND TRANSIT 401 S JACKSON ST. SEATTLE, WA 98104	\$ 32,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	AMERICAN AIRLINES, INC. 1101 17TH STREET, NW SUITE 600 WASHINGTON, DC 20036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BNSF 500 NEW JERSEY AVE, NW. WASHINGTON, DC 20001	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BOOZ ALLEN HAMILTON 901 15TH ST NW WASHINGTON, DC 20005	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ON SEMICONDUCTOR 5005 EAST MCDOWELL ROAD PHEONIX, AZ 85008	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>	<b>Employer identification number</b>
<b>ENO TRANSPORTATION FOUNDATION</b>	<b>06-0662124</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UBER TECHNOLOGIES  1717 RHODE ISLAND AVENUE, NW  WASHINGTON, DC 20036	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	US CHAMBER OF COMMERCE  1615 H ST., NW  WASHINGTON, DC 20062	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	WSP USA  1015 HALF STREET SUITE 650  WASHINGTON, DC 20005	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ASSOCIATION OF EQUIPMENT MANUFACTURERS  1000 VERMONT AVENUE NW SUITE 450  WASHINGTON, DC 20005	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	AIRLINES FOR AMERICA  1301 PENNSYLVANIA AVE., NW SUITE 1100  WASHINGTON, DC 20004	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	AIR LINE PILOTS ASSOCIATION INTERNATIONAL  1625 MASSACHUSETTS AVE NW  WASHINGTON, DC 20036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number <b>06-0662124</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	AMERICAN SOCIETY OF CIVIL ENGINEERS 101 CONSTITUTION AVE, NW SUITE 375 EAST  WASHINGTON, DC 02001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION  1325 MASSACHUSETTS AVENUE NW  WASHINGTON, DC 20005	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	U.S. DEPARTMENT OF TRANSPORTATION 1200 NEW JERSEY AVENUE, SE ROOM W84-127  WASHINGTON, DC 20590	\$ 10,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	NATIONAL ASSOCIATION OF MANUFACTURERS  733 10TH STREET NW, SUITE 700  WASHINGTON, DC 20001	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS  818 WEST 7TH STREET, 12TH FLOOR  LOS ANGELES, CA 90017	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	AECOM  2101 WILSON BOULEVARD SUITE 700  ARLINGTON, VA 22201	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number <b>06-0662124</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CUBIC TRANSPORTATION SYSTEMS, INC. 5650 KEARNY MESA ROAD SAN DIEGO, CA 92111	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	DAIMLER NORTH AMERICA CORP. PO BOX 42368 INDIANAPOLIS, IN 46242	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	THE NORTHEAST MAGLEV 1212 NEW YORK AVE., NW SUITE 700 WASHINGTON, DC 20005	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	TRANSDEV NORTH AMERICA 8601 GEORGIA AVE #604 SILVER SPRING, MD 20910	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NORTH CAROLINA DEPARTMENT OF TRANSPORTATION 1 S. WILMINGTON ST RALEIGH, NC 27601	\$ 7,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FOOTHILL TRANSIT 100 S. VINCENT AVE. #200 WEST COVINA, CA 91790	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number <b>06-0662124</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JAPAN INTERNATIONAL TRANSPORT INSTITUTE  1819 L ST NW #1000  WASHINGTON, DC 20036	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	CALTRANS TRANSPORTATION LIBRARY AND HISTORY CENTER  1120 N ST. ROOM 1430 MS-45  SACRAMENTO, CA 95814	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	TEXAS DEPARTMENT OF TRANSPORTATION  125 E. 11TH STREET, 7TH FLOOR  AUSTIN, TX 78701	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	ASSOCIATED GENERAL CONTRACTORS  2300 WILSON BLV., SUITE 400  ARLINGTON, VA 22201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	AMAZON CORPORATE  601 NEW JERSEY AVE NW SUITE 900  WASHINGTON, DC 20001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	CAMBRIDGE SYSTEMATICS  100 CAMBRIDGE PARK DRIVE, SUITE 400  CAMBRIDGE, MA 02140	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>	<b>Employer identification number</b>
<b>ENO TRANSPORTATION FOUNDATION</b>	<b>06-0662124</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CHAMBERS, CONLON & HARTWELL 500 NEW JERSEY AVE NW, SUITE 400 WASHINGTON, DC 20001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	DENVER INTERNATIONAL AIRPORT 8500 PENA BOULEVARD, ROOM 9870 DENVER, CO 80249	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MAJESTIC REALTY 3001 COMMERCE CENTER BOULEVARD BETHLEHEM, PA 18015	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MANATT, PHELPS & PHILIPS, LLP 11355 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	SQUIRE PATTON BOGGS (US) LLP 2550 M STREET, NW WASHINGTON, DC 20037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	THOMPSON COBURN LLP 1909 K STREET, N.W. SUITE 600 WASHINGTON, DC 20006	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number  <b>06-0662124</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number  <b>06-0662124</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF	OTHER INCOME		STATEMENT	1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
REGISTRATION FEES	630,775.	0.	630,775.	
CONTRACT REVENUE	309,016.	0.	309,016.	
PUBLICATIONS	61,057.	0.	61,057.	
MISCELLANEOUS	1,350.	0.	1,350.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,002,198.	0.	1,002,198.	

FORM 990-PF	LEGAL FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	5,360.	0.	320.	0.
TO FM 990-PF, PG 1, LN 16A	5,360.	0.	320.	0.

FORM 990-PF	ACCOUNTING FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	48,176.	2,409.	7,306.	40,978.
TO FORM 990-PF, PG 1, LN 16B	48,176.	2,409.	7,306.	40,978.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROGRAM CONSULTING	333,923.	0.	328,133.	727.	
COMPUTER CONSULTING	23,280.	0.	3,823.	21,438.	
OTHER CONSULTING	24,681.	0.	8,636.	14,895.	
PORTFOLIO MANAGEMENT	214.	214.	214.	0.	
TO FORM 990-PF, PG 1, LN 16C	382,098.	214.	340,806.	37,060.	

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	71,007.	0.	10,769.	60,598.	
TO FORM 990-PF, PG 1, LN 18	71,007.	0.	10,769.	60,598.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MEMBERSHIPS AND SUBSCRIPTIONS	20,188.	0.	3,023.	17,165.	
INSURANCE	17,276.	0.	2,620.	13,786.	
OFFICE SUPPLIES AND EXPENSES	12,745.	0.	5,332.	7,402.	
TELEPHONE	17,204.	0.	2,941.	14,070.	
SERVICE CHARGES	10,470.	0.	1,588.	8,882.	
COST OF GOODS SOLD	400.	0.	0.	400.	
POSTAGE AND DELIVERY	5,499.	0.	3,602.	1,897.	
EQUIPMENT REPAIRS AND RENTALS	4,235.	0.	642.	3,593.	
TO FORM 990-PF, PG 1, LN 23	88,017.	0.	19,748.	67,195.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
COMMON STOCK	6,668,930.	6,668,930.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,668,930.	6,668,930.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
SECURITY DEPOSIT	12,564.	12,568.	
LEASE OBLIGATION	144,804.	20,826.	
DEFERRED RENT	13,607.	3,942.	
TOTAL TO FORM 990-PF, PART II, LINE 22	170,975.	37,336.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9  
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT PUENTES 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	PRESIDENT & CEO 37.50	239,518.	29,656.	0.
JAMES H. BURNLEY 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	CHAIR 1.00	0.	0.	0.
JEROME PREMO 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	VICE-CHAIR 1.00	0.	0.	0.
MARY E. PETERS 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	SECRETARY 1.00	0.	0.	0.
DAVID PLAVIN 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	TREASURER (UNTIL JUNE 2017) 1.00	0.	0.	0.
SAM LAMAGNA 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	TREASURER (FROM JUNE 2017) 1.00	0.	0.	0.
NORMAN Y. MINETA 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
EUGENE PENTIMONTI 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	BOARD MEMBER (UNTIL JUNE 2017) 1.00	0.	0.	0.
MARTIN T. WHITMER JR. 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
TAY YOSHITANI 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
KEITH PARKER 1710 RHODE ISLAND AVE NW #500 WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.

TOM PRENDERGAST	BOARD MEMBER (FROM JUNE 2017)			
1710 RHODE ISLAND AVE NW #500	1.00	0.	0.	0.
WASHINGTON, DC 20036				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>239,518.</u>	<u>29,656.</u>	<u>0.</u>
--	--	-----------------	----------------	-----------

---

FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 10

---

ACTIVITY ONE

TRANSPORTATION POLICY - DEVELOPED AND PUBLISHED  
 TRANSPORTATION POLICY RESEARCH TO HELP PROMOTE SOLUTIONS TO  
 THE INDUSTRY'S MOST PRESSING CHALLENGES. ALSO ORGANIZED  
 FORUMS AND EVENTS TO DISCUSS ISSUES AND DISSEMINATE RESEARCH  
 FINDINGS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1		<u>721,411.</u>
-----------------------------------	--	-----------------

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ENO TRANSPORTATION FOUNDATION</b>	Employer identification number (EIN) or <b>06-0662124</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1629 K STREET NW, NO. 200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20006</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PAUL LEWIS**

• The books are in the care of ▶ **1629 K STREET NW, NO. 200 - WASHINGTON, DC 20006**  
Telephone No. ▶ **202-879-4700** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.