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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 private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public

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

Open to Public Inspection

	01 11	10 2010 Caleffidal year, of tax year beginning 03/01, 2013, and end	ng .	·		50, 20 14					
В	heck if a	C Name of organization		D Employer ide		on number					
		NATIONAL ROAD SAFETY FOUNDATION, INC.		13-6128	3274						
	Addre			ļ							
L	Name	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone n	ımber						
	Initia	return 18 EAST 50TH STREET		(212) 83	7 – 480	0					
	Term	City or town, state or province, country, and ZIP or foreign postal code									
	Amer			G Gross receip	s \$	15,062	2.562.				
	Apple	cation F Name and address of proceed officer		H(a) Is this a grou							
<u> </u>	l pend	ing ' '		subordinates	7		_				
<u> </u>	Tay ay	rempt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 5		H(b) Are all subcrd		e instructions)					
÷			27	İ							
<del></del>		te ▶ N/A		H(c) Group exemp							
K			of format	tion 1961 <b>M</b>	State of I	egal domicile	NY				
Р		Summary	<del></del>								
	1	Briefly describe the organization's mission or most significant activities THE FOUNDATION	<del></del>		OTO_	REDUCIN	1 <u>G</u>				
es		CRASHES, DEATH AND DISABILITY ON OUR NATION'S ROADS BY	PROMO	TING							
Governance		SAFE DRIVING HABITS.									
Veri	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more the	an 25%	of its net assets	3						
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			3		8.				
≪5	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		2.				
ties.	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5		4.				
Activities &	6	Total number of volunteers (estimate if necessary)			6						
Act	73				7a		0				
		Total unrelated business revenue from Part VIII, column (Guine 1990)					0				
			<del></del>	Prior Year	7b	Current \	<del></del>				
		Contributions and grants (Part VIII, line 1h).  Program service revenue (Part VIII, line 2g)	<u> </u>								
e	8	Contributions and grants (Part VIII, line 1h)	ļ	316,09		1,632	<u>,455.</u>				
Revenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>		0		0				
ě	10	Investment income (Part VIII, column (A), lines 8, 4, and VIII) EN.		1,118,14	9.	1,060	<u>, 750.</u>				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			0		0				
	12_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,434,24	7 -	2,693	,205.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,31	1.	113	,287.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0		0					
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0		5,664. 0				
ie (bei	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,000.		<del></del>							
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>—</b>	601,17	2	539,945.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		890,63			,896.				
				543,61			,309.				
ces	19	Revenue less expenses Subtract line 18 from line 12		ning of Current Y							
ets c						End of Ye					
		Total assets (Part X, line 16)		32,028,25		33,123					
et As	21	Total liabilities (Part X, line 26)		11,87			,360.				
ŽΖ		Net assets or fund balances Subtract line 21 from line 20	<u> </u>	32,016,37	9.	32,968	<u>,097.</u>				
	rt III	Signature Block									
Und	ier per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ct, and complete. Dec <del>laration</del> of preparaty other than officer) is based on all information of which preparer h	ments, a	and to the best of	my knov	vledge and b	elief, it is				
1100	, cone	ct, and complete Department of preparer than online it is based on an information of which preparer in	as ally ki	/							
٠.		Jacon Care Cipo		3/	V   15						
Sig		Signature of officer		Date	-						
Hei	e	■ EDWARD ACKERMAN									
		Type or print name and title		<del></del>							
		Print/Appe preparer's name Preparer's stgrature Date	//	Check	ıf PTIN						
Paid		/1\ mUSEM	1///// 2/5/15								
Prep	oarer	Firm's name BERDON LLP		self-employe		507482					
Use	Only	Firm's name ▶BERDON LLP Firm's address ▶360 MADISON AVE NEW YORK, NY 10017									
May	the II			Phone no 2		2-0400					
		RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	• • • •	X Yes	No No				
For	⊬aper	work Reduction Act Notice, see the separate instructions.				Form <b>99</b>	0 (2013)				

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_	m 990 (2013)	Page <b>2</b>
P	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u>·                                      </u>
•	THE FOUNDATION IS DEDICATED TO REDUCING CRASHES, DEATH AND DISABILITY	
	ON OUR NATION'S ROADS BY PROMOTING SAFE DRIVING HABITS. IT PRODUCES	<del></del>
	DOCUMENTARIES, EDUCATIONAL PROGRAMS AND PUBLIC SERVICE BROADCASTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	sured by others,
4a	(Code) (Expenses \$	)
	THE FOUNDATION PRODUCES DOCUMENTARIES, EDUCATIONAL PROGRAMS,	
	PUBLIC SERVICE CAMPAIGNS FOR BROADCAST AND USE IN SAFETY,	
	EDUCATIONAL AND DRIVER ENFORCEMENT PROGRAMS; AND DISTRIBUTES THEM FREE OF CHARGE.	
	TREE OF CHARGE.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	)
		<del></del>
_		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ▶ 719,949.	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4	Х	i
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		Х
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	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		'21 × WY34	\$ 10°
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	_		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	i	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~	

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	;_		
•	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a		240		
25 a	(-),(-),	25a		х
<b>h</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	256		v
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			.,
	disqualified persons? If so, complete Schedule L, Part II	26		<u>X</u>
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		X
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	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	]		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	
-		35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Λ_
37	- ,		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
20		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013)

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		$\cdot$
			Yes	No
1a			3,37,4	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		<b>\$</b> \$\$.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	28.22	المدالد	ž
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 m	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 4	E. E.	Ì	٠
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	27°600 - 2
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1.00	<b>13</b>	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	AUM ( A ) ( )	X
b	If "Yes," enter the name of the foreign country ▶	2 3		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		**	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-630 e634.	2621
7	Organizations that may receive deductible contributions under section 170(c).		2	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	Mil
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	2 %	<u> </u>	<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	,	X
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		2 5
9	Sponsoring organizations maintaining donor advised funds.	¥		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	888-1 <b>39</b> 67	35. *5
10	Section 501(c)(7) organizations. Enter			Ž,
	Initiation fees and capital contributions included on Part VIII, line 12	44	44	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	4 8		奎》
11	Section 501(c)(12) organizations. Enter	4 - 2	**	<b>**</b> *
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			<i>.</i>
	against amounts due or received from them )	lik	edict a more	لندلًا مع
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A 33779 AF	<del></del>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			12 - 4 2 - 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	n mobilité	<u> </u>	(C)
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000	#FY:
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	***	পক্ষপুর (১) সুকুর বি
	Enter the amount of reserves on hand	0.300	<b>英意</b>	*:
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

13-6128274 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 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 year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?...... 8a Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes Χ 10a 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? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 13 13 14 14 Did the organization have a written document retention and destruction policy?.......... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b 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 16a 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 \( \subseteq \text{NY}\_{\text{\chi}} \) 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

JSA

Form **990** (2013)

organization ▶ EDWARD ACKERMAN 18 EAST 50TH STREET NEW YORK, NY 10022

1 01111 990 (201	<u>3)</u>	NUTIC	NAD NOAD	SWEETT	CONT	MIION, IN	<b>-</b>	12.01	202/4	Page	
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees	Highest	Compensated	Employees,	and	
	Independent Cont	ractors									
	Check if Schedule O contains a response or note to any line in this Part VII										
0											

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any	y officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
_(1)KIMBERLY MANOCHERIAN	5.00	.,		.,							
VICE PRESIDENT (2)JOHN MANOCHERIAN	5.00	Х		Х	_			0	0	0	
PRESIDENT				v				0	0	0	
(3)EDWARD ACKERMAN	40.00	Х		Х					0	<sup>0</sup>	
TREASURER		х		Х				0	o	0	
(4)CAROLINE M. MANOCHERIAN VICE PRESIDENT	5.00	Х		x				0		0	
(5)SCOTT SOLOMON	5.00										
SECRETARY		Х		х				0	o	0	
(6)BEHROOZ SHOKATI	40.00										
EXECUTIVE DIRECTOR		Х						51,350.	0	0	
(7)ANTHONY PORTERA INDEPENDENT TRUSTEE	5.00	X		•				0	0	0	
(8)DAVID REICH INDEPENDENT TRUSTEE	5.00	Х						0	0	0	
(9)											
(10)											
(11)										·	
(12)										<del></del>	
(13)								<u> </u>			
(14)											

Page	8
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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and F	ligi	nest Compensat	ed Emplo	yees (c	continued)
(A) Name and title	week (list any box, t			Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	organization and related organizations
			-								
						_					
			:								
										-	
				-							
										:	
1b Sub-total	ection A						<b>* * *</b>	51,350. 0 51,350.		0	0
Total number of individuals (including but not reportable compensation from the organization)	limited to the		liste				re	ceived more than	\$100,000	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15	0,0	00ა	) It	"Yes	," (	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	sati	on 1	fron	n any	uni	related organization	on or indiv	ıdual	5 X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·		<del></del>	
Complete this table for your five highest com- compensation from the organization. Report contents     year.											
(A) Name and business add	Iress							(B) Description of se	rvices	C	(C) Compensation
NONE											
						-					
2 Total number of independent contractors (in							e li	sted above) who	received		

Pa	rt VII							
~		Check if Schedule O c	ontains a respo	nse or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, granand similar amounts not included Noncash contributions included Total Add lines 1a-1f			1,632,455			
Program Service Revenue	2a b c d e f	All other program service rev	venue	Business Code				
	3 4 5	Investment income (including other similar amounts)AT Income from investment of the Royalties · · · · · · · · · · · · · · · · · · ·	g dividends, inter TACHMENT 1 ax-exempt bond p	est, and  proceeds				1,079,461
	6a b c	Gross rents			0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 12,341,938	(II) Other 8,708			* >	· ·
	c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		8,708	-18,711		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-18,711
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c)					* * *
Other	b c 9a	Less direct expenses Net income or (loss) from fur Gross income from gaming a	b b		0			
	b c	See Part IV, line 19  Less direct expenses  Net income or (loss) from ga	b		0			
	10a b	Gross sales of inventor returns and allowances.  Less cost of goods sold.	а			Control of the second		* * *
	C	Net income or (loss) from sal  Miscellaneous Reven	es of inventory	▶ Business Code	0	***	2	
	11a b c d e	All other revenue			0			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations mus

	Check if Schedule O contains a response or note to any line in this Part IX									
Do										
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21 .	104,949.	104,949.		····					
2	Grants and other assistance to individuals in	8,338.	8,338.							
•	the United States See Part IV, line 22	0,330.	0,330.							
3	Grants and other assistance to governments organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16	o								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
•	trustees, and key employees	o								
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		·					
	persons (as defined under section 4958(f)(1)) and		1	İ						
	persons described in section 4958(c)(3)(B)	0	ĺ							
7	Other salaries and wages	232,554.	202,554.		30,000.					
8	Pension plan accruals and contributions (include section				<u> </u>					
	401(k) and 403(b) employer contributions)	0		1						
9	Other employee benefits	0								
10	Payroll taxes	14,110.	14,110.							
11	Fees for services (non-employees)									
а	Management	0								
	Legal	46,078.		46,078.						
c	Accounting	0								
d	Lobbying	0								
	Professional fundraising services See Part IV, line 17.	0								
	Investment management fees	0								
g	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount list line 11g expenses on Schedule O)	0			<del></del>					
	Advertising and promotion	209,750.	209,750.	2 602						
13	Office expenses	3,603.		3,603.						
14	Information technology	- 0								
15	Royalties	0								
16 17	Occupancy	0								
18	Payments of travel or entertainment expenses	<del>-</del>	<del></del>							
	for any federal, state, or local public officials	o								
19	Conferences, conventions, and meetings	0			<del></del>					
	Interest									
21		0		-						
22	Depreciation, depletion, and amortization	0			<del></del>					
23	Insurance	28,691.	28,691.		<del></del>					
	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)									
а	POSTAGE AND MESSENGER	4,656.	4,656.							
	VIDEO & BOOK PRODUCTION	146,901.	146,901.							
	REAL ESTATE TAXES	53,205.		53,205.						
ď	MISCELLANEOUS	47,061.		47,061.						
е	All other expenses									
	Total functional expenses Add lines 1 through 24e	899,896.	719,949.	149,947.	30,000.					
	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									
ISA	following SOP 98-2 (ASC 958-720)	0								

#### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . (A) Beginning of year End of year 204,616. 5,912,235. 1 Savings and temporary cash investments...... 2 a 2 0 d 0 3 Accounts receivable, net d 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L d 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 0 6 0 0 7 0 8 0 9 10 a Land, buildings, and equipment cost or 10a | other basis Complete Part VI of Schedule D 4,397,287. 13,531. 3,761,798. 10c 4,383,756. 11 27,735,928. **11** 22,455,065. 12 12 0 13 0 **d** 13 14 d 14 0 372,401. 325,912. **15** 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 32,028,254. 16 33,123,457. 17 17 18 18 0 Deferred revenue ........ 19 19 0 20 20 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 21 iabilities ď 21 100,000. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 0 Secured mortgages and notes payable to unrelated third parties . . . . . . . 23 23 0 Unsecured notes and loans payable to unrelated third parties..... 24 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 11,875. 55,360. 25 26 11,875. 155,360. 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 32,016,379. 27 32,968,097. 28 28 0 Fund 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. ö Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 33 32,016,379. 33 32,968,097. Total liabilities and net assets/fund\_balances.......... 33,123,457. 32,028,254.

Form 990 (2013)

Form 9	90 (2013)				Pa	age <b>12</b>
Par	XI Reconciliation of Net Assets					-
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_1			93,	205.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	99,	896.
3	Revenue less expenses Subtract line 2 from line 1	3		1,7	93,	309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,0	16,3	379.
5	Net unrealized gains (losses) on investments	5		-6	32,	578.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	09,0	013.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		32 <b>,</b> 9	68,0	097.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	• • • •			,—
			r		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	ın			
0 -	Schedule O		ĺ	_		
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		٠٠ إ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea	or	ŀ	i	
	reviewed on a separate basis, consolidated basis, or both				i	
	Separate basis Consolidated basis Both consolidated and separate basis			۵.		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both	ed or	ıa		i	
					i	
	·		1		i	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent accour			20		<del> </del>
	If the organization changed either its oversight process or selection process during the tax year, e.	xpıaın	in			
2-	Schedule O	£				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	rorth	in (	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		the			<del></del>
Ü	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit			3b		

Form **990** (2013)

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

## **Public Charity Status and Public Support**

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

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

_	444			S (All Organizations inc						uctions	<u> </u>			
The	orga			cause it is (For lines 1 th										
1				association of churches		oed in s	section	170(b)	(1)(A)(i)	).				
2		A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedu	le E)									
3		A hospital or a coo	perative hospital s	service organization descr	ibed in	section	n 170(l	b)(1)(A)	(iii).					
4				erated in conjunction w						n 170(l	o)(1)(/	A)(iii). E	nter	the
		hospital's name, cit		•		•				•		,, ,		
5		An organization or	perated for the be	nefit of a college or univ	ersity	owned	d or op	erated	by a go	vernme	ntal u	init des	cribe	d in
		section 170(b)(1)(			,		<b>,</b>		-, - 3-					
6		A federal, state, or	local government	or governmental unit des	cribed	ın seci	tion 170	)(b)(1)(	A)(v).					
7 X An organization that normally receives a substantial part of its support from a governmental unit or from								om th	e gener	al pi	ıblıc			
	_			. (Complete Part II )										
8		A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	iplete l	Part II)	)							
9		An organization th	at normally receive	es (1) more than 331/3%	of its	suppo	ort from	contrit	outions,	memb	ership	fees, a	nd g	ross
		receipts from activ	rities related to its	exempt functions - subj	ect to	certai	n exce	ptions,	and (2)	no mo	re tha	an 331/3	3 % o	fits
		support from gros	s investment inco	ome and unrelated busi	ness t	axable	ıncom	e (less	sectio	n 511	tax) f	rom bu	sines	ses
				ne 30, 1975 See section							·			
10				ted exclusively to test for			•		•	.).				
11	П			rated exclusively for the							or t	o carry	out	the
				ipported organizations de										
				es the type of supporting										
		a Type I	b Type II	c Type III-Function	_						_	nally inte	orat	ed
е				e organization is not con				لــــا				•	•	
_				other than one or more										
		or section 509(a)(2	-	other than one of more	Dublici	y Supp	ortea c	ngamze	itions u	CSCIDE	u III 3	ection 5	03(8	W 17
f		, ,,	•	n determination from the	, IDS	that it	10 0 T	voo I I	Tuno II	or Tun		unnartu		
•										от тур	e III 8	upportii	ig r	
_		Sings Avenuet 17 2	COOC boothers										٠ لـ	
g			-	nization accepted any gift	or co	ntributi	ion from	n any oi	tne					
		following persons?										_		
				tly controls, either alone								$\overline{}$	Yes	No
				the supported organization	on <sup>17</sup>							11g(ı)	_	<u>X</u>
				scribed in (i) above?								11g(II)		X
				on described in (i) or (ii) a								11g(m)		X
<u>_h</u>			ng information abo	ut the supported organiza	ation(s)	)	. — . — .							
		ame of supported	(ii) EIN	(iii) Type of organization		ls the zation in		ou notify		s the	(VII) A	mount of		tary
	,	organization		(described on lines 1-9 above or IRC section	coi (I)	listed in		anization ) of your		zation in rganized		support	Į.	
				(see instructions))		overning ment?		orto		ŬSγ				
					Yes	No	Yes	No	Yes	No		_		
(A)														
<del></del> -														
(B)								<u> </u>						
·-,											_			
(C)							ļ							
<u> </u>		- <del></del>												
(D)														
(E)														
Tota	ıl													

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

Schedule A (Form 990 or 990-EZ) 2013

Page 2

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	691,030	651,498	410,592	316,098	1,632,455	3,701,673
2	Tax revenues ievied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	691,030	651,498	410,592	316,098	1,632,455	3,701,673
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				w E		2,518,728
_6_	Public support Subtract line 5 from line 4	3.1.1.1.14	19 4/VII 464				1,182,945
Sec	tion B. Total Support		<del></del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	691,030	651,498	410,592	316,098	1,632,455	3,701,673
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	999,686.	1,041,713	1,104,038	1,111,061	1,079,461	5,335,959
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11	Total support. Add lines 7 through 10			Y		10 14 14 14 14 14 14 14 14 14 14 14 14 14	9,037,632
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years If the Form 990 is f organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup	<del> </del>	<del></del>	<del> </del>			12 00 %
14	Public support percentage for 2013 (li	ne 6, column (f)	) divided by line	11, column (f))		14	13.09 % 19.69 %
15	Public support percentage from 2012						
тьа	331/3% support test - 2013. If the o	-					( -1
h	this box and stop here. The organization	=	• •	~			
ь	331/3% support test - 2012. If the concheck this box and stop here. The organization	-					1 1
172	10%-facts-and-circumstances test - 2		•				
174	10% or more, and if the organization	_					
	Part IV how the organization meets t						
	organization			-	· ·	· · ·	<b>x</b>
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the orga	_	•				
	Explain in Part IV how the organizati				•		•
18	supported organization	<i>.</i>					▶ □
	instructions	<u></u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	▶ 🔲
						shadula A (Farm O	

Part III Support Schedule for Organizations Described in Section	n 509(a)(2	•
--	------------	---

(Complete only	if you checked the bo	x on line 9 of Part I or if the organization failed to qualify under Part	t II
If the organization	on fails to qualify unde	r the tests listed below, please complete Part II)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	1	Ì				
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities						
	turnished in any activity that is related to the	 					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	·						1
4	unrelated trade or business under section 513.  Tax revenues levied for the				<u> </u>	<del> </del>	
4				ľ			1
	organization's benefit and either paid						
_	to or expended on its behalf		-				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						ļ
6	Total. Add lines 1 through 5	ļ		ļ		ļ. <u></u>	
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		ļ ,				
D	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						<u> </u>
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>			<u> </u>	<u> </u>	<u> </u>
	tion B. Total Support		,	·	,	,	
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		l				_
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
С	Add lines 10a and 10b		1				
11	Net income from unrelated business			<del> </del>			<del> </del>
-	activities not included in line 10b,						
	whether or not the business is regularly				Ì		
	carried on						<del> </del>
12	Other income Do not include gain or		1				
	loss from the sale of capital assets						
4.2	(Explain in Part IV)		-				_
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	th	-1	<u> </u>			( ) (0)
14	First five years. If the Form 990 is for				-		
S = = 1	organization, check this box and stop here			· · · · · · · · ·	<u> </u>	<u> </u>	>
	tion C. Computation of Public Sup					T 1	
15	Public support percentage for 2013 (line 8					15	%_
16	Public support percentage from 2012 Sche			<del></del>		16	%_
	ion D. Computation of investmen					<del></del>	
17	Investment income percentage for 2013 (lin					17	%_
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the org	ganization did n	ot check the box	on line 14, and	d line 15 is moi	e than 331/3%,	and line
	17 is not more than 331/3 %, check th	is box and <b>sto</b> j	p here. The orga	anization qualifie	s as a publicly	supported organ	ization 🕨 🔃
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization ►
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this be	ox and see insti	ructions >
ISA 3E 122	1 000					Schedule A (Form	990 or 990-EZ) 201
	4GR0QK 1608		V 13-7.15				PAGE 1

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SUPPLEMENTAL INFORMATION TO PART II, LINE 17A:

NATIONAL ROAD SAFETY FOUNDATION PRINTED, PRODUCED, AND DISTRIBUTED BOOKS, VIDEOS AND PUBLIC SERVICE ANNOUNCEMENTS PROMOTING AUTOMOBILE SAFETY AND REDUCTION OF TRAFFIC DEATHS TO VARIOUS SCHOOL DISTRICT ORGANIZATIONS. AND IT MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, GOVERNMENTAL UNITS OR OTHER PUBLIC CHARITIES.

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

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Ves No b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	_• \$	Section 5	01(c)(4), (5), or (6) or	ganizations Complete Part III		, .	
Portical expenditures   Possible   Possibl	Name	of organiz	ation			Employer ident	ification number
Provide a description of the organization's direct and indirect political campaign activities in Part IV	NAT	IONAL					
2 Political expenditures 3 Volunteer hours 1 Enter the amount of any excise tax incurred by the organization under section 4955.   2 Enter the amount of any excise tax incurred by organization under section 4955.   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   4 Was a correction made?   5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   7 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   8 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   9 If Yes	Part	t I-A	Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
Part I-B   Complete if the organization is exempt under section 501(c)(3).  1	1	Provide	a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV	
Enter the amount of any exise tax incurred by the organization under section 4955							
Enter the amount of any excise tax incurred by the organization under section 4955.   S	3	Volunte	er hours	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?							
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	1	Enter th	ne amount of any ex	cise tax incurred by the organization	on under section 495	5 ▶ \$	
4a Was a correction made?							
b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount of political contributions received that were promptly and directly deviced to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from (e) Amount of political promitivations received and promptly and directly funds. If none, enter -0-  (e) Amount of political organization funds if none, enter -0-  (f)  (a) Name (b) Address (c) EIN (d) Amount paid from funds if none, enter -0-  (d) Amount paid from funds if none, enter -0-  (e) Amount of political organization funds if none, enter -0-  (f)  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid from funds if none, enter -0-  (g) Amount paid funds if none, enter -0-  (g) Amount paid funds if none, e							
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization number (EIN) of all section 527 political organizations to which the filing organization and payments. For each organization number (EIN) of all section 527 political organizations for which the filing organization and payments. For each organization and the amount paid from the filing organization for such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and provide information in Part IV.  (e) Amount of political organization funds. If none, enter -0-  (f) an interval organization for the filing organization organization funds. If none, enter -0-  (e) Amount of political organization funds. If none, enter -0-  (f) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g) an interval organization funds. If none, enter -0-  (g)					<i></i> .	. <b></b> .	Yes No
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations funds. Also enter the amount of political organization in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptily and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)							
activities							8).
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization in Part IV  (a) Total exempt function organization in Part IV  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. In none, enter -0-  (f)  (g)  (g)  (g)  (h)  (g)  (h)  (g)  (h)  (g)  (h)  (g)  (h)  (h							_
Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	2	Enter th	ne amount of the fili empt function activit	ng organization's funds contributedies	d to other organizati	ions for section	
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (6)  (6)							
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, suci as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1)  (2)  (3)  (4)  (6)  (6)	4	Did the	filing organization fil	le Form 1120-POL for this year?			Yes No
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization's funds If none, enter -0- filling organization's funds If none, enter -0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-  (1)  (2)  (3)  (4)  (6)  (6)	5	Enter th	ie names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filling organization's funds If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1) (2) (3) (4) (6) (6)		organiz	ation made paymen	ts For each organization listed, er	iter the amount paid	from the filing organiz	zation's funds. Also ente
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- promptly and directly delivered to a separate political organization if none, enter -0- (1) (2) (3) (4) (6) (6)		ine ami	ount of political con varate segregated fu	tributions received that were prom	iptly and directly de	elivered to a separate po	olitical organization, such
filing organization's funds If none, enter -0-							
funds If none, enter -0- promptly and directly delivered to a separate political organization If none, enter -0-  (1)  (2)  (3)  (4)  (5)		,	(u) Hame	(b) Address	(C) EIN	, , ,	contributions received and
political organization If none, enter -0-						,	1 ' ' '
(1) (2) (3) (4) (5)							1
(2) (3) (4) (5) (6)							, ·
(3) (4) (5) (6)	(1)				-		
(3) (4) (5) (6)	(0)						
(4) (5) (6) (6)	(2)						
(5) (6)	(3)						
(5) (6)	(4)						
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	(5)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7	(6)						
	For Pa	perwork	Reduction Act Notice	e see the Instructions for Form 990 or	990-57	Schadul	e C (Form 990 or 990 E7) 201:

JSA

Sch	edule C (Form 990 or 990-EZ) 2013 NATIO	NAL ROAD SAFETY	FOUNDATION,	INC.	13-61	28274 F	age :
P	complete if the organizat section 501(h)).	ion is exempt unde	r section 501(c	(3) and filed Fo	orm 5768 (elect	ion under	
A	Check ▶ if the filing organization name, address, EIN, ex	n belongs to an affilia penses, and share of	ated group (and excess lobbying	list in Part IV ea expenditures)	ch affiliated gro	up member'	s
В	Check ▶ if the filing organizatio	n checked box A and	d "limited control	" provisions app	oly		
		bying Expenditures		(	a) Filing	(b) Affiliated	
	(The term "expenditures" m	eans amounts paid o	r incurred.)	organi	zation's totals	group totals	
16	<ul> <li>Total lobbying expenditures to influen</li> </ul>	ce public opinion (gras	s roots lobbying)				
ŀ	<ul> <li>Total lobbying expenditures to influen</li> </ul>	ce a legislative body (	direct lobbying) .				
(	<ul> <li>Total lobbying expenditures (add line)</li> </ul>	s 1a and 1b)					
(	d Other exempt purpose expenditures				899,896.		
•					899,896.		
f	Lobbying nontaxable amount Enter	the amount from the	following table	in both			
	columns				159,984.		
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxab	le amount is				
	Not over \$500,000	20% of the amount on I	ine 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$50	00,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,	000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over \$1,50	00,000			
	Over \$17,000,000	\$1,000,000					
ç	•				39,996.		
ŀ		r less, enter -0			0		(
i	Subtract line 1f from line 1c If zero or	less, enter -0			0		(
j	If there is an amount other than ze						
	reporting section 4911 tax for this yea	a <u>r?</u>	<u></u>	<u> </u>		Yes	No
		4-Year Averaging Per					

#### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total				
2 a	Lobbying nontaxable amount	117,732.	159,858.	158,595.	159,984.	596,169.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					894,254.				
С	Total lobbying expenditures									
ď	Grassroots nontaxable amount	29,433.	39,965.	39,649.	39,996.	149,043.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					223,565.				
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2013

Page 3

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68		_
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(	a)			(b)	
	cription of the lobbying activity	Yes	No	ı	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
a	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	<u> </u>					
b		ļ					
C	Media advertisements?  Mailings to members, legislators, or the public?	ļ					
d							
e	Publications, or published or broadcast statements?	<u> </u>					
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
''	Other actualized						
j		<del></del>					
2 a	Total Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912	<u> </u>					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ectio	n		
	501(c)(6).	(-/(-/	,				
			-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?						<u> </u>
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (	b) Pa	rt III-/	۱, lin	e 3, is	
_	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ints	or				
•	· · · · · · · · · · · · · · · · · · ·			20			
a b	Carrieves from last year			2a 2b			
C	Carryover from last year			2c			
3	Total		• • • •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	-					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo			1			
	and political expenditure next year?	_	-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		: : :	5			
Pai	t IV Supplemental Information						
	ride the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated in II-B, line 1. Also, complete this part for any additional information	group	list), P	art II-A	A, line	2, and	
	·						
						<b></b> -	
				_ ~			
					. <b></b> -		

Schedule C (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements
► 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

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

13-6128274
ounts.
(b) Funds and other accounts
to) i unus and other accounts
or advised
Yes No
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er purpose
Yes No No Part IV, line 7
90, Part IV, line 7
historically important land area
ertified historic structure
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170(n)(4)(B)
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Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" to Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion
(1) Financia	al derivatives			
	-held equity interests [			
(3) Other				
<u>(A)</u>				
(B)				
(C)		-		
(D)		<u>.                                      </u>		
(E)				
(F)				
(G)				
(H)	(1)			
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Ves" to Form 990	Part IV June 11c See Form 990	Part Y line 13
	(a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)			<del></del>	
(3)			<del></del>	
(4)				
(5)				
(6)			<del> </del>	
(7)				
(8)				
(9)				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11d See Form 990,	Part X, line 15
	(a)	Description		(b) Book value
(1)	·	· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
<del>(4)</del> <del>(5)</del>				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col (B) lii	ne 15)		
Part X	Other Liabilities. Complete if the organization answered line 25			m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Feder	al income taxes			i ven
(2) ACCRU	JED EXPENSES & OTHER LIABILITIE	55,3	360.	
(3)				
_(4)				· · · · · · · · · · · · · · · · · · ·
_ (5)				
_(6)				
(7)				1 # 4
(8)				
_(9)			* * * * * * * * * * * * * * * * * * * *	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 55,3	60.	`

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

JSA 3E1271 1 000

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#### Supplemental Information (continued) Part XIII

NOTE 1:

SUPPLEMENTAL INFORMATION TO PART II LINE 9:

THE ORGANIZATION HAS APPROXIMATELY 68 ACRES OF UNDEVELOPED LAND, LOCATED IN JACKSONVILLE, FLORIDA. THE PROPERTY WAS APPRAISED AT THE DONATION DATE FOR \$1,850,000. IN ORDER FOR IT TO BE DESIGNED AS A QUALIFIED WETLANDS MITIGATION BANK, THE ORGANIZATION MADE LAND IMPROVEMENTS TO THE PROPERTY. 57 ACRES OF THE PROPERTY QUALIFIED FOR MITIGATION BANKING. AS A QUALIFIED WETLANDS MITIGATION BANK, THE ORGANIZATION IS PERMITTED TO GRANT CONSERVATION EASEMENTS ON ITS PROPERTY. AT APRIL 30, 2014 AND 2013 THE MITIGATION PROPERTY IS CARRIED ON THE BOOKS AT APPROXIMATELY \$410,000 AND \$650,000 RESPECTIVELY, WHICH IS THE ORIGINAL APPRAISED VALUE PLUS LAND IMPROVEMENTS AT COST, NET OF THAT PORTION ALLOCABLE TO THE CONSERVATION EASEMENTS GRANTED AND AMOUNTS WRITTEN OFF DUE TO IMPAIRMENT LOSS. THE GRANTING OF THE CONSERVATION EASEMENTS BY THE FOUNDATION PROHIBITS THE FOUNDATION FROM DEVELOPING THE PROPERTY IN THE FUTURE AND, ACCORDINGLY, THE FOUNDATION REDUCES THE CARRYING VALUE OF THE LAND AND LAND IMPROVEMENT FOR THE PARCELS ENCUMBERED BY THE CONSERVATION EASEMENTS. THERE IS NO COST BASIS ALLOCATED TO THE 11 ACRES OF PROPERTY WHICH DOES NOT QUALIFY FOR LAND MITIGATION. THE FOUNDATION HAS THE RESPONSIBILITY TO MAINTAIN THE PROPERTY ENCUMBERED BY THE CONSERVATION EASEMENT IN PERPETUITY. FOR THE YEAR ENDED APRIL 30, 2014, CONSERVATION EASMENTS ON APPOROXIMATELY TWO ACRES OF LAND WERE GRANTED FOR \$39,750, WHICH RESULTED IN A RECOGNIZED LOSS OF APPROXIMATELY \$700. FOR THE YEAR ENDED APRIL 30, 2013, NO CONSERVATION EASEMENTS WERE GRANTED. AS OF APRIL 30, 2014, CONSERVATION EASEMENTS ON APPROXIMATELY 27 ACRES HAVE BEEN GRANTED. THE FOUNDATION INTENDS TO DONATE THE PROPERTY UPON THE GRANTING OF ALL THE CONSERVATION EASEMENTS.

Schedule D (Form 990) 2013

#### NOTE 2: SUPPLEMENTAL INFORMATION TO NOTE 1:

THE FOUNDATION REVIEWS IT REAL ESTATE ASSETS FOR IMPAIRMENT WHENEVER EVENTS OR CHANGES IN CIRCUMSTANCES INDICATE THAT THE CARRYING VALUE OF THE ASSETS MAY BE IMPAIRED. IMPAIRED ASSETS ARE REPORTED AT THE LOWER COST OR FAIR VALUE. IMPAIRMENT LOSSES OF APPROXIMATELY \$209,000 AND \$275,000 WERE RECORDED AS OF APRIL 30, 2014 AND APRIL 30, 2013 RESPECTIVELY IN CONNECTION WITH THE FOUNDATION'S LAND AND LAND IMPROVEMENTS IN JACKSONVILLE, FLORIDA. THE IMPAIRMENT LOSSES REPRESENT THE EXCESS OF THE CARRYING VALUE OF THE LAND AND LAND IMPROVEMENTS OVER ITS FAIR VALUE, WHICH WAS DETERMINED BASED ON MANAGEMENT ESTIMATES AND RECENT SALES.

#### NOTE 3: SUPPLEMENTAL INFORMATION TO PART X:

THE FOUNDATION IS A NOT-FOR-PROFIT, PUBLIC CHARITABLE ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION, WHICH ALLOWS FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION BY DONORS. AS A NOT-FOR-PROFIT CORPORATION, THE FOUNDATION IS ALSO EXEMPT FROM STATE AND LOCAL TAXES. THE FOUNDATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. THE FOUNDATION'S FEDERAL AND STATE INCOME TAX RETURNS AFTER 2010 REMAIN SUBJECT TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES.

NOTE 4: SUPPLEMENTAL INFORMATION TO PART XII LINE 2D:

THE AMOUNT ON LINE 2D REPRESENTS IMPAIRMENT LOSS.

#### Part XIII Supplemental Information (continued)

NOTE 5: SUPPLEMENTAL INFORMATION TO PART IV LINE 2B:

ON DECEMBER 18, 2014, THE FOUNDATION SOLD APPROXIMATELY 8 ACRES OF THE UNDEVELOPED LAND LOCATED IN GREENBURGH, NEW YORK TO AN UNRELATED THIRD PARTY FOR \$4,125,000, RESULTING IN A REALIZED GAIN OF APPROXIMATELY \$2,197,000. AT APRIL 30, 2014, IN CONNECTION WITH THIS SALE, THE FOUNDATION HELD AN ESCROW DEPOSIT FROM THE UNRELATED THIRD PARTY IN THE AMOUNT OF \$100,000.

# SCHEDULEI (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

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

▶ Attach to Form 990.

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

NATIONAL ROAD SAFETY FOUNDATION, INC.

Open to Public

Employer identification number 13-6128274

Part I General Information on Grants and Assistance	Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and	
the selection criteria used to award the grants or assistance?	or assistance?	toring the use of	the use of grant finds in the	United Ctates	Interd Chalce		X Yes
)		o sen sili fillio	grant lunds in the	Olilled States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	overnments at received r	: <b>and Organiza</b> nore than \$5,0	i <b>tions in the Unit</b> 000 Part II can be	ed States. Comparts duplicated if ac	plete if the organiz dditional space is n	ation answered "Y eeded	es" to Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>ADTSEA</u>							
RD INDIANA, PA 15701	52-6054149	501(C)(3)	5,710				GENERAL SUPPORT
(2) SADD INC							
508	04-2764514	501 (C) (3)	81,425				GENERAL SUPPORT
(3) MADD VICTIM SERVICES							
511 E JOHN CARPENTER FREEWAY	94-2707273	501(C)(3)	10,000				GENERAL SUPPORT
(5)							
							_
(9)							
(7)							
(6)							
(10)							

3E1288 1 000 4GROQK 1608

Schedule I (Form 990) (2013)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

5

(12)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

NATIONAL ROAD SAFETY FOUNDATION, INC.

Page 2 Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

		505000000000000000000000000000000000000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	ARSHIPS	ω	8,338			
2						
ო						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2. Part III, column (b), and any other additional information.	s part to prov	vide the informat	ion required in	Part I, line 2 Part III,	column (b), and any other additional

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE USE OF GRANT FUNDS IS REVIEWED BY THE VICE PRESIDENT

Schedule 1 (Form 990) (2013)

#### SCHEDULE:L

#### Transactions With Interested Persons

Department of the Treasury

Internal Revenue Service

(Form.990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number NATIONAL ROAD SAFETY FOUNDATION, INC. 13-6128274 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and organization (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (e) Original (b) Relationship (c) Purpose of (d) Loan to or (f) Balance due (g) In default? (h) Approved (i) Written with organization from the principal amount by board or organization? committee? To From Yes No Yes No Yes (1) (2) (3) (4)(5) (6) (7) (8) (9) (10)Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) (2) (3) (4)

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

Schedule L (Form 990 or 990-EZ) 2013

(5) (6) (7) (8)(9)(10)

Schedule L (Form 990 or 990-EZ) 2013

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	aring of zation's nues?
				Yes	No
(1) DAVID REICH	TRUSTEE	75,965	PROMOTION		х
(2)					<u> </u>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990.

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

Name of the organization

Employer identification number

13-6128274 NATIONAL ROAD SAFETY FOUNDATION, INC. Types of Property (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art. . . . . . . . . Art - Historical treasures . . . . . Art - Fractional interests . . . . . Books and publications . . . . . Clothing and household aoods........... Cars and other vehicles . . . . . 7 Boats and planes. . . . . . . . . Intellectual property . . . . . . . 110,700. STOCK QUOTES 9 Securities - Publicly traded . . . . 10 Securities - Closely held stock . . . 11 Securities - Partnership, LLC. or trust interests . . . . . . . 320,784. JP MORGAN ANALYSIS 1. 12 Securities - Miscellaneous . . . . Qualified conservation contribution - Historic Qualified conservation 14 contribution - Other . . . . . . . . 825,000. APPRAISAL Real estate - Residential . . . . . . 15 Real estate - Commercial . . . . . 16 17 Real estate - Other . . . . . . . . 18 Collectibles. . . . . . . . . . . . . . . . 19 Drugs and medical supplies . . . . 20 21 22 Historical artifacts . . . . . . . . Scientific specimens..... 23 24 Archeological artifacts . . . . . . 25 Other ►(\_\_\_\_\_) 26 Other ►(\_\_\_\_\_) 27 Other ►(\_\_\_\_\_) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Χ 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Χ 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013)

Page 2

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ROAD SAFETY FOUNDATION, INC.

Employer identification number 13-6128274

SUPPLEMENTAL INFORMATION TO PART VI LINE 2

NAME OF OFFICER, DIRECTOR, ETC: CAROLINE M. MANOCHERIAN

RELATIONSHIP:

SISTER

NAME OF OFFICER, DIRECTOR, ETC: JOHN F. MANOCHERIAN

RELATIONSHIP:

BROTHER

NAME OF OFFICER, DIRECTOR, ETC: KIMBERLY D. MANOCHERIAN

RELATIONSHIP:

SISTER

PART VI SECTION B LINE 12C

ANNUAL STATEMENTS ARE SENT TO EACH DIRECTOR AND MEMBER, WHICH MUST BE SIGNED BY EACH PERSON THAT AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY AND UNDERSTANDS THE FOUNDATION IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSES. IN ADDITION, PERIODIC REVIEWS ARE CONDUCTED TO ACHIEVE THE ABOVE POLICY.

PART VI, LINE 11B

THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE FOUNDATION'S CPA, AND A COPY OF IT IS PROVIDED TO EACH TRUSTEE PRIOR TO FILING WITH THE APPORPIRATE GOVERNMENT AGENCIES.

PART VI, LINE 19

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE AT THE

Name of the organization
NATIONAL ROAD SAFETY FOUNDATION, INC.

Employer identification number 13-6128274

NATIONAL ROAD SAFETY FOUNDATION'S BUSINESS OFFICE AND ARE AVAILABLE UPON WRITTEN REQUEST. GOVERNANCE DOCUMENTS ARE ALSO AVAILABLE AT THE BUSINESS OFFICE UPON WRITTEN REQUEST.

PART XI, LINE 9

THE AMOUNT REPORTED ON LINE 9 REPRESENTS IMPAIRMENT LOSS.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION

(A) (B)
TOTAL RELATED OR
REVENUE EXEMPT REVENUE

UNRELATED BUSINESS REV.

(C)

(D) EXCLUDED REVENUE

INTEREST INCOME

506,552.

DIVIDEND INCOME

572,909.

506,552.

572,909.

TOTALS

1,079,461.

1,079,461.

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

BEGINNING BOOK VALUE ENDING BOOK VALUE COST OR FMV

SEE ATTACHED STATEMENT A

27,735,928.

22,455,065.

FMV

TOTALS

27,735,928.

22,455,065.

#### NATIONAL ROAD SAFETY FOUNDATION, INC Year End 04/30/2013 EIN 13-6128274

	Year	the Year	End of the Year	Year
	Number of	Number of		
	Shares	Shares	Market Value	Market Value
Corporate bonds:	·			
American Airlines Note, 10 5%, due 10/15/2012	•	300,000	-	354,561
American Express Note, 4 875%, due 7/15/2013	•	500,000	-	504,555
Arvinmeritor Note, 8 125%, due 09/15/2015	-	250,000	-	266,750
AstraZeneca PLC Note, 5 4%, due 6/1/2014	750,000	750,000	753,165	791,610
Bristol-Myers Squibb Co Note, 5 25%, due 8/15/2013	-	750,000	-	759,113
Cincinnati Bell Inc. Note, 8 125%, due 10/15/2017	-	250,000	-	267,500
CitiGroup Inc Note, 5 95%, due 12/31/2049	-	250,000	-	262,218
City of New York N Y Transportation Var Rate Jan 1 2030 dtd 9/22/04	350,000	-	323,037	-
Coca-Cola Co Note, 5 35%, due 11/5/2017	230,000	230,000	262,741	273,413
Coca-Cola Co / The KO 1 5%, due 11/15/2015	500,000	500,000	508,600	513,125
Consolidated Edison Co NY Inc Note, 3 85%, due 6/15/2013	-	200,000	-	200,858
General Elec Cap Corp, 6 375%, due 11/15/2067	500,000	500,000	555,360	531,685
GlaxoSmithKline Cap Inc Note, 4 375%, due 4/15/2014	-	1,294,000	-	1,343,405
Goldman Sachs Capital II, 5 793%, due 6/1/2043	500,000	500,000	387,650	426,240
Goldman Sachs Group Inc Note, 5 15%, due 1/15/2014	-	55,000	-	56,742
Int'l Business Machines Corp Sr Notes, 5 70%, due 9/14/2017	100,000	100,000	114,470	119,772
International Lease Finance Corp. Note, 5 875%, due 5/1/2013	-	500,000	-	500,000
JetBlue 04-1 G2 PT Trust, Floating rate note, due 3/15/2014	-	350,000	•	341,250
Johnson & Johnson Note, 3 80%, due 5/15/2013	-	250,000		250,385
JPMorgan Chase & Co Note, 4 875%, due 3/15/2014	-	300,000	-	310,932
JPMorgan Chase & Co Note, 5 125%, due 9/15/2014	105,000	105,000	106,825	111,241
Microsoft Corp Note, 2 95%, due 6/01/2014	500,000	500,000	501,225	514,520
Morgan Stanley Note, 5%, due 2/11/2016	-	3,285,000	-	508,602
NStar Electric Co Note, 4 875%, due 4/15/2014	-	275,000	-	285,920
Pepsico Inc Note, 3 75%, due 3/01/2014	•	500,000	-	513,835
Pfizer Inc Note, 4 5%, due 2/15/2014	-	616,000	-	636,537
Pharmacia Corp Note, 6 5%, due 12/11/2018	500,000	500,000	597,635	634,705
Pitney Bowes Inc Note, 3 875%, due 6/15/2013	-	500,000	-	501,900
Procter & Gamble Co Note, 4 95%, due 8/15/2014	420,000	420,000	425,964	445,553
Prudential Financial Inc Note, Var rate, due 09/15/2042	750,000	750,000	789,225	807,278
Prudential Financial Inc. Note, Var rate, due 06/15/2043	760,000	760,000	791,768	795,469
Southern Cal Edison Note, 4 65%, due 4/1/2015	250,000	250,000	259,128	269,995
United Parcel Service, 3 875%, due 4/1/2014	-	750,000	-	774,743
Wachovia Capital Trust III, Var rate, due 3/31/2049	-	240,000	-	238,968
Wal-Mart Stores Inc. Note, 4 55%, due 5/1/2013	-	351,000	-	351,042
Walt Disney Note, 4 50%, due 12/15/2013		750,000	-	769,988
Wells Fargo & Co Note, 5 0%, due 11/15/2014	124,000	124,000	127,076	131,943
Total corporate bonds	6,339,000	18,505,000	6,503,868	16,366,351

End of the Beginning of

Beginning of the

STATEMENT A 1

#### NATIONAL ROAD SAFETY FOUNDATION, INC Year End. 04/30/2013 EIN 13-6128274

EIN 13-6128274	End of the	Beginning of		Beginning of the
	Year	the Year	End of the Year	Year
	Number of	Number of		
	Shares	Shares	Market Value	Market Value
Mutual funds and other funds:	•	•		
Doubleline FDS TR	11,287	27,803	123,368	317,233
Eaton Vance Floating Rate I	20,589	11,556	187,980	106,661
Goldman Sachs Tr	33,845	-	358,759	-
HSBC FDS	14,512	10,186	147,873	104,507
Shares ETF Floating Rate Note Fund	-	3,350	-	169,711
iShares Iboxx Investop	-	3,220	-	393,259
iShares MSCI Pac Ex Japn	1,090	660	53,835	34,056
Shares Tr Bond 1-3 Year Credit Bond ETF	4,430	-	467,454	•
Shares Trust IBoxx High Yield Corp	2,120	2,120	200,001	203,202
Shares US Home Const	1,870	-	43,739	-
JPM Sh Duration High Yld Fd - Sel Fund 3463	35,891	•	359,630	-
JPMorgan Exch Traded NT Alerian MLP	6,580	3,580	318,998	166,005
JPMorgan Strategic Income Opp Fd - Sel Fund 3844	104,749	102,444	1,247,558	1,226,256
JPMorgan Strategic Income Opp Fd - Sel Fund 3844	26,436	26,790	314,858	320,680
JPMorgan Strategic Incm Oppty Slct Shr	42,059	-	500,921	-
JPMorgan Float Rate Inc Fd - Sel Fund 2808	164,132	123,022	1,654,454	1,246,215
JPMorgan Multi Sector Inc Fd SEL Fund 2130	24,232	30,934	251,285	320,788
Miller Conv Bond Fd CI I	22,807	-	292,609	=
PIMCO Comm Real Return STR FD-D	30,540	29,838	183,242	188,873
PIMCO FDS	-	36,127	-	418,716
PIMCO Global Advantage Inflation	4,600	4,600	231,150	252,862
PIMCO Total Return Fund - Inst	105,175	102,139	1,140,101	1,158,256
PIMCO Total Return ETF	11,900	11,900	1,276,989	1,318,639
PIMCO Unconstrained Bond-P	35,939	-	403,232	
PowerShares ETF	14,040	5,180	347,350	130,484
PowerShares EXCH TRAD FD TR Preferred	· •	18,000	· <u>-</u>	336,240
Professionally Managed Portfolios	43,485	-	522,684	-
Prudential INVT Portfolios 9	24,140	21,141	238,502	212,465
Sector SPDR Indi Select	970	,- :-	51,439	-
Sector SPDR Tech Select	1,390	<u>-</u>	50,666	_
SPDR Gold Trust	-	980	-	139,915
SPDR Dow Jones Inti	1,080		46,127	-
RBC FDS TR	37,158	27,388	392,016	278,265
Templeton Global Bond Fund Class A	58,316	38,584	761,030	527,059
Vanguard Extended Market	30,310	640	701,030	43,968
Vanguard Intl Eqty Index FTSE All World Ex US ETF	2,430	-	124,052	43,500
Vanguard FTSE Europe ETF	840	-	50,828	-
Vanguard Total Stock Market	2,670	500		41 120
Wisdomtree Emerging Markets Local Debt Fund	2,670	7,350	260,405	41,130 394,401
Wisdomtree Emerging Markets Equity Income Fund		7,330 260	•	
Wisdomtree Trust Emerging Smallcap Div Fund	- 970		45.650	14,552
Total mutual funds and other funds	892,272	330 <b>650,623</b>	45,658 <b>12,648,792</b>	17,381 10,081,777
Preferred stock				
Bank of America Corp 8 1/8% PFD Dec 29 2049 DTD 04/30/2008	350,000	-	397,971	_
Bank of America Corp Preferred Stock	-	400	-	9,996
CitiGroup Inc Note, 5 95%, due 12/31/2049	250,000	400	248,630	<i>5,55</i> 0
iShares S&P Pref Stk Index Fund	9,850	-		-
JPM Chase & Co Var Rt Preferred Stock, due 4/30/2049		1 100 000	389,568	1 277 004
Wells Fargo & Company 7 98% PFD Stk 03/29/2049 dtd 2/8/08	1,450,000	1,100,000	1,646,417	1,277,804
Wells Fargo & Company PFD 5 85%	350,000	-	396,739	-
Total preferred stock	8,800 2,418,650	1,100,400	223,080 <b>3,302,405</b>	1,287,800
	2,416,030	1,100,400	3,302,403	1,207,000
Total marketable securities	9,649,922	20,256,023	22,455,065	27,735,928

#### National Road Safety Foundation Inc Capital Gains/Losses STATEMENT B FEIN 13-6128274

Acquisition				Short-Term
Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
6/26/2012	5/31/2013	285,000	259,059	25,941
5/7/2013	8/19/2013	114,470	110,700	3,770
3/26/2014	3/31/2014	505,143	505,143	
_		904,613	874,902	29,711
	Date 6/26/2012 5/7/2013	Date         Date of Sale           6/26/2012         5/31/2013           5/7/2013         8/19/2013	Date         Date of Sale         Sales Price           6/26/2012         5/31/2013         285,000           5/7/2013         8/19/2013         114,470           3/26/2014         3/31/2014         505,143	Date         Date of Sale         Sales Price         Cost Basis           6/26/2012         5/31/2013         285,000         259,059           5/7/2013         8/19/2013         114,470         110,700           3/26/2014         3/31/2014         505,143         505,143

	Acquisition				Long-Term
	Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
300,000 AMERICAN AIRLINES INC	11/18/2013	11/18/2013	300,000	300,000	-
500,000 AMERICAN EXPRESS	1/15/2010	7/15/2013	500,000	500,000	-
750,000 BRISTOL-MYERS SQUIBB	1/11/2007	8/15/2013	750,000	750,000	
250,000 CINCINNATI BELL INC	6/26/2012	10/15/2013	260,313	260,325	(13)
200,000 CONS EDISON CO OF NY	8/7/2006	6/17/2013	200,000	200,000	-
500,000 INTERNATIONAL LEASE FINANCE CORP	1/8/2007	5/3/2013	500,000	500,000	
250,000 JOHNSON & JOHNSON	9/19/2007	5/15/2013	250,000	250,000	-
500,000 PEPSICO INC	5/14/2009	8/26/2013	508,660	501,848	6,812
500,000 PITNEY BOWES INC	1/5/2007	6/17/2013	500,000	500,000	-
240,000 WACHOVIA CAPITAL TRUST III	7/12/2011	9/20/2013	216,000	225,600	(9,600)
351,000 WAL-MART STORES	VAR	5/1/2013	351,000	351,000	-
750,000 WALT DISNEY COMPANY	5/18/2009	10/1/2013	756,135	751,990	4,145
400 BANK OF AMERICA CORP	12/14/2012	5/1/2013	10,000	10,196	(196)
55,000 GOLDMAN SACHS GROUP INC 5 15%	1/13/2004	1/15/2014	55,000	55,000	-
616,000 PFIZER INC NOTES 4 1/2%	2/3/2004	2/18/2014	616,000	616,000	-
300,000 JP MORGAN CHASE & CO SUB NOTES	3/4/2004	3/17/2014	300,000	300,000	-
350,000 JETBLUE 04-1 G2 PT TRUST FLOATING	3/24/2004	3/18/2014	350,000	350,000	-
750,000 UNITED PARCEL SERVICE 3 7/8%	3/24/2009	4/1/2014	750,000	750,000	-
1,294,000 GLAXOSMITHKLINE CAP INC 4 375%	4/6/2004	4/15/2014	1,294,000	1,294,000	-
275,000 NSTAR ELECTRIC CO 4 7/8%	4/16/2004	4/15/2014	275,000	275,000	-
3,285,000 MORGAN STANLEY CNY 0 1/2%	2/11/2011	3/26/2014	504,224	500,000	4,224
Long-Term Gain(Loss)			9,246,332	9,240,959	5,373

	Acquisition				
	Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
8,830 POWERSHARES EXCHANGE TRAD FD	VARIOUS	5/29/2013	163,598	162,814	784
60 SECTOR SPDR INDL SELECT	10/11/2013	12/6/2013	3,005	2,807	198
80 SECTOR SPDR TECH SELECT	10/3/2013	12/9/2013	2,788	2,557	231
1,290 WISDOMTREE EMERGING MKTS	10/2/2013	11/1/2013	68,580	67,898	682
870 SPDR GOLD SHARES	VARIOUS	1/15/2014	103,912	120,929	(17,017)
20 ISHARES MSCI PAC EX	10/10/2013	1/17/2014	917	966	(50)
60 ISHARES IBOXX INVESTMENT GRADE	7/1/2013	1/31/2014	6,967	6,829	138
40 ISHARES ETF FLOATING RATE BOND	3/14/2013	2/18/2014	2,026	2,033	(6)
550 WISDOMTREE EMERGING ETF MKTS	VARIOUS	2/24/2014	24,809	27,575	(2,767)
Short-Term Gain(Loss)			376,601	394,409	(17,808)

	Acquisition				
	Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
9,170 POWERSHARES EXCHANGE TRAD FD	VARIOUS	5/29/2013	169,897	164,998	4,899
640 VANGUARD EXTENDED MKT	1/20/2012	8/20/2013	47,083	35,252	11,831
590 ISHARES ETF FLOATING RATE	3/27/2012	10/10/2013	29,893	29,552	341
260 WISDOMTREE EMERGING MKTS	6/6/2011	11/1/2013	13,822	16,257	(2,434)
310 ISHARES IBOXX INVESTMENT GRADE	8/29/2011	12/26/2013	35,423	34,539	884
40 VANGUARD TOTAL STOCK MKT	1/19/2012	12/3/2013	3,720	2,699	1,021
620 SPDR GOLD SHARES	VARIOUS	1/15/2014	74,052	76,312	(2,260)
660 ISHARES MSCI PAC EX	VARIOUS	1/17/2014	30,247	31,500	(1,253)
2,910 ISHARES IBOXX INVESTMENT GRADE	VARIOUS	1/31/2014	337,897	330,974	6,923
2,720 ISHARES ETF FLOATING RATE BOND	VARIOUS	2/18/2014	137,801	136,131	1,670
7250 WISDOMTREE EMERGING MKTS	VARIOUS	2/24/2014	327,025	377,228	(50,203)
Long-Term Gain(Loss)			1,206,860	1,235,441	(28,581)

	Acquisition				
	Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
2,623 969 JPM TR I MLT SC INCOME FD - SEL	VARIOUS	6/18/2013	26,712	26,896	(184)
2,493 587 JPM TR I MLT SC INCOME FD - SEL	VARIOUS	6/24/2013	24,886	25,559	(673)
2,395 031 PIMCO UNCONSTRAINED BOND-P	VARIOUS	6/24/2013	26,992	28,022	(1,030)
6,495 483 PRUDENTIAL INVT PORTFOLIOS 9	VARIOUS	6/24/2013	63,266	64,760	(1,494)
2,436 183 JPM TR I MLT INCOME FD-SEL FUND	VARIOUS	7/2/2013	24,508	24,971	(463)
2,445 833 JPM TR I MLT SC INCOME FD-SEL	VARIOUS	7/9/2013	24,654	25,070	(416)
2,462 130 JPM TR I MLT SC INCOME FD-SEL	VARIOUS	7/17/2013	24,966	25,237	(271)
4,509 229 PIMCO UNCONSTRAINED BOND-P	VARIOUS	9/3/2013	50,323	52,758	(2,435)
10,187 956 DOUBLELINE TOTAL RET BD-I	VARIOUS	10/2/2013	111,660	115,939	(4,279)
504 471 DOUBLELINE TOTAL RET BD-I	VARIOUS	1/21/2014	706	1,434	(728)
Short-Term Gain (Loss)			378,673	390,646	(11,973)

	Acquisition				
	Date	Date of Sale	Sales Price	Cost Basis	Gain(Loss)
5,341 660 JPM STRAT INCOME OPPORT FD	VARIOUS	1/21/2014	63,726	63,138	588
11,000 DOUBLELINE TOTAL RET BD-I	VARIOUS	1/21/2014	125,383	129,410	(4,027)
Long-Term Gain (Loss)			189,109	192,548	(3,439)

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www irs.gov/form1041

OMB No 1545-0092

2013

Nam	e of estate or trust			Employer identif	ication	number
	NATIONAL ROAD SAFETY FOUNDATION, INC.			13-61282	74	
Not	e: Form 5227 filers need to complete only Parts I and II					
Pa	rt I Short-Term Capital Gains and Losses - Ass	ets Held One Yea	r or Less			
the This	instructions for how to figure the amounts to enter on lines below form may be easier to complete if you round off cents hole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	1,659,887.	1,659,957.			-70.
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S corn Short-term capital loss carryover Enter the amoun Carryover Worksheet	nt, if any, from line	e 9 of the 2012	Capital Loss	5 6	( )
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	s 1a through 6 in	column (h) Enter	here and on	7	-70.
Pa	rt    Long-Term Capital Gains and Losses - Ass	ets Held More Tha	ın One Year			
	instructions for how to figure the amounts to enter on lines below	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents hole dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	art II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box</b> Echecked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	10,682,051.	10,709,400.			-27,349.
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	8824		11	<u> </u>
11 12	Long-term capital gain or (loss) from Forms 2439, 466  Net long-term gain or (loss) from partnerships, S corp				12	
		orations, and other es	states or trusts			8,708.
12	Net long-term gain or (loss) from partnerships, S corp Capital gain distributions	orations, and other es	states or trusts		12	8,708.
12 13	Net long-term gain or (loss) from partnerships, S corp Capital gain distributions	orations, and other ex	states or trusts		12	8,708.
12 13 14 15	Net long-term gain or (loss) from partnerships, S corp Capital gain distributions	orations, and other es	states or trusts		12 13	8,708. ( )

JSA 3F1210 1 000

4GR0QK 1608

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PAGE 43

Sche	dule D (Form 1041) 2013						Page	<u> 2</u>
Par	t III Summary of Parts I and II		(1) Beneficia	ries'	(2) Est	tate's	(2) Tatal	
	Caution: Read the instructions before completing this pa	art	(see instr	)	or tru	ıst's _	(3) Total	
17	Net short-term gain or (loss)	17					-70	
18	Net long-term gain or (loss):			1				
а	Total for year	18a					-18,641	
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b·						
С	28% rate gain	18c	_					
	Total net gain or (loss). Combine lines 17 and 18a ▶						-18,711	
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041 line 4 , go to Part V, and <b>do not</b> complete Part IV. If line 19, column (3), is a n	(or Fo	rm 990-T, Part	l, line 4	a) If lines	18a an	nd 19, column (2), are i	nei
neces	ssary	et 1088	, complete Par	i iv and	i ine Capit	ai Luss	s Carryover vvorksneet,	as
Par	t IV Capital Loss Limitation		•	_				_
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, II	ne 4c, if a trust),	the sm	aller of			
а	The loss on line 19, column (3) or <b>b</b> \$3,000					20	( 3,000.	_)
NOTE Loss	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or F	orm 990	)-T, line 34,	), <i>is a</i>	loss, complete the Capi	ıtaı
Par		s			-			_
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains of	r an ar	nount is e	ntered	d in Part I or Part II a	nd
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			, an a	mount is c		2 111 1 411 1 61 7 411 11 41	,,,,
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i							
• E1	ther line 18b, col (2) or line 18c, col (2) is more than zero, or							
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero							
-orn	990-T trusts. Complete this part only if both lines 18a and 19 a	re gai	ns, or qualifie	d divid	ends are	ınclud	led in income in Par	t I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the S	chedui	e D Tax V	Vorks	heet in the instructio	ns
- eiti	ner line 18b, col (2) or line 18c, col (2) is more than zero							
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21					
22	Enter the smaller of line 18a or 19 in column (2)							
	but not less than zero		_					
23	Enter the estate's or trust's qualified dividends							
	from Form 1041, line 2b(2) (or enter the qualified							
	dividends included in income in Part I of Form 990-T) 23					ŀ		
24	Add lines 22 and 23							
25	If the estate or trust is filing Form 4952, enter the							
	amount from line 4g, otherwise, enter -0 ▶ 25							
26	Subtract line 25 from line 24 If zero or less, enter -0							
27	Subtract line 26 from line 21 If zero or less, enter -0							
28	Enter the smaller of the amount on line 21 or \$2,450							
29	Enter the smaller of the amount on line 27 or line 28					İ		
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is		1 . 1		▶	30		
31	Enter the smaller of line 21 or line 26		31					
12	Subtract line 30 from line 26		32					
13	Enter the smaller of line 21 or \$11,950		33	_	-			
4	Add lines 27 and 30		34					
5	Subtract line 34 from line 33 If zero or less, enter -0-							
6	Enter the smaller of line 32 or line 35							
7	Multiply line 36 by 15%				▶	37		
8	Enter the amount from line 31							
9	Add lines 30 and 36		39					
0	Subtract line 39 from line 38 If zero or less, enter -0-				<del></del>			
	Multiply line 40 by 20%		1 1		▶	41		_
2	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for E					İ		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)							
	Add lines 37, 41, and 42							
	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for E							
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				<del></del>			
5	Tax on all taxable income. Enter the smaller of line 43 or line 44 h	nere a	nd on Form 1	υ41, S	cnedule •	45		

Schedule D (Form 1041) 2013

#### Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate instructions is at www irs gov/form8949.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

NATIONAL ROAD SAFETY FOUNDATION, INC.

Social security number or taxpayer identification number

13-6128274

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part I Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C be	elow. Check	only one box.	If more than on	e box applies f	or vour short-	term transaction	 S.
complete a separate Form 8949,							
for one or more of the boxes, cor			•				. 0
(A) Short-term transactions rep	orted on Form	(s) 1099-B sho	wing basis was rep	orted to the IRS (s	see Note above	)	
(B) Short-term transactions rep	orted on Form(	s) 1099-B show	ving basis was not	reported to the IF	RS		
X (C) Short-term transactions no							
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an a enter a cod	ny, to gain or loss mount in column (g), le in column (f) rate instructions	(h) Gain or (loss) Subtract column (e
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed (Mo , day, yr )	(sales pnce) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SEE STATEMENT B							
ATTACHED			904,613.	874,902.			29,711
SEE STATEMENT B							
ATTACHED			376,601.	394,409.			-17,808
SEE STATEMENT B							
ATTACHED			378,673.	390,646.			-11,973
	<u> </u>			_			
2 Totals. Add the amounts in column act negative amounts) Enter each	n total here and	d include on					

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Box B above is checked), or line 3 (if Box C above is checked) ▶ 1,659,887. 1,659,957

-70.

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

NATIONAL ROAD SAFETY FOUNDATION, INC.

13-6128274

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

  (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

(a)  Description of property  (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below and	If you enter an a	any, to gain or loss amount in column (g), de in column (f) irate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 Sh XYZCO)	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SEE STATEMENT B		-					
ATTACHED			9,246,332.	9,240,959.			5,373.
SEE STATEMENT B			1 000 000	005 441			00 501
ATTACHED		ļ <u>.</u>	1,206,860.	1,235,441.			-28,581.
SEE STATEMENT B	-						
ATTACHED			189,109.	192,548.			-3,439.
SALE OF LAND		09/06/2013	39,750.	40,452.			-702.
	<del></del>						
	<del> </del>						
						<u> </u>	<u> </u>
		:					
	_ I					-	
2 Totals. Add the amounts in co (subtract negative amounts)	Enter each tota	here and					
include on your Schedule D, Ii checked), Iine 9 (if Box E abov (if Box F above is checked) ▶	ne 8b (if Box D re is checked),	above is or <b>line 10</b>	10682051.	10709400.			-27,349.

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

13-6128274

Description of Property

DEPRECIATION				 									
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Accumulated /	Ending Accumulated depreciation	Me-	Life	ACRS CRS	Current-year 179 expense	Current-year depreciation
	01/01/1993	1 1	٥			379	379		3				
2 PC SYSTEM	02/01/1993	1,953	100 000			1,953	1,953	TS		5 000	 		
FILING CABINET	02/01/1993	2,955	100 000			2,955	2,955	2,955 SL		5 000			
FILING CABINETS	07/01/1993	2,955	100 000			2,955	2,955	2,955 SL		5 000	_		
COMPUTER	01/26/1996	1,965	100 000			1,965	1,965	TS		5 000			
COPY MACHINE	10/30/2003	4,250	100 000			4,250	4,250	4,250 SL		5,000			
COMPUTER	08/31/2004	3,371	100 000			3,371	3,371			5 000			
													}
									-				
									-				
									-				
									_			}	
Less Retired Assets		4,297	!			4,297	4,297					•	
Subtotals		13,531				13,531	13,531	13,531					
Listed Property													
Less Retired Assets	•		1										
Subtotals													
TOTALS		13,531				13,531	13,531	13,531				•	
AMORTIZATION													
Acceptance of	Date placed in	Cost					Accumulated	Ending Accumulated	-			•	Current-year
	200	5550					מווסוווק	מווסוווק				<u> </u>	מוויסו ווצמויסו
									_	Τ-			
		ļ							_	  -		1	
										Γ-		•	
										Γ		1	
TOTALS										]			
*Assets Retired												•	

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<sup>\*</sup>Assets Retired JSA 3X9024 1 000

#### Form 8868

(Rev January 2014)

Department of the Treasury

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

► File a separate application for each return.
- Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

internal Revenue				<u> </u>			
<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension,	complete c	only Part I and check th	is box	• •		▶ [X]
	filing for an Additional (Not Automatic) 3-Molete Part II unless you have already been gra						3
	i <b>ling (e-file).</b> You can electronically file Form n required to file Form 990-T), or an addition						
8868 to rea	juest an extension of time to file any of the	forms liste	ed in Part I or Part II w	th the exception of Fo	m	3870. I	nformation
	Transfers Associated With Certain Persona						
	For more details on the electronic filing of the						
	tomatic 3-Month Extension of Time. Or						
A corporatio	n required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and cor	nplet	e	
Part I only .							▶ 🔲
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	ેડ, and trusts must use l	Form 7004 to request an	exte	nsion o	f time
to file incom				Enter filer's identifyir			
Type or	Name of exempt organization or other filer, see in	structions		Employer Identification no	ımbe	r (EIN) o	r
print	MARIONAL BOAD GARREN BOWNER		_	12 61000			
File by the	NATIONAL ROAD SAFETY FOUNDAT:			13-612827			
due date for	date for						
filing your return See							<del></del>
instructions	NEW YORK, NY 10022	a loraly rad	uress, see instructions				
Enter the De	eturn code for the return that this application	o for /file a		er analy robusts)			01
Litter the Ne	sturn code for the return that this application	15 101 (1110 8	separate application it	n each return)		• • • •	•
Application		Return	Application				Return
. 1							Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-BL	·	02	Form 1041-A	<del> </del>			08
Form 4720 (	<del></del>	03	Form 4720 (other tha	n individual)			09
Form 990-PF		04	Form 5227				10
	(sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-1	(trust other than above)	06	Form 8870				12
The books	s are in the care of ▶JEROME H. KATZ,	18 EAST	50TH STREET NE	W YORK, NY 1002	2		
<b>~</b>	N > 212 027 4000	_					
	No. ▶ _ 212 837-4800		AX No ▶				<b>.</b> [
	anization does not have an office or place of I				• •	 If the	• 🗀
	or a Group Return, enter the organization's for group, check this box				$\neg$	and atta	
	names and EINs of all members the extensi		int of the group, check t	1115 DOX		and atte	2011
	st an automatic 3-month (6 months for a cor		quired to file Form 990	)-T) extension of time			
	12/15 , 20 14 , to file the				oove	. The ex	xtension is
	organization's return for.		,	Ū			
▶□	calendar year 20 or						
► X	tax year beginning05/0	1_, 2013	3_, and ending	04/30_,	20_	L <u>4</u> _	
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, chec	ck reason: Initial re	eturn Final retur	n		
	application is for Form 990-BL, 990-PF, 99	0-T, 4720	. or 6069, enter the	tentative tax, less any			
	undable credits. See instructions		·		3a	\$	0
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and			
	ted tax payments made Include any prior yea				3ь	\$	0
	e due. Subtract line 3b from line 3a Include		ent with this form, if re	quired, by using EFTPS		_	
	onic Federal Tax Payment System). See instru				3c		0
	are going to make an electronic funds withdrawal	(direct debi	t) with this Form 8868, se	e Form 8453-EO and Form	1 887	A-FO 10	r payment
For Privacy A	ct and Paperwork Reduction Act Notice see Instr	uctions			Form	8868	(Rev 1-2014)

Form 8868 (Re	· 1-2014)				Page 2			
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part	Il and check this box	▶ X			
Note. Only o	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 886	8			
• If you are	filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1)	,				
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the original	ginal (no copies needed).				
		~		nter filer's identifying number, se	e instructions			
	Name of exempt organization or other filer, see in	structions	<del></del>	Employer identification number (f				
Type or								
print	NATIONAL ROAD SAFETY FOUNDATI	ON. THE		13-6128274				
	Number, street, and room or suite no. If a P.O. bo	x. see instruc	ctions	Social security number (SSN)				
File by the due date for	18 EAST 50TH STREET	•		1				
filing your	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	<u> </u>				
return See Instructions	NEW YORK, NY 10022							
	turn code for the return that this application	is for (file s	s constate application for o	ach return)	. 01			
Application	national section and retain that this application		Application	acii letuili)	Return			
ls For					Code			
	r Form 990-EZ	Code	Is For	The state of the s				
Form 990-B	·	01		Service Tellinguage Co. 1 Tellinguage				
		02	Form 1041-A		08			
Form 4720	·	03	Form 4720 (other than in	idividual)	10			
Form 990-PF 04 Form 5227								
Form 990-T (sec 401(a) or 408(a) trust)								
Form 990-T (trust other than above)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868								
5 The beats	ot complete Part II if you were not already	granted an	automatic 3-month exter	islon on a previously filed For	m 8868.			
Talanham	s are in the care of DEROME H. KATZ.			ORK, NY 10022 .				
	No ► 212 837-4800		ax No 🕨					
• If the orga	inization does not have an office or place of l	business in	the United States, check t	his box				
• IT this is to	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GE	N) If the	his is			
for the whole	group, check this box ▶ 🔲 . If	f it is for pa	irt of the group, check this	box ▶ [] and at	tach a			
	names and EINs of all members the extension							
	request an additional 3-month extension of time until 03/15, 20 15.							
	For calendar year, or other tax year beginning05/01 , 20 13 , and ending04/30 , 20 14							
	If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return							
	hange in accounting period							
	detail why you need the extension ADDIT							
	LE INFORMATION, INCLUDING INFO							
NECES:	SARY TO PREPARE AND FILE A COM	PLETE AN	ID ACCURATE TAX RET	rurn.				
		~						
8a If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	tative tax, less any				
	ndable credits. See instructions			8a \$	0			
	application is for Forms 990-PF, 990-T,							
estimat	ed tax payments made. Include any pri	or year o	verpayment allowed as	a credit and any 🐼				
	paid previously with Form 8868			8b \$	0			
c Balance	Due. Subtract line 8b from line 8a. Include	your payme	ent with this form, if requir	ed, by using EFTPS				
(Electro	nic Federal Tax Payment System) See instruc	ctions		8c \$	0			
	Signature and Verifica	tion mus	st be completed for P	art II only.				
Jnder penaltie knowledge and	es of perjury, I declare that I have examined the belief, it is true, correct, and complete, and that I is	ns form. Inc	cluding accompanying sched		best of my			
Signature 🕨 🖊	Romin M. M. Huchuni		FOR BER	CACCOUNTANIDate ► 12/	12/14			
			360 MADIST NEW YORK ID. #13-	NY 10017 Form 8868	(Rev 1-2014)			
			10					