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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

GOVERNORS HIGHWAY SAFETY ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

444 N CAPITOL STREET NW Suite 722

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20001

F Name and address of principal officer

JONATHAN R ADKINS

444 N CAPITOL STREET NW

WASHINGTON,DC 20001

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

☐ http //www.ghsa.org/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation

1975

M State of legal domicile

DC

Part I	Summary																	
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>GHSA PROVIDES LEADERSHIP AND REPRESENTATION FOR THE STATES AND TERRITORIES TO IMPROVE TRAFFIC SAFETY, INFLUENCE NATIONAL POLICY AND ENHANCE PROGRAM MANAGEMENT</div></div>																	
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																	
	<table><tr><td><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div></td><td><div>3</div></td><td><div>28</div></td></tr><tr><td><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div></td><td><div>4</div></td><td><div>28</div></td></tr><tr><td><div><div>5</div><div>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</div></div></td><td><div>5</div></td><td><div>4</div></td></tr><tr><td><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div></td><td><div>6</div></td><td><div>28</div></td></tr><tr><td><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div></td><td><div>7a</div></td><td><div>0</div></td></tr><tr><td><div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div></td><td><div>7b</div></td><td></td></tr></table>	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div>3</div>	<div>28</div>	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div>4</div>	<div>28</div>	<div><div>5</div><div>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</div></div>	<div>5</div>	<div>4</div>	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div>6</div>	<div>28</div>	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div>7a</div>	<div>0</div>	<div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div>7b</div>
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<div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div>7b</div>																	
Revenue	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>Prior Year</div> <div>4,032,666</div>	<div>Current Year</div> <div>3,452,716</div>															
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>802,947</div>	<div>797,648</div>															
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>50,917</div>	<div>112,657</div>															
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>5,563</div>	<div>0</div>															
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>4,892,093</div>	<div>4,363,021</div>															
Expenses	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>0</div>	<div>0</div>															
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>0</div>	<div>0</div>															
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>467,575</div>	<div>486,814</div>															
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>0</div>	<div>0</div>															
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</div></div>																	
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div>	<div>4,344,208</div>	<div>4,022,172</div>															
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>4,811,783</div>	<div>4,508,986</div>															
Net Assets or Fund Balances	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>80,310</div>	<div>-145,965</div>															

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2015-02-17

Date

JONATHAN ADKINS EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BDO USA LLP

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00234543

Firm's name ☐ BDO USA LLP

Firm's EIN ☐

Firm's address ☐ 8405 GREENSBORO DRIVE 7TH FLOOR

MCLEAN, VA 22102

Phone no (703) 893-0600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

GHSA PROVIDES LEADERSHIP AND REPRESENTATION FOR THE STATES AND TERRITORIES TO IMPROVE TRAFFIC SAFETY, INFLUENCE NATIONAL POLICY AND ENHANCE PROGRAM MANAGEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,773,577 including grants of \$) (Revenue \$)

Driving Skills for Life, a program developed by Ford Motor Company, GHSA and safety experts, seeks to reduce the number of driving injuries and fatalities by helping newly licensed drivers develop the skills necessary for safe driving The program includes redesigned Driving Skills for Life website, Ride and Drives, a series of free, hands-on driving events, summer camps where teen drivers and their parents learn critical driving skills, and an Educational Kit that has been sent to over 20,000 high schools which includes a teacher's guide, entertaining video, brochure, poster and a take-home component so parents can be involved Driving Skills for Life focuses on four skills experts agree are most important in preventing crashes, when combined with zero tolerance for alcohol use and the importance of seat belt use hazard recognition, vehicle handling, space management, and speed management

4b

(Code) (Expenses \$ 425,323 including grants of \$) (Revenue \$ 285,314)

GHSA'S ANNUAL MEETING TAKES PLACE IN A DIFFERENT STATE FOR 5 DAYS TYPICALLY SCHEDULED BETWEEN LATE AUGUST TO EARLY OCTOBER, THE MEETING BRINGS TOGETHER MORE THAN 400 STATE, NATIONAL AND PRIVATE SECTOR HIGHWAY SAFETY REPRESENTATIVES THE EXECUTIVE BOARD/COMMITTEE ESTABLISHES A THEME AND THE PLANNING COMMITTEE, IN CONJUNCTION WITH THE HEADQUARTERS STAFF AND HOST STATE STAFF PUTS THE PLAN IN MOTION THE MEETING KICKS OFF ON A SATURDAY WITH AN EXECUTIVE BOARD MEETING AND CONCLUDES ON A WEDNESDAY WITH A CLOSING GENERAL SESSION/LUNCH

4c

(Code) (Expenses \$ 479,037 including grants of \$) (Revenue \$)

OUTREACH TO STATES ON IGNITION INTERLOCKS, A PROGRAM IN COOPERATION WITH NHTSA TO UNDERTAKE ACTIVITIES THAT WILL REDUCE THE INCIDENCE OF TRAFFIC CRASHES RELATED TO IMPAIRED DRIVING WITH SPECIFIC ATTENTION TO INCREASING THE USE OF IGNITION INTERLOCKS, PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO STATE AND COMMUNITY GROUPS IN SUPPORT OF IMPAIRED DRIVING MOTOR VEHICLE CRASH REDUCTION ACTIVITES, PROVIDE COMMUNICATION AND MARKETING OPPORTUNITIES TO BRING THE IMPAIRED DRIVING MOTOR VEHICLE CRASH PROBLEM TO THE PUBLIC'S ATTENTION, AND PROVIDE RESOURCES TO IMPROVE THE STATE'S SYSTEM IN ITS EFFORTS TO ADDRESS THE IMPAIRED DRIVING MOTOR VEHICLE CRASH PROBLEM BY WORKING CLOSELY WITH STATE AND LOCAL POLICY LEADERS, LAW ENFORCEMENT AGENCIES, PROSECUTORS, JUDGES, PROBATION OFFICERS, DMV'S, HEALTH CARE AND INJURY PREVENTION PROFESSIONALS, ADVOCATES AND OTHER STATE AND COMMUNITY LEVEL GROUPS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 499,481 including grants of \$) (Revenue \$ 512,334)

4e
















Total program service expenses

4,177,418

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
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)?			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?		No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	28	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JONATHAN R ADKINS 444 N CAPITOL STREET NW SUITE 722 WASHINGTON,DC 20001 (202) 789-0942

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kendell Poole Chairman	1 0	X						0	0	0
(2) John Saunders Vice Chairman	1 0	X						0	0	0
(3) Jana R Simpler Secretary/At-Large Member	1 0	X						0	0	0
(4) Troy E Costales Past Chairman	1 0	X						0	0	0
(5) Lauren V Stewart Region 1 Representative	1 0	X						0	0	0
(6) Chuck DeWeese Region 2 Representative	1 0	X						0	0	0
(7) Gary Modi Region 2 Alternate	1 0	X						0	0	0
(8) Bill Bell Region 3 Rep/Treasurer/At-Larg	1 0	X						0	0	0
(9) Shirley Thomas Region 6 Representative	1 0	X						0	0	0
(10) Garry Thomas Region 6 Alternate	1 0	X								
(11) Fred Zwonechek Region 7 Representative	1 0	X						0	0	0
(12) Bridget S White At-Large Member	1 0	X						0	0	0
(13) Lee Axdahl Region 8 Representative	1 0	X						0	0	0
(14) Darrin Grondel Region 10 Alternate	1 0	X						0	0	0
(15) Dave Beach At-Large Member	1 0	X						0	0	0
(16) Peter Thomson At-Large Member	1 0	X						0	0	0
(17) Harris Blackwood Region 4 Alternate/At-Large	1 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Leanna Depue At-Large Member	1 0	X						0	0	0
(19) JonathAn Adkins Executive Director	40 0 0 0	X		X				141,201	0	10,939
(20) Joseph Cristall Region 1 Alternate	1 0	X						0	0	0
(21) Don Nail Region 3 Designate	1 0	X						0	0	0
(22) Lora Hollingsworth Region 4 Designate	1 0	X						0	0	0
(23) Tonya Loker Region 5 Designate	1 0	X						0	0	0
(24) Michael Prince Region 5 Alternate/At-Large	1 0	X						0	0	0
(25) Patrick Hoye Region 7 Alternate	1 0	X						0	0	0
(26) Dalene Call Region 8 Alternate	1 0	X						0	0	0
(27) Robert Lung Region 9 Designate	1 0	X						0	0	0
(28) Brent Jennings Region 10 Designee	1 0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								105,798	0	10,939

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	431,599			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,021,117			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		3,452,716			
Program Service Revenue	2a	ANNUAL MEETING	Business Code 900099	285,314	285,314		
	b	MEMBERSHIP DUES	900099	469,282	469,282		
	c	TRAFFIC RECORDS		43,052	43,052		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		797,648			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		112,657		112,657
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss)		0		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		0		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events		0		
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions			4,363,021	797,648	112,657	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) 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.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	134,569	100,927	33,642	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	292,052	213,373	78,679	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	16,888	9,830	7,058	
9	Other employee benefits.	14,104	8,345	5,759	
10	Payroll taxes.	29,201	18,282	10,919	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	68,490	48,801	19,689	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	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).	3,250,934	3,175,041	75,893	
12	Advertising and promotion.	0			
13	Office expenses.	87,676	68,232	19,444	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	147,127	94,590	52,537	
17	Travel.	58,373	49,889	8,484	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	331,224	327,565	3,659	
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	3,208	2,008	1,200	
23	Insurance.	9,710	6,243	3,467	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MISCELLANEOUS EXPENSES	41,998	37,533	4,465	
b	DUES AND SUBSCRIPTIONS	16,050	10,271	5,779	
c	OTHER TAXES	2,391	1,497	894	
d	GIFTS	4,991	4,991		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	4,508,986	4,177,418	331,568	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			265,170	2	73,449
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	157,949	6,700	10c	3,492
	b	Less accumulated depreciation	10b	154,457			
	11	Investments—publicly traded securities			1,545,367	11	1,672,122
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			34,398	15	34,398
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,851,635	16	1,783,461	
Liabilities	17	Accounts payable and accrued expenses			6,332	17	7,825
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	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 of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			6,332	26	7,825
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,845,303	27	1,775,636
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,845,303	33	1,775,636
	34	Total liabilities and net assets/fund balances			1,851,635	34	1,783,461

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,363,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,508,986
3	Revenue less expenses Subtract line 2 from line 1	3	-145,965
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,845,303
5	Net unrealized gains (losses) on investments	5	76,298
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,775,636

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <div><div><div></div><div></div><div>MODIFIED CASH</div></div><div>Cash Accrual Other</div></div> <div>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</div>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <div>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</div> <div><div></div><div></div><div></div></div>	2a	No
b	Were the organization's financial statements audited by an independent accountant? <div>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</div> <div><div></div><div></div><div></div></div>	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <div>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</div>	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization GOVERNORS HIGHWAY SAFETY ASSOCIATION	Employer identification number 52-1021004
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar 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.")	2,495,389	2,939,677	3,294,873	4,032,666	3,452,716	16,215,321
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,495,389	2,939,677	3,294,873	4,032,666	3,452,716	16,215,321
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)						13,390,682
6 Public support. Subtract line 5 from line 4						2,824,639

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,495,389	2,939,677	3,294,873	4,032,666	3,452,716	16,215,321
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,417	36,328	36,884	50,917	112,657	281,203
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.)	6,354	7,681	62,610	5,563	0	82,208
11 Total support (Add lines 7 through 10)						16,578,732
12 Gross receipts from related activities, etc. (see instructions)					12	3,764,333
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	17 038 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	15 598 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶✓	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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).

Facts And Circumstances Test	
Return Reference	Explanation
FORM 990, SCHEDULE A, SECTION C, LINE 17A-10%-facts-and-circumstances test	<p>THIS STATEMENT IS ATTACHED IN ACCORDANCE WITH THE INSTRUCTIONS FOR SCHEDULE A (FORM 990) REGARDING AN ORGANIZATION THAT BELIEVES IT IS PUBLICLY SUPPORTED ACCORDING TO APPLICABLE REGULATIONS TREAS REG SEC 1 170A-9(F)(3) PROVIDES THAT AN ORGANIZATION may BE TREATED AS "PUBLICLY SUPPORTED" UNDER THE FACTS AND CIRCUMSTANCES TEST EVEN IF IT FAILS TO MEET THE 33 1/3 PERCENT MECHANICAL TEST UNDER THE FACTS AND CIRCUMSTANCES TEST, AN ORGANIZATION WILL BE TREATED AS PUBLICLY SUPPORTED IF IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS, FROM DIRECT OR INDIRECT CONTRIBUTIONS FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, AND MEETS CERTAIN OTHER REQUIREMENTS THE PERTINENT FACTORS SET FORTH IN THE REGULATIONS ARE DISCUSSED BELOW I) TEN PERCENT-OF-SUPPORT LIMITATION GHSA RECEIVES SUPPORT FROM CONTRIBUTIONS MADE DIRECTLY BY THE GENERAL PUBLIC in EXCESS OF THE MINIMUM 10% THRESHOLD II) ATTRACTION OF PUBLIC SUPPORT GHSA IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS GHSA MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, COMMUNITY, AND MEMBERSHIP GROUPS INVOLVED III) PERCENTAGE OF FINANCIAL SUPPORT UNDER THE REGULATIONS, THE HIGHER THE PERCENTAGE OF SUPPORT ABOVE THE 10% REQUIREMENT FROM PUBLIC SOURCES THE LESSER WILL BE THE BURDEN OF ESTABLISHING THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION THROUGH OTHER FACTORS THE PERCENTAGE OF SUPPORT RECEIVED FROM THE GENERAL PUBLIC FOR THE YEAR ENDED JUNE 30, 2014 IS greater than 15% IV) SOURCES OF SUPPORT GHSA EXCEEDS THE 10% MINIMUM THRESHOLD BY DERIVING SUPPORT FROM NUMEROUS CORPORATE CONTRIBUTORS, RATHER THAN RECEIVING ALMOST ALL OF ITS SUPPORT FROM THE MEMBERS OF A SINGLE FAMILY GHSA'S ACTIVITIES APPEAL TO A BROAD CROSS-SECTION OF PERSONS NATIONWIDE WHO ARE INTERESTED IN HIGHWAY TRAFFIC SAFETY AND RELATED PUBLIC POLICY GHSA DOES NOT LIMIT ITS ACTIVITIES TO A PARTICULAR COMMUNITY OR REGION OR TO ACTIVITIES WHICH APPEAL TO A LIMITED NUMBER OF PERSONS V) REPRESENTATIVE GOVERNING BODY GHSA HAS A GOVERNING BODY REPRESENTATIVE OF THE BROAD INTERESTS OF THE PUBLIC, HAVING SPECIAL KNOWLEDGE OR EXPERTISE IN THE PARTICULAR FIELD IN WHICH THE ORGANIZATION OPERATES THE CURRENT (2013-2014) BOARD OF TRUSTEES CONSISTS OF THE FOLLOWING *NAME* *AFFILIATION* KENDELL POOLE - TENNESSEE GOVERNOR'S HIGHWAY SAFETY OFFICE JOHN SAUNDERS - VIRGINIA HIGHWAY SAFETY SERVICES JANA R SIMPLER - DELAWARE OFFICE OF HIGHWAY SAFETY TROY E COSTALES - OREGON TRANSPORTATION SAFETY DIVISION LAUREN V STEWART - DEPARTMENT OF PUBLIC SAFETY CHUCK DEWEESE - GOVERNOR'S TRAFFIC SAFETY COMMITTEE GARY MODI - PENNSYLVANIA BUREAU OF MAINTENANCE & OPERATIONS BILL BELL - KENTUCKY OFFICE OF HIGHWAY SAFETY SHIRLEY THOMAS - MISSISSIPPI OFFICE OF HIGHWAY SAFETY GARRY THOMAS- OKLAHOMA HIGHWAY SAFETY OFFICE FRED ZWONECHEK - NEBRASKA OFFICE OF HIGHWAY SAFETY BRIDGET S WHITE - ARKANSAS STATE POLICE HIGHWAY SAFETY OFFICE LEE AXDAHL - OFFICE OF HIGHWAY SAFETY DEPARTMENT OF PUBLIC SAFETY DARRIN GRONDEL - WASHINGTON TRAFFIC SAFETY COMMISSION DAVE BEACH - OFFICE OF HIGHWAY SAFETY DEPT OF PUBLIC SAFETY PETER THOMSON - HIGHWAY SAFETY AGENCY HARRIS BLACKWOOD - GOVERNOR'S OFFICE OF HIGHWAY SAFETY LEANNA DEPUE - TRAFFIC & HIGHWAY SAFETY DIVISION JOSEPH CRISTALLI - CONNECTICUT OFFICE OF HIGHWAY SAFETY DON NAIL - NORTH CAROLINA GOVERNOR'S HIGH SAFETY PROGRAM LORA HOLLINGSWORTH - FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES PATRICK HOYE - IOWA GOVERNOR'S TRAFFIC SAFETY BUREAU DALENE CALL - WYDOT HIGHWAY SAFETY PROGRAM ROBERT LUNG - HAWAII HIGHWAY SAFETY OFFICE BRENT JENNINGS - IDAHO DEPARTMENT OF TRANSPORTATION *FOR IDENTIFICATION PURPOSES ONLY VI) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES, PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES GHSA PROVIDES SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS, INCLUDING PROGRAMS THAT MEMBERS OF THE PUBLIC HAVING SPECIAL KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS, AND CIVIC AND COMMUNITY LEADERS PARTICIPATE IN NEARLY 500 STATE, NATIONAL, AND PRIVATE SECTOR HIGHWAY SAFETY REPRESENTATIVES ATTENDED GHSA'S ANNUAL CONFERENCE</p>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization GOVERNORS HIGHWAY SAFETY ASSOCIATION	Employer identification number 52-1021004
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		119,252	115,760	3,492
e Other		38,697	38,967	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,492

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,439,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	76,299
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	76,299
3	Subtract line 2e from line 1	3	4,363,021
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,363,021

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,508,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,508,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,508,986

Part XIII

Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X, LINE 2 - FIN 48 Footnote	IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (THE FASB), THE ASSOCIATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED JUNE 30, 2010 AND PRIOR. MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE MODIFIED CASH BASIS FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

[illegible]

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GOVERNORS HIGHWAY SAFETY ASSOCIATION

Employer identification number
52-1021004

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JonathAn Adkins Executive Director	(i)	141,201	0	0	6,000	4,939	152,140	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
GOVERNORS HIGHWAY SAFETY ASSOCIATION

Employer identification number

52-1021004

Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B - DETERMINING COMPENSATION	THE EXECUTIVE BOARD OFFICERS CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND DETERMINES COMPENSATION AMOUNT THE EXECUTIVE DIRECTOR CONDUCTS PERFORMANCE REVIEWS AND RECOMMENDS TO THE EXECUTIVE BOARD THE COMPENSATION OF THE ASSOCIATION STAFF THE EXECUTIVE BOARD ULTIMATELY APPROVES THE COMPENSATION AMOUNT OF ASSOCIATION STAFF

Return Reference	Explanation
FORM 990, PART VI, LINE 19 - AVAILABILITY OF OTHER DOCUMENTS	FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON GHSA'S WEBSITE

Return Reference	Explanation
FORM 990, PART VI, LINE 1A AND 1B - VOTING RIGHTS	THE ORGANIZATION HAS 28 VOTING MEMBERS REGIONAL ALTERNATES MAY ALSO VOTE IF THEY ATTEND MEETINGS IN PLACE OF THEIR RESPECTIVE REGIONAL DESIGNATE

Return Reference	Explanation
FORM 990, PART VI, LINE 7A & 7B - ELECTION OF MEMBERS	NOMINATIONS FOR ASSOCIATION OFFICERS SHALL BE BY A COMMITTEE OF AT LEAST THREE PERSONS APPOINTED BY THE CHAIR. NOMINATIONS OR ANNOUNCEMENTS OF CANDIDACY FOR ELECTED OFFICERS SHALL BE MADE IN WRITING TO THE CHAIR OF THE NOMINATIONS COMMITTEE NO LATER THAN 60 DAYS PRIOR TO THE ANNUAL MEETING AND BY NOMINATIONS FROM THE FLOOR AT A BUSINESS MEETING WHERE THE VOTING WILL TAKE PLACE. THE ELECTION OF OFFICERS SHALL BE AT THE ANNUAL MEETING AND SHALL BE CONDUCTED BY SECRET BALLOT OR BY ACCLAMATION. THE REGIONAL REPRESENTATIVES SHALL BE ELECTED ANNUALLY FROM THE MEMBER STATES OF THEIR RESPECTIVE REGIONS AT EACH ANNUAL MEETING. MEMBERS OF THE EXECUTIVE BOARD MAY HOLD OFFICE ONLY WHEN THEIR RESPECTIVE JURISDICTIONS ARE MEMBERS IN GOOD STANDING AND THEY ARE ASSOCIATION MEMBERS OR DESIGNATED ALTERNATES. THE EXECUTIVE BOARD DETERMINES GENERAL POLICIES DURING INTERIM PERIODS BETWEEN ANNUAL MEETINGS. SUCH POLICIES SHALL BE SUBJECT TO CONFIRMATION BY THE MEMBERSHIP AT THE SUBSEQUENT ANNUAL MEETING.

Return Reference	Explanation
Form 990, part vi, line 12c - CONFLICT OF INTEREST POLICY	TO ENSURE THE ASSOCIATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED THE REVIEW SHALL, AT A MINIMUM ADDRESS WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ASSOCIATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENTS OR PAYMENTS FOR GOODS OR SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION

Return Reference	Explanation
FORM 990, PART XI, LINE 1 AND FORM 990, PART IV, LINE 12-Accounting Method	THE ASSOCIATION'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON A MODIFIED CASH BASIS WHICH INCLUDES RECORDING OF DEPRECIATION ON CAPITALIZED ASSETS AND PAYROLL WITHHOLDINGS UNDER THIS BASIS, REVENUE IS RECOGNIZED WHEN COLLECTED RATHER THAN WHEN EARNED, AND EXPENDITURES ARE GENERALLY RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED CONSEQUENTLY, ACCOUNTS RECEIVABLE, ACCOUNTS PAYABLE AND ACCRUED EXPENSES ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS INVESTMENTS ARE CARRIED AT FAIR VALUE WITH REALIZED AND UNREALIZED GAINS AND LOSSES REFLECTED IN THE FINANCIAL STATEMENTS THESE FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT

Return Reference	Explanation
FORM 990, PART VI, LINE 11A - FORM 990 REVIEW PROCESS	The FORM 990 IS review ed by the Executive Director before it is filed w ith the IRS A DRAFT COPY OF FORM 990 WAS PROVIDED TO THE MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	NATIONAL LAW ENFORCMENT LIAISON PROGRAM (NLELP) A PROGRAM TO IMPLEMENT, MANAGE AND REFINE A NLELP WHICH WORKS WITH THE STATES AND TERRITORIES TO ENHANCE THE EFFECTIVENESS, KNOWLEDGE, ABILITIES AND INVOLVEMENT OF LAW ENFORCEMENT LIASONS (LEL) AT THE LOCAL, STATE AND FEDERAL LEVELS BY EFFECTIVELY PROGRAMING TECHNICAL AND FINANCIAL RESOURCES THROUGH THE NLELP TO LAW ENFORCEMENT PARTNERS AND STAKEHOLDERS, THE NLELP WOULD CONTRIBUTE TO THE REDUCTION OF DEATHS AND INJURIES RESULTING FROM TRAFFIC CRASHES ACROSS THIS COUNTRY TRAFFIC RECORDS TRAINING/MMUCC THE PURPOSE OF THIS PROJECT IS TO PROVIDE TRAINING TO DIRECTORS OF STATE HIGHWAY SAFETY OFFICES TO MAKE THEM AWARE OF THE IMPORTANCE OF DATA AND TO ADVISE THEM OF THEIR DATA-RELATED RESPONSIBILITIES UNDER MAP-21 THE TRAINING COURSE WOULD BE BRIEF (3 or 3 hours in length) AND AT A HIGH, NON-TECHNICAL LEVEL

Return Reference	Explanation
Form 990, Part III, Line 2 - New Program Services	NATIONAL COOPERATIVE RESEARCH & EVALUATION PROJECT (NCREP) GHSA and NHTSA will establish a joint committee to select topics and provide guidance for the research and evaluation program This Committee shall be composed of three GHSA representatives and three NHTSA representatives The Committee shall meet at least twice each year for the purposes of selecting topics for the next years program and reviewing progress on projects underway and completed

Return Reference	Explanation
FORM 990, PART III, line 3 - DISCONTINUED PROGRAM SERVICES	OUTREACH TO STATES ON IGNITION INTERLOCKS, A PROGRAM IN COOPERATION WITH NHTSA TO UNDERTAKE ACTIVITIES THAT WILL REDUCE THE INCIDENCE OF TRAFFIC CRASHES RELATED TO IMPAIRED DRIVING WITH SPECIFIC ATTENTION TO INCREASING THE USE OF IGNITION INTERLOCKS, PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO STATE AND COMMUNITY GROUPS IN SUPPORT OF IMPAIRED DRIVING MOTOR VEHICLE CRASH REDUCTION ACTIVITIES, PROVIDE COMMUNICATION AND MARKETING OPPORTUNITIES TO BRING THE IMPAIRED DRIVING MOTOR VEHICLE CRASH PROBLEM TO THE PUBLIC'S ATTENTION, AND PROVIDE RESOURCES TO IMPROVE THE STATES SYSTEM IN ITS EFFORTS TO ADDRESS THE IMPAIRED DRIVING MOTOR VEHICLE CRASH PROBLEM BY WORKING CLOSELY WITH STATE AND LOCAL POLICY LEADERS, LAW ENFORCEMENT AGENCIES, PROSECUTORS, JUDGES, PROBATION OFFICERS, DMV'S, HEALTH CARE AND INJURY PREVENTION PROFESSIONALS, ADVOCATES AND OTHER STATE AND COMMUNITY LEVEL GROUPS

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS AND OTHER FEES TOTAL FEES 3250934