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DLN: 93493128019193

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number **B** Check if applicable AAA FOUNDATION FOR TRAFFIC SAFETY Address change 52-0794368 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 607 14TH STREET NW SUITE 201 Terminated ROOM/SUITE 201 (202) 638-5944 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005 Application pending **G** Gross receipts \$ 3,788,055 Name and address of principal officer **H(a)** Is this a group return for JOHN P KISSINGER ┌ Yes 🗸 No affiliates? 607 14TH STREET NW SUITE 201 WASHINGTON, DC 20005 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW AAAFOUNDATION ORG L Year of formation 1947 **M** State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities
THE FOUNDATION CONDUCTS OR FUNDS RESEARCH AND DEVELOPS EDUCATIONAL MATERIALS TO ENHANCE TRAFFIC STUDY Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 11 Total number of volunteers (estimate if necessary) 6 100 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 2,343,062 3.079.848 Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 708,619 438,602 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,781 113,209 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,078,462 3,631,659 13 273,039 137,514 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 1,028,566 Expenses 1,124,277 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 105,434$ b 17 1,549,154 1,806,118 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,946,470 2,972,198 19 Revenue less expenses Subtract line 18 from line 12 131,992 659,461 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 12,748,228 14,628,468 21 Total liabilities (Part X, line 26) 644,839 406,049 22 Net assets or fund balances Subtract line 21 from line 20 12,103,389 14,222,419 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-03-19

Signature of officer Date Sian Here JOHN P KISSINGER PRESIDENT CEO Type or print name and title Preparer's signature PTIN Print/Type preparer's name Check [2013-05-06 ALLEN P DELEON CPA self-employed Paid Firm's EIN 🕨 Preparer Firm's address > 100 LAKEFOREST BLVD STE 650 Phone no (301) 948-9825 Use Only GAITHERSBURG, MD 208772609 ✓ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2012)				Page 2
Par	t III	Statement of Program Check if Schedule O contains				ন
1	Brief	ly describe the organization's r	nission			
THE	FOUN	DATION CONDUCTS OR FUN	DS RESEARCH AND	DEVELOPS EDUCATI	ONAL MATERIALS TO EI	NHANCE TRAFFIC STUDY
2	the p	he organization undertake any s rior Form 990 or 990-EZ? . es," describe these new service				
3	Dıd tl	he organization cease conducti	ng, or make significan	_	ducts, any program	
	If "Y∈	es," describe these changes on	Schedule O			
4	expe	ribe the organization's program nses Section 501(c)(3) and 50 otal expenses, and revenue, if a	1(c)(4) organizations	are required to report		
4a	(Cod	e) (Expenses	\$ 2,018,230	ıncludıng grants of \$	129,414) (Revenue \$)
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4b	(Cod	e) (Expenses	\$ 644,945	ıncludıng grants of \$	8,100) (Revenue \$	``
70	TRAF PUBL MATE MEM STAK STAF THAN SOCI RESC A NE SIDE OTHE SERV COM	FIC SAFETY EDUCATION - ALL RESEAF IC THROUGH ITS WEBSITE FREE OF CERIALS AT NO COST TO THE GENERAL BERS THROUGH LOCAL SAFETY EVENT EHOLDERS AND THE GENERAL PUBLIC F MADE OVER 25 PRESENTATIONS TO N 8,280 MEDIA CLIPS AND REACHED A FAL MEDIA TOOLS AND OTHER ONLINE OURCE ALLOWING SENIORS TO TEST TO W RESOURCE, ROADWISE RX THIS FI EFFECTS AND DRUG INTERACTIONS FER SAFETY MATERIALS AVAILABLE ONLINE FER SAFETY MATERIALS AVAILABLE ONLINE FER BROADER AUDIENCE TO HELP EN PLETELY RE-BUILT ITS WEBSITE IN 20 ITAINS 5 WEBSITES WHOSE PAGES RE	RCH REPORTS AND FINDIN HARGE ADDITIONALLY, LA PUBLIC LOCAL AAA CLUBS S ADDITIONALLY, THE AAA SO THAT ITS RESEARCH OF EVENTS ORGANIZED BY TO N ESTIMATED AUDIENCE OF SERVICES TO REACH ITS A HEIR DRIVING SKILLS IN TO REE ONLINE TOOL ALLOWS THAT MAY IMPAIR SAFE DE INE FREE OF CHARGE, ANI SURE ALL OF ITS ONLINE 12, YIELDING A SIGNIFICA	IGS PRODUCED BY THE AAA IST YEAR THE AAA FOUNDAT! HAVE ALSO CHOSEN TO CUSA FOUNDATION DISSEMINATE CAN BE UTILIZED TO BRING OF 150,550,641 IN ADDITION TO THE PRIVACY AND COMFORT SENIORS AND OTHERS WHO EVALUATED AN EFFORT TO TOOLS AND RESOURCES CAN NTLY MORE ATTRACTIVE ANI	FOUNDATION FOR TRAFFIC SAF ION DISTRIBUTED OVER 167,00 STOMIZE AND/OR DISTRIBUTE 1 SO IT'S RESEARCH FINDINGS AN ABOUT REAL-WORLD CHANGE INTY IN 2012, THE FOUNDATIC IN TO TRADITIONAL MEDIA PUSH THE EXISTING ROADWISE REVIE OF THEIR HOMES, THE FOUNDA IN MAY BE TAKING MEDICATIONS DATION CONTINUES TO MAKE N TRANSLATE IT'S MOST POPULAR I BE EASILY LOCATED AND USED	O TRAFFIC SAFETY EDUCATIONAL 'HESE FREE MATERIALS TO THEIR D SAFETY MESSAGES TO KEY TO THAT END, THE FOUNDATION IN RECEIVED COVERAGE IN MORE ES, THE FOUNDATION UTILIZES W TOOL, A FREE ONLINE ATION FINALIZED DEVELOPMENT OF ITO FIND INFORMATION ABOUT MANY OF ITS BROCHURES AND ITEMS INTO SPANISH IN ORDER TO BY THE PUBLIC, THE FOUNDATION
4 c	(Cod	, , ,		including grants of \$) (Revenue \$)
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	O+L	er program conveces /December	in Schadula O \			
-tu		er program services (Describe penses \$	in Schedule () including grants of	⁻ \$) (Revenue \$)
 4е		al program service expenses	2,723,649			•
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Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	complete Schedule D, Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	1 00	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	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		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.,,
C	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 and	7a	Yes	
	services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		165	
-	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	 		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
.0	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
.1	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand	[
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 12 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 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? Yes 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 Yes Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 Yes 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12c** Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed►AL, AR, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►AAA FNDN FOR TRAFFIC SFTY 607 14TH STREET NW SUITE 201 WASHINGTON, DC (202)638-5944

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the 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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Tus					ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted iiie)	Individual trustee or director	Institutional Trustee		ployee	Highest compensated employee				organizations
(1) ROBERT DARBELNET	1 00	×						0	682,237	1,283,946
TRUSTEE									,	. ,
(2) WAYNE BUDD	1 00	x						0	81,008	0
TRUSTEE									·	
(3) ANTONIA HERNANDEZ	1 00	×						0	54,750	0
TRUSTEE									,	
(4) CHRIS BAUER	1 00	l x						0	40,842	0
TRUSTEE									,	
(5) DONALD R GAGNON	1 00	l x						0	25,500	0
TRUSTEE								ŭ	23,300	
(6) MARK A SHAW	1 00	×						0	24,500	0
TRUSTEE		_ ^						Ů	24,300	0
(7) DENNIS J CROSSLEY	1 00	×						0	0	0
TRUSTEE		_ ^						O O	0	0
(8) JOHN P KISSINGER	40 00			х				244,058	0	21,213
PRESIDENT/CE				^				244,036	U	21,213
(9) THOMAS MCKERNAN	2 00			V					26.075	
VICE CHAIRMA				Х				0	26,875	0
(10) JOHN A TOMLIN	2 00			,,					24 700	
SECRETARY				×				0	21,780	0
(11) KENNETH AJOHNSON	2 00			΄,					2.000	
TREASURER				X				0	3,000	0
(12) PAUL PETRILLO	2 00			ν,				_	_	_
CHAIRMAN				Х				0	0	0
(13) JUREK G GRABOWSKI	40 00					х		123,810	0	8,085
(14) JOHN E HOCH III	40 00					х		103,859	0	7,142
	+									
			I	1	l	l	l			

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W	- ((F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b	Sub-Total						•	►						
c d	Total (add lines 1b and 1c)			` .	٠.	٠.		Þ		471,727	960,4	92		1,320,386
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho received	d more th	ian			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S						emplo	yee, •	, or highest	compen	sated employee	3		l No
4	For any individual listed on line organization and related organ individual											_	,	
5	Did any person listed on line 1									• • anızatıon	or individual for	4	Yes	
	services rendered to the organ	nization? <i>If</i> "Yes	," compi	lete S	ched	lule J	for su	ch pe	erson .			5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax year	
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper	
												\perp		

Form 99			_					Page 9
Part \	ЛΠ		of Revenue ule O contains a respor	nse to any question i	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated cam	paigns 1a					
an	ь	Membership du	ıes 1b					
يَ قِ	c	Fundraising ev	ents 1c					
ffs, F	d	Related organiz	zations 1d					
છું ≅	e	Government grant						
Sir				3,079,848				
u <u>ti</u>	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
멸형	g	Noncash contributi 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1 a - 1 f		3,079,848			
				Business Code				
Ĭ.	2a							
₹	ь							
ъ. Н	c		_					
er w	d							1
ਔ ⊆	e		_					
Program Serwoe Revenue	f	All other progra	am service revenue					1
Ş.	_	Total Addiss	s 2a-2f	la.				
	g 3		come (including dividence					
		and other sımıl	aramounts)	▶	433,505			433,505
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties .						
		C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	-	expenses Rental income						
	C	or (loss)						
	ď	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	'"	from sales of assets other	100,000					
	١.	than inventory Less cost or						
	b	other basis and	94,903					
	c	sales expenses Gaın or (loss)	5,097					
	d	Net gain or (los	ss)		5,097	5,097		
	8a	Gross income f						
Other Revenue		events (not inc \$	luding					
क ≥		of contributions	s reported on line 1c)					
щ		See Part IV, lir	ne 18 a	100.765				
Je.	Ь	Less directex	penses b	109,765 1,188				
₹	c		(loss) from fundraising		108,577			
	9a		from gaming activities					
		See Part IV, lir	ne 19 a l					
	ь	Less directer	penses b					
	c		(loss) from gaming activ	vities▶				
	10a	Gross sales of	ınventory, less	·				
		returns and allo		57,644				
	ь	less costof~	a oods sold b					
			(loss) from sales of inve	60,305 entory .	-2,661	-2,661		
		Miscellaneou		Business Code	·	·		
	11a	OTHER INCOM			7,293	7,293		
	ь							1
	С							1
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d	🕨	7,293			
	12	Total revenue.	See Instructions	🕨	·	0.700		400 505
	1			-	3,631,659	9,729		433,505

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) マ Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 8,100 8,100 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 129,414 129,414 Benefits paid to or for members Compensation of current officers, directors, trustees, and 244,058 216,294 17,893 9,871 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 555,872 492,637 40,754 22,481 Pension plan accruals and contributions (include section 401(k) -66,229 -66,229 and 403(b) employer contributions) 237,528 17,414 9,607 Other employee benefits 210,507 10 57,337 50,814 4,203 2,320 11 Fees for services (non-employees) Management 7,152 7,152 Legal Accounting 83,571 83,571 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 565 565 Schedule O) Advertising and promotion . . 12 13 Office expenses 12,661 10,502 1,558 601 14 Information technology . . 15 Royalties . 16 Occupancy **17** 85,393 68,655 16,738 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 6,026 5,725 301 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . . . 13,890 13,890 23 24 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) a COGNITIVE DISTRACTION 269,304 269,304 **EXPOSURE STUDY** 230,000 230,000 MIT TECH MATRIX 200,000 200,000 d ROAD ASSESSMENT PROGRAM 159,498 159,498 5,606 738,058 672,199 e All other expenses 60,253 Total functional expenses. Add lines 1 through 24e 143,115 25 2,972,198 2,723,649 105,434 26 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 ► | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Cash-mon-interest-bearing	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1				(A)		` '
3 Pledges and grants receivable, net 337,000 3 287,000 3 3 3 3 3 3 3 3 3		1	Cash—non-interest-bearing		1	
4 Accounts receivable, net 20,000		2	Savings and temporary cash investments		2	
Solution Comparison Comp		3	Pledges and grants receivable, net	337,000	3	267,089
### September S		4	Accounts receivable, net	337,010	4	20,000
1		5	employees, and highest compensated employees Complete Part II of			
9 Prepand expenses and deferred charges 24,300 9 1,713	ts	6	section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees			
9 Prepand expenses and deferred charges 24,300 9 1,713	8	_	Nakaa and laana waasiishla mak			
9 Prepaid expenses and deferred charges 24,308 9 1,713	Ą			47.704		41 244
10a		1		· · · · · · · · · · · · · · · · · · ·		
b Less accumulated depreciation 10b 190,232 22,505 10c 12,513 11 Investments—publicity traded secunties 11,674,991 11 13,948,125 12 Investments—program—related See Part IV, line 11 12 13 Investments—program—related See Part IV, line 11 13 14 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,748,228 16 14,628,468 17 Accounts payable and accrued expenses 394,921 17 246,373 18 Grants payable 18 19 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule 22 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 24 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24) Complete Part X of Schedule 249,918 25 159,676 26 Total liabilities. Add lines 17 through 25 644,839 26 406,049 27 Unrestricted net assets 5,308,999 27 7,453,393 28 Temporanily restricted net assets 5,308,999 27 7,453,393 29 Permanently restricted net assets 5,308,999 27 7,453,393 29 Permanently restricted net assets 5,308,999 27 7,453,393 29 Permanently restricted net assets 5,308,999 27 7,453,393 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment,		-	Land, buildings, and equipment cost or other basis Complete		9	1,713
11 Investments—publicly traded securities 11,674,991 11 13,946,125		h	Tale 11 of Belledule B	22 505	100	12 513
12 Investments—other securities See Part IV, line 11 13 13 14 14 15 15 15 15 15 15				·		
13				, ,		, .
14			· · · · · · · · · · · · · · · · · · ·			
15					14	
16 Total assets. Add lines 1 through 15 (must equal line 34) 12,748,228 16 14,628,468 17		-			15	
17		1		12,748,228		14,628,468
18 Grants payable 18 18 19 Deferred revenue 19 19 20 20 20 20 20 20 20 2		 		' '		
Pour Part Part Part Part Part Part Part Par		18			18	<u> </u>
20 Tax-exempt bond liabilities		19			19	
21 Escrow or custodial account liability Complete Part IV of Schedule D		20			20	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	, a	21			21	
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directors, trustees,			
Unsecured notes and loans payable to unrelated third parties	ф		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	240.040		450.070
Organizations that follow SFAS 117 (ASC 958), check here in and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets				· '		<u> </u>
Ilines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		644,839	26	406,049
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ė.		•			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	anc	27		5,308,999	27	7,453,393
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	80	28	Temporarily restricted net assets	255,743	28	230,379
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	펄	29	Permanently restricted net assets	6,538,647	29	6,538,647
30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 12,103,389 33 14,222,419	r Fur		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	Şet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances		33	Total net assets or fund balances	12,103,389	33	14,222,419
	~	34	Total liabilities and net assets/fund balances	12,748,228	34	14,628,468

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	31,659
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.9	972,198
3	Revenue less expenses Subtract line 2 from line 1	3			559,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_			
5	Net unrealized gains (losses) on investments	5			159,569
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		14,2	222,419
Par	t XIII Financial Statements and Reporting	_			
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

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As Filed Data -

DLN: 93493128019193

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

AAA FOUNDATION FOR TRAFFIC SAFETY

Public Charity Status and Public Support

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

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

Inspection

									52-0794		
Pai				blic Charity Sta				•	<u> </u>	instruction	ıs.
The o	rganı			te foundation becaus							
1	<u>_</u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	<u> </u>	A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	dule E)				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	on 170(b)(1)(A)(iii).		
4	Γ			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
_	_			ty, and state	+ - f = 11						
5	ļ	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			(A)(iv). (Complete P	-			470(1)	(4)(4)(
6				local government or	=					ć	
7	굣			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part	Π)			
9	Ė		-	at normally receives			-	-	ibutions me	mbershin fe	es and dross
_	•			ities related to its e							
				oss investment inco							
				ganızatıon after June						ı tax/nom	Jasinesses
10	_			ganized and operated							
11	<u>'</u>	_		ganized and operated ganized and operated							t the nurneses of
11	,			ly supported organiz							
				bes the type of supp							
		а	Type I	b	Type II	I - Functio	nally integrat	ed d	Type III - I	Non-functioi	nally integrated
e	Γ	•	_	ox, I certify that the	-			•			•
				on managers and ot	her than one	or more pu	blicly suppor	ted organız	atıons descr	ıbed ın sectı	on 509(a)(1) or
f			1509(a)(2)	received a written de	otormination	from the II	DC that it ic	Typo I Ty	no II or Tyn	o III cuppo	rting organization
•			this box	received a writteri d	etermination	i iioiii tile Ii	K3 that it is a	турет, гу	pe II, or 1 yp	e III suppo	
g				2006, has the organ	ızatıon acce _l	pted any gif	ft or contribu	tion from an	y of the		,
			ng persons?								
				irectly or indirectly o				h persons d	escribed in (Yes No
				governing body of th		_	on?				lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	tıon(s)				
				т							
_) Nam		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) I:		(vii) A mount of
	uppoi	rted ation		organization (described on	organızat col (i) lıs		the organ		organiza col (i) oi		monetary support
OI.	yamz	ation		lines 1- 9 above	your gove		suppo	'	in the		Support
				or IRC section	docume	_	3275				
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
											1
Total											

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.)

Se	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,409,554	2,916,585	2,546,696	2,343,062	3,079,84	14,295,745
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,409,554	2,916,585	2,546,696	2,343,062	3,079,84	14,295,745
5	The portion of total contributions by each person (other than a governmental unit or publicly						362,914
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						302,914
6	Public support. Subtract line 5 from line 4						13,932,831
Se	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	beginning in) A mounts from line 4	3,409,554	2,916,585	2,546,696	2,343,062	3,079,848	
8	Gross income from interest,	3, 103,331	2,510,505	2,310,030	2,313,002	3,073,010	11,233,713
J	dividends, payments received on securities loans, rents, royalties and income from similar	265,590	330,932	330,775	422,226	433,505	5 1,783,028
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-407,941		-2,472	286,393	5,097	-118,923
11	Total support (Add lines 7 through 10)						15,959,850
12	Gross receipts from related activition	es, etc (see instr	ructions)			12	174,702
13	First five years. If the Form 990 is this box and stop here	_				· · · · · · · · · · · · · · · · · · ·	nızatıon, check
Se	ection C. Computation of Pub	lic Support P	ercentage				
14	Public support percentage for 2012	(line 6, column (f) dıvıded by lıne	11, column (f))		14	87 300 %
15	Public support percentage for 2011	Schedule A, Par	t II, line 14			15	77 340 %
16a	33 1/3% support test—2012. If the	organization did n	ot check the box	on line 13, and li	ne 14 ıs 33 1/3%	or more, check	this box
b	and stop here. The organization qua 33 1/3% support test—2011. If the	•			and line 15 is 33	1/3% or more, c	► ✓ heck this
17a	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee	–2012. If the orga tion meets the "fa	inization did not d icts-and-circums	heck a box on lin tances" test, che	ck this box and s	t op here. Expla	oorted
Ь	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizate supported organization	iization meets the	facts-and-circi	ımstances" test,	check this box a	nd stop here.	► I
18	Private foundation. If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a, c	or 17b, check this	box and see	- , ▶□

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493128019193

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Open to Public Inspection

	me of the organization		Emp	oloyer identification number
V-V-	FOUNDATION FOR TRAFFIC SAFETY		52-	0794368
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	inds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or adv	rsed ryes r≥No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
1	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forr	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation of an Preservation of a c	ertıfıe	d historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	ne forr	
		-		Held at the End of the Year
	Total number of conservation easements	-	2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	` `	2c	
	Number of conservation easements included in (c) acc historic structure listed in the National Register	juired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	d by th	ne organization during
	the tax year 🛌			
	Number of states where property subject to conservat	ion easement is located ►	_	
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents o	during the year
	A mount of expenses incurred in monitoring, inspecting \$ \blue{\blue}\$ = \blue{\blue}\$, and enforcing conservation easements	durın	g the year
	Does each conservation easement reported on line 2(a and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sect	tion 1	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial ents	stater	ments that describes
li	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	rrese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	
	Revenues included in Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$

Par	t IIII Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or O	<u>ther</u>	· Similar Asse	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	he follo	wing that a	re a	sıgnıfıcant use o	fıts	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	=					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit										_
	assets to be sold to raise funds rather than t								<u>'</u>	Yes	│ No
Pa	IT IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	J 16	es to form 99	υ,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						r other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	:able		_				
									Amo	unt	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete									\-	
1a	Beginning of year balance	(a)Current year 9,568,647	(b)	Prior 9	year ,561,958		o years back 9,494,290		Three years back (e) Four y	ears back
ь	Contributions	3,300,017			6,689		67,668	-	23,855		
c	Net investment earnings, gains, and losses				-,						
Ĭ											
d	Grants or scholarships							-			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	9,568,647		9	568,647		9,561,958	3	9,494,290		
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g	, colum	n (a)) h	eld as		<u>'</u>		
а	Board designated or quasi-endowment	·	•	_	•	. ,,					
ь	Permanent endowment ▶										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	tnat	are neic	and ad	aministered	itori	ine	Yes	No
	(i) unrelated organizations								3a(i)	1	No
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•						•	3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipme Description of property	ent. See Form 99	0, Pa	_	, line 1 a) Cost o		(b)Cost or	other	(c) Accumulated	(d) B	ook value
	Description of property				sis (inve		basis (oth		depreciation	(", "	ook valae
12	Land			+						+	
	Buildings		•	-						+	
	Leasehold improvements		•	\vdash						+	
	Equipment		•	\vdash			17/	1,745	162,232	,	12,513
	Other			\vdash				3,000	· · · · · · · · · · · · · · · · · · ·	+	12,313
	II. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part)	· K. colii	ımn (B), line	10(c).)		•,000	<u> </u>	+	12,513
			., 2014	(-// 11110	_ = (= / - /		-	Schedule D (Form 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. Sec (a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Beschption of investment type	(B) Book value	Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13		J	
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value	
(a) Beschi	501011	(b) Book value	
			-
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED PENSIONS AND OTHER LIABILITY	159,676		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	159,676		
2 Fin 48 (ASC 740) Footnote In Part XIII provide the tex		 	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,434,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,803,074
3	Subtract line 2e from line 1	3	3,631,659
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,631,659
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	3,315,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIII) 2d 60,305	1	
e	Add lines 2a through 2d	2e	343,505
3	Subtract line 2e from line 1	3	2,972,198
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,972,198
Dar	XIII Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	COST OF SALES 60,305
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF SALES 60,305

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DLN: 93493128019193

OMB No 1545-0047

2012

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

	ne of the organization				Employer iden	tification number			
	FOUNDATION FOR TRAFFIC SA				52-0794368				
Pa	"Yes" to Form 990, Pa			ne United States. Co	omplete if the organi	zation answered			
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fo	unds outside			
3	Activites per Region (The follow	ung Part I, line 3	B table can be du	uplicated if additional spa	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region			

	·	·			•	nal space is needed		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
		SOUTH AMERICA	TRAFFIC RESEARCH	47,526	WHEN RECEIVED			
		NORTH AMERICA	TRAFFIC RESEARCH	53,424	WHEN RECEIVED			
		NORTH AMERICA	TRAFFIC RESEARCH	28,464	WHEN RECEIVED			
_								
Enter total nui	mber of recipie the IRS, or fo	ent organizations list or which the grante	sted above that are release or counsel has pro	ecognized as charit vided a section 501	nes by the foreign c (c)(3) equivalency	ountry, recognized letter	as ·	
	•	· ·	ntities		. , , , , , , , , , , , , , , , , , , ,			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
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		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable! The col	inproce cine part to provide arry aut	attional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	2	THE AAA FOUNDATION FOR TRAFFIC SAFETY HAS CONTRACTS FOR TRAFFIC SAFETY RESEARCH WITH ORGANIZATIONS OUTSIDE THE US DURING 2012 WE HAD CONTRACTS WITH SPEIER ROAD SAFETY SOLUTIONS,PRA AND WITH TRAFFIC INJURY RESEARCH FOUNDATION (TIRF)A CANADIAN COMPANY FOR WORK ON A RESEARCH PROJECT IN CANADA AND THE US ALL OF THESE CONTRACTS WERE AWARDED ON MERIT AND WERE CLOSELY MONITORED EXPENSES FOR SERVICES RENDERED UP TO CONTRACTUAL LIMITS ARE PAID PERIODICALLY

AAA FOUNDATION FOR TRAFFIC SAFETY

DLN: 93493128019193

Employer identification number

52-0794368

OMB No 1545-0047

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Part I	Fundraising Acti	i vities. Complete	ıf the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	, lıne 17.
a	all solicitations ternet and email solid one solicitations -person solicitations e organization have a employees listed in f	citations written or oral agree Form 990, Part VII) : paid individuals or e	ment with or entity entities (f	e f g n any indi in connec	Following activities Che Solicitation of non Solicitation of gov Special fundraising vidual (including officer stion with professional fires)	-government grants ernment grants g events -s, directors, trustees undraising services?	F Yes F No ndraiser is
Total		(ii) Activity	fundrais custo contrib Yes	Did ser have ody or crol of outlons? No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1 SPECIAL GOLF EV	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
d)			(event type)	(event type)	(total number)	
Ě	1	Gross receipts	109,76	5		109,765
Revenue	2	Less Contributions				
<u> </u>	3	Gross income (line 1 minus line 2)	109,76	5		109,765
	4	Cash prizes				
ம	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ᄶ	7	Food and beverages .				
Direct	8	Entertainment				
à	9	Other direct expenses .	1,188	3		1,188
	10	Direct expense summary Add lin	es 4 through 9 in column	n (d)		(1,188)
	11	Net income summary Combine li	ne 3, column (d), and line	210		108,577
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or rep	
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	Г Yes	Г Yes	
		Direct expense summary Add line Net gaming income summary Com				
9 a b	Ist	er the state(s) in which the organization licensed to operate	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	g the tax year?	· · 「Yes 「No

70ES	the organization operate gaining	activities with nonlinelinders		· · I Yes I No					
.2		neficiary or trustee of a trust or a men							
	formed to administer charitable o	gaming?		· · · · Fyes F No					
.3	Indicate the percentage of gamir	ng activity operated in							
а	The organization's facility								
b	An outside facility			13b					
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records					
	Name 🟲								
	Address 🟲								
	revenue?	ntract with a third party from whom the							
	amount of gaming revenue retain	ed by the third party 🟲 \$							
С	If "Yes," enter name and address	s of the third party							
	Name •								
	Address ▶								
.6	Gaming manager information								
	Name 🟲								
	Gaming manager compensation	\$ \$							
	Description of services provided	>							
	☐ Director/officer	Employee	Independent contractor						
.7	Mandatory distributions								
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to						
	retain the state gaming license?			$\Gamma_{Yes} \Gamma_{No}$					
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent					
	<u> </u>	activities during the tax year 🟲 🖇							
Par	columns (III) and (v), a	mation. Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical						
	Identifier	Return Reference	Explana	tion					

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Schedule I

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493128019193

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization						Employer identificati	on number
AAA FOUNDATION FOR TRAFFIC S		52-0794368					
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ward the grants or ass ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	ed States			√Yes
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 503 Enter total number of other orga	· · · · · -	=				_	
For Panerwork Reduction Act Notice see	the Instructions for I	Form 990		Cat No. 50055P		Schedu	le I (Form 990) 2012

(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1		1		I
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

DLN: 93493128019193

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization AAA FOUNDATION FOR TRAFFIC SAFETY **Employer identification number**

52-0794368

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred bene compensation	benefits	benefits (B)(ı)-(D)	reported as deferred in prior Form 990
(1)ROBERT DARBELNET TRUSTEE	(i) (ii)	586,536	75,028	20,673	1,283,946		1,966,183	
(2)JOHN P KISSINGER PRESIDENTCEO	(i) (ii)	244,058			21,213		265,271	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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SCHEDULE O

As Filed Data -

DLN: 93493128019193

2012

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization AAA FOUNDATION FOR TRAFFIC SAFETY

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-0794368

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	AAA NATIONAL PROVIDES THE FOUNDATION FREE OFFICE SPACE THAT IS REPORTED ON THE FOUNDATION'S FINANCIALS IN THE AMOUNT OF 233,200 00 PRIME BUCHHOLZ PROVIDES FREE (PROBONO) FINANCIAL ADVICE AND GUIDANCE

ldentifier	Return Reference	Explanation
	· '	NUMEROUS INDIVIDUALS VOLUNTEER THEIR TIME TO THE FOUNDATION TO SERVE ON FOUNDATION GOVERNANCE COMMITTEES AND TECHNICAL PROJECT OVERSIGHT COMMITTEES OR PANELS

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	TO DRIVER AGE, GRADUATED DRIVER LICENSING RESEARCH REVIEW, 2010 - PRESENT, AND THE 2012 TRAFFIC SAFETY CULTURE INDEX (2 ISSUE-SPECIFIC REPORTS AND THE FULL STUDY) FINDINGS WERE USED TO SUPPORT NATIONAL CAMPAIGNS LIKE NATIONAL YOUTH TRAFFIC SAFETY MONTH, NATIONAL TEEN DRIVER SAFETY WEEK, AND DROWSY DRIVING PREVENTION WEEK, AND WERE USED TO DEVELOP AAA AND AAA FOUNDATION MATERIALS AND GARNER MEDIA ATTENTION ADDITIONALLY, WE RELEASED THE FINAL INSTALLMENT IN A THREE-PART NATURALISTIC STUDY OF TEEN DRIVERS, WHICH PROVIDED ONE OF THE FIRST STUDIES OF DISTRACTED DRIVING AMONG TEENS USING IN-VEHICLE CAMERA FOOTAGE WE ALSO SUPPORTED OUR SENIOR SAFETY AND MOBILITY EFFORTS WITH THE RELEASE OF AN EVALUATION OF A LOCAL DRIVE TEST OPTION IN IOWA, AND A MINI-REPORT CHALLENGING THE MYTH THAT OLDER DRIVERS POSE A THREAT TO THE MOTORING PUBLIC FOR THE FOURTH YEAR IN A ROW, WE PARTINERED WITH THE WESTERN TRANSPORTATION INSTITUTE TO CO-HOST THE NATIONAL SUMMIT ON RURAL TRAFFIC SAFETY CULTURE AS IN PREVIOUS YEARS, THE SUMMIT BROUGHT TOGETHER A CROSS SECTION OF THE TRANSPORTATION COMMUNITY TO DISCUSS THE IMPACT THAT SAFETY CULTURE HAS ON PUBLIC ATTITUDES AND BEHAVIORS ON THE NATION'S ROADWAYS WE CONTINUED IN 2012 TO COLLABORATE WITH DOT AND OUR PARTNERS IN THE SAFETY COMMUNITY ON INITIATIVES LIKE A NATIONAL STRATEGIC HIGHWAY SAFETY PLAN TOWARD ZERO DEATHS, THE UNITED NATIONS DECADE OF ACTION FOR ROAD SAFETY, AND THE TRB ROADWAY SAFETY CULTURE SUBCOMMITTEE WE ALSO CONTINUED TO DEVELOP THE US ROAD ASSESSMENT PROGRAM AND ARE WORKING TO IMPLEMENT IT ACROSS THE COUNTRY

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	FOUNDATION STAFF MADE OVER 25 PRESENTATIONS TO EVENTS ORGANIZED BY THE TRAFFIC SAFETY COMMUNITY IN 2012, THE FOUNDATION RECEIVED COVERAGE IN MORE THAN 8,280 MEDIA CLIPS AND REACHED AN ESTIMATED AUDIENCE OF 150,550,641 IN ADDITION TO TRADITIONAL MEDIA PUSHES, THE FOUNDATION UTILIZES SOCIAL MEDIA TOOLS AND OTHER ONLINE SERVICES TO REACH ITS AUDIENCE. IN ADDITION TO THE EXISTING ROADWISE REVIEW TOOL, A FREE ONLINE RESOURCE ALLOWING SENIORS TO TEST THEIR DRIVING SKILLS IN THE PRIVACY AND COMFORT OF THEIR HOMES, THE FOUNDATION FINALIZED DEVELOPMENT OF A NEW RESOURCE, ROADWISE RX. THIS FREE ONLINE TOOL ALLOWS SENIORS AND OTHERS WHO MAY BE TAKING MEDICATIONS TO FIND INFORMATION ABOUT SIDE EFFECTS AND DRUG INTERACTIONS THAT MAY IMPAIR SAFE DRIVING ABILITIES THE FOUNDATION CONTINUES TO MAKE MANY OF ITS BROCHURES AND OTHER SAFETY MATERIALS AVAILABLE ONLINE FREE OF CHARGE, AND INITIATED AN EFFORT TO TRANSLATE ITS MOST POPULAR ITEMS INTO SPANISH IN ORDER TO SERVE A BROADER AUDIENCE. TO HELP ENSURE ALL OF ITS ONLINE TOOLS AND RESOURCES CAN BE EASILY LOCATED AND USED BY THE PUBLIC, THE FOUNDATION COMPLETELY RE-BUILT ITS WEBSITE IN 2012, YIELDING A SIGNIFICANTLY MORE ATTRACTIVE AND USER-FRIENDLY WEB EXPERIENCE. OVERALL THE FOUNDATION MAINTAINS 5 WEBSITES WHOSE PAGES RECEIVED MORE THAN 851,878 PAGE VIEWS LAST YEAR.

ldentifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	MARKET FOR SIMILAR MATERIALS

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	PART VI, LINE 7A	IN ACCORDANCE WITH OUR BY-LAWS, THE AAA BOARD MAY SELECT UP TO 6 TRUSTEES TO THE FOUNDATION'S BOARD OF TRUSTEES EACH YEAR IN ADDITION, AAA HAS 2 EX-OFFICIO POSITIONS ON THE FOUNDATION'S BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
OFFICERS WHO CANNOT BE REACHED	'	DONALD R GAGNON ONE RIVER PLACE WILMINGTON, DE 19801 CHRIS BAUER 25 WEST MAIN STREET MADISON, WI 53703 WAYNE BUDD 53 EXCHANGE STREET BOSTON, MA 02109 DENNIS J CROSSLEY 1415 KELLUM PL GARDEN CITY, NY 11530 ROBERT DARBELNET 1000 AAA DRIVE HEATHROW, FL 32746 KENNETH A JOHNSON 14980 CHATEAU VILLAGE DRIVE CHESTERFIELD, MO 63017 ANTONIA HERNANDEZ 445 S FIFUEROA STREET, SUITE 3400 LOS ANGELES, CA 90071 JOHN A TOMLIN 1515 N WESTSHORE BLVD TAMPA, FL 33607 MARK A SHAW 1100 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 PAUL PETRILLO 10114 WATERBROOK LANE CHARLOTTE, NC 28277 THOMAS MCKERNAN 3333 FAIRVIEW ROAD COSTA MESA, CA 92626

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM IS REVIEWED BY THE FOUNDATION'S AUDIT COMMITTEE AND BOARD OF TRUSTEES PRIOR TO SUBMISSION

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY, THE BOARD OF TRUSTEES AND AAA FOUNDATION FOR TRAFFIC SAFETY (FOUNDATION) ASSOCIATES ARE ASKED TO READ THE FOUNDATION'S POLICY ON POTENTIAL CONFLICTS OF INTEREST AND EXECUTE A FORM SIGNIFY ING THEY HAVE AND IDENTIFY ING ANY POSSIBLE CONFLICT OF INTEREST THE FOUNDATION'S PRESIDENT AND CEO, AND SENIOR FOUNDATION MANAGERS KEEP THIS POLICY IN MIND WHEN ALL POTENTIAL CONTRACTS ARE BEING NEGOTIATED

ldentifier	Return Reference	Explanation
	l ' '	THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE FOUNDATION CHARIMAN BASED ON INPUT FROM AAA HUMAN RESOURCES AND INDEPENDENT MARKET IN COORDINATION WITH SELECT MEMBERS OF THE FOUNDATION'S BOARD

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	l ' ' ' '	OTHER KEY FOUNDATION ASSOCIATES COMPENSATION IS RECOMMENDED BY THE FOUNDATION'S PRESIDENT AND CEO BASED ON INDIVIDUAL POSITION DESCRIPTIONS, MARKET COMPARABILITY DATA PROVIDED BY AAA NATIONAL AND INDEPENDENT SOURCES

ldentifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED		MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSOURI, MISSISSIPPI, NORTH CAROLINA, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, WEST VIRGINIA

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PAGE 6, PART	GOVERNANCE DOCUMENTS AVAILABILITY IS NOTED ON THE AAA
DISCLOSURE EXPLANATION	VI, LINE 19	FOUNDATION FOR TRAFFIC SAFETY'S WEBPAGE

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	PARENT COACHING 148,437 0 0 IRAP PHASE I 139,016 0 0 PROJECT OUTREACH 90,384 0 0 GENERAL OUTREACH 80,807 0 0 PUBLIC EDN & GIVEAWAYS 60,966 0 0 FUNDRAISING 0 0 59,769 SAFETY CULTURE INDEX 50,775 0 0 18-21 GDL 43,300 0 0 LICENSE RENEWAL POLICIES 25,000 0 0 GENERAL RESEARCH 10,510 0 0 TELEPHONE 8,225 968 484 DUES & SUBSRIPTIONS 8,910 0 0 ROADWISE RX 6,250 0 0 AUTO OPERATING EXPENSES 0 3,181 0 REPAIR & MAINTENANCE 0 1,193 0 LOCAL TAXES 0 244 0 BANK FEES 0 20 0 BAD DEBT (RECOVERY) -381 0 0

ldentifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	COST OF SALES 60,305 COST OF SALES -60,305

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DLN: 93493128019193

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

AAA FOUNDATION FOR TRAFFIC SAFETY

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

				52-07943	368			
Part I Identification of Disregarded Entities (Com	plete if the organizatio	n answered "Yes" t	o Form 990, P	art IV, line 33.)				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Di	(f) Irect controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete of the tax year.)	f the organization a	answered "Yes	<u> </u> " to Form 990, F	art IV,	line 34 because it	: had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section (13) co en	ontrolle tity?
(1) AMERICAN AUTOMOBILE ASSOCIATION	BOARD MEMB	FL	501 C	7			Yes	No No
1000 AAA DRIVE						N/A		
HEATHROW, FL 32746 53-0025420						,		
								_
								_
								_
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 501	35Y			Schedule R (Forr	n 990) 2	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?										
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity													
b	Gift, grant, or capital contribution to related organization(s)				1b		No						
C	Gift, grant, or capital contribution from related organization(s)				1c		No						
d	Loans or loan guarantees to or for related organization(s)				1d		No						
e	Loans or loan guarantees by related organization(s)												
	Dividends from related organization(s)												
	Dividends from related organization(s)												
g	Sale of assets to related organization(s)				1g		No						
h	Purchase of assets from related organization(s)				1h		No_						
i	xchange of assets with related organization(s)				1i		No_						
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No						
k	k Lease of facilities, equipment, or other assets from related organization(s)												
I	l Performance of services or membership or fundraising solicitations for related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s)													
n s	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No						
0	Sharing of paid employees with related organization(s)				10		No						
р	Reimbursement paid to related organization(s) for expenses				1 p		No						
q	Reimbursement paid by related organization(s) for expenses				1q		No						
r	Other transfer of cash or property to related organization(s)				1r		No						
s	Other transfer of cash or property from related organization(s)				1s		No						
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds									
	(a)	(b)	(c)	(d)									
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 52-0794368

Name: AAA FOUNDATION FOR TRAFFIC SAFETY

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