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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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A Fo	r the 2	015 ca <u>lendar year, or tax year beginning 01-01-2015 , and ending 12-31-20</u>	15		
_	ck if app ress cha	AAA FOUNDATION FOR TRAFFIC SAFETY		Employer ide	entification number
	ne chang			2-0/9430	00
	al return	boing business as	_		
Fina	ıl	Number and street (or P O box if mail is not delivered to street address) Room/s	uite E T	elephone nur	mber
	rn/term		(:	202)638-	5944
	ended re lication p	WASHINGTON, DC 20005	G G	Gross receipts	\$ 7,705,506
		F Name and address of principal officer JOHN P KISSINGER 607 14TH STREET NW NO 201 WASHINGTON,DC 20005	H(a) Is this a g subordina H(b) Are all sul included?	tes? bordinates	□Yes □No □Yes □No
I Tax	-exemp	status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527	H(c) Group ex		(see instructions)
J W	ebsite:	► WWW AAAFOUNDATION ORG			
K Forn	of orga	nization	L Year of formation	n 1947	I State of legal domicile DC
Pa	t I	Summary	•		
Governance	TH ST	efly describe the organization's mission or most significant activities E FOUNDATION CONDUCTS OR FUNDS RESEARCH AND DEVELOPS EDI JDY			
. G0V		eck this box দ if the organization discontinued its operations or disposed		of its net as	ssets
Activities &		imber of voting members of the governing body (Part VI, line 1a)		3	11
MI.		imber of independent voting members of the governing body (Part VI, line 1b	•	5	11
YCTI		tal number of individuals employed in calendar year 2015 (Part V, line 2a) tal number of volunteers (estimate if necessary)		6	96
*		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0
		unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Yea	ar	Current Year
	8	Contributions and grants (Part VIII, line 1h)	. 4,9	955,860	6,269,594
nue	9	Program service revenue (Part VIII, line 2g)	0	0	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		453,540	471,218
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	:	124,589	2,818
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii 12)	ne 5,!	533,989	6,743,630
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		9,000	10,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	1,3	212,547	1,104,773
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ੜੇ	b	Total fundraising expenses (Part IX, column (D), line 25) ► 56,009			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. 3,7	741,214	5,398,455
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4 ,9	962,761	6,513,728
	19	Revenue less expenses Subtract line 18 from line 12	. !	571,228	229,902
Not Assets or Fund Balances			Beginning of Cur	rent Year	End of Year
esse Bakk	20	Total assets (Part X, line 16)	19,	564,850	20,134,464
et o	21	Total liabilities (Part X, line 26)		693,928	2,916,378
	22	Net assets or fund balances Subtract line 21 from line 20	17,8	870,922	17,218,086
my kr	penali owledg	Signature Block les of perjury, I declare that I have examined this return, including accompa e and belief, it is true, correct, and complete Declaration of preparer (other tany knowledge			
		*****	2016-04	1 -08	
Sign		Signature of officer	Date		
Here		JOHN P KISSINGER PRESIDENT & CEO			

Preparer's signature THERESA A BURDINE CPA

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address - 7351 OFFICE PARK PL

MELBOURNE, FL 32940

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name THERESA A BURDINE CPA

Firm's name ► RSM US LLP

Check T if

Firm's EIN 🕨 42-0714325

Phone no (321) 751-6200

Date

PTIN P00362629

. ✓ Yes ┌ No

Check Schedule O comman sergence or note to any line in this Part III. Check Schedule O comman sergence or note to any line in this Part III. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E2? Did the organization undertake any significant changes in how it conducts, any program services are services on Schedule O Did the organization program services on Schedule O Did the organization program services on Schedule O O bescribe the organization sprogram services are combishments for each of its three largest program services, as measured by expenses. Section 501c(3) and 501c(3) and 501c(3) organizations are required to report the amount of greats and allocations to others, the total expenses. Section 501c(3) and 501c(3) and 501c(3) organizations are required to report the amount of greats and allocations to others, the total expenses. Section 501c(3) and 501c(3) an	orm	990 (2	2015)							Page 2
1 Briefly describe the organization's mission Het AAA FOUNDATION FOR TARFIC CARFETYS SHISSION IS TO SAVE LIVES AND REDUCE INJURIES THROUGH RESEARCH INTO HET CAUSES OF TRAFFIC CRASHES, AND EDUCATION ABOUT PROVEN STRATEGIES FOR MITIGATING RISKS ON THE ROAD 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 - 227. 11 "Yes," describe these new services on Schedule O 2 Did the organization undertake any significant program service as complishments for each of its three largest program services. As member of the services? 11 "Yes," describe these changes on Schedule O 2 Describe the organization's program service accomplishments for each of its three largest program services, as member of services. The organization are required to report the amount of grants and allocations to others, the lotal expenses, and revenue, if any, for each program service reported. 1 (Code	Par	t III		-	_					-
THE CAUSES OF TRAFFIC CRASHES, AND EDUCATION ABOUT PROVEN STRATEGIES FOR MUTIGATING RISKS ON THE ROAD 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 3 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 4 Did the organization cases conducting, or make significant changes in how it conducts, any program services as services? 5 If "Yes," describe these she are services on Schedule O 6 Describe the organization group and service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c/g) and 501(c/g) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c/g) and 501(c/g) 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. 4 (Code 1) (Code 1) (Programs 5) (Programs service) (Program service) (Program service) (Program service) (Programs 5) (Prog	_	Dwaf			nse or note to	any line in this P	art III	<u> </u>		,▽
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EDUCATION ALL RESEARCH REPORTS AND FINDINGS PRODUCED BY THE AAA FOUNDATION ARE AVAILABLE ONLINE TO THE GENERAL PUBLIC, FREE OF CHARGE ADDITIONALLY, THE FOUNDATION PRODUCES APPROPRIATE COLOITERAL MATERIALS FOR EACH PROJECT SO THAT VISITORS TO THE WEBSITE CAN FIND PRACTICAL TAKEAWAYS FROM EACH STUDY THESE MAY INCLUDE FACT SHEETS, POWERPOINT PRESENTATIONS, MINI-REPORTS, INFOGRAPHICS, ETC IN 2015, THE FOUNDATION DISTRIBUTED ALMOST 1300 COPIES OF TRAFFIC SAFETY EDUCATIONAL MATERIALS AT NO COST TO THE GENERAL PUBLIC. IN MANY CASES, LOCAL AND CLUBS ALSO CUSTOMIZE AND/OR DISTRIBUTE THESE MATERIALS TO THE MEMBERS THROUGH LOCAL. SAFETY EVENTS HAAD COPY EDUCATIONAL PRODUCTS OFFERED BY THE FOUNDATION INCLUDE BROCHURES, PAMPHLETS, DVDS, AND COMPUTER SOFTWARE ALL BROCHURES ARE ALSO OFFERED ELECTRONICALLY ONLINE FOR FREE, AND THE FOUNDATION OFFERS OTHER ONLINE EDUCATIONAL TOOLS, SUCH AS ROADWISE RX, FOR FREE AS WELL ADDITIONALLY, THE AAA FOUNDATION DISSEMINATES ITS RESEARCH FINDINGS AND SAFETY MESSAGING TO KEY STAKEHOLDERS AND THE GENERAL PUBLIC, WITH THE GOAL OF EFFECTING REAL-WORLD CHANGE IN 2015, FOUNDATION STAFF PRESENTED RESEARCH FINDINGS AT NUMEROUS CONFERENCES AND EVENTS, SUCH AS THE MEETINGS OF THE GOVERNORS HIGHWAY SAFETY ASSOCIATION, TAB, STATE INSURANCE TRADE ASSOCIATIONS, AND LIFESAWERS LAST YEAR ALSO SAW RECORD MEDIA COVERAGE OF FOUNDATION RESEARCH, WHICH INCREASED BY 182% OVER 2014, WITH AN ESTIMATED BROADCAST AUDIENCE OF OVER 485 MILLION IN ADDITION TO TARDITIONAL MEDIA, THE POUNDATION WEBSITE CONTINUES TO BE A CONSUMER-FRIENDLY, ONE-STOP SHOP FOR FOUNDATION RESEARCH, COLLATERAL MATERIALS, EDUCATIONAL PRODUCTS, AND MULTIMEDIA OFFERINGS ALL IN ALL, THE FOUNDATION MAINTAINS 5 WEBSITES WHOSE PAGES RECEIVED MORE THAN 860,000 VIEWS LAST YEAR 4C (CODE) (EXPENSES \$ 47,889 INcluding grants of \$) (REVENUE \$) (REVENUE \$) NOT THE PROPOSED TO GENERATING REVENUE IN MANY CASES, LOW-VOLUME REQULSTS THAT ARE OFFERED FOR SALE THROUGH ITS ONLINE STORE AS PREVIOUSLY NOTED, THESE INCLIDE REPORDINGS, AND COMPUTER PRODUCTS IN 2		FOUN STATE WORK RESE. YEAR TEEN HEALT AND I INFORMATION TO BEHA'S INFILL DRIVE MONT SUPPINGLOOF COGN COUN WINTER SESSITHE L	DATION'S 2015 WORK ES 2015, AND ADVANCE WAS COMPLETED ON ARCH INSTITUTIONS ONE MAY 2013- MAY 2015- MAY 201	INCLUDE COMPLETED 3 CING DRUGGED DRIVING I 15 STUDIES FUNDED AN 2014 TRAFFIC SAFETY CL 2014, USING NATURALIST SING NATURALISTIC DRIVI ER ADULTS A LONGROAD SENT PERSONAL ASSISTAN ELF-REGULATION OF DRIV N-VEHICLE TECHNOLOGIE O ADVANCED DRIVER ASS BILE COLLISIONS ANALYS SEARCH FINDINGS ARE US RIVER SAFETY WEEK, AND RIST OF AAA AND OTHER T ESAFETY COMMUNITIES N VAL STRATEGIES, CAMPAIN ATEMENT ON BEHALF OF T UID BE TOO IMPAIRED BY UIDDICIAL TRAINING FOR O EVALUATION OF TRUCK SA LEARNING, AND HIGHWA	IN-HOUSE STUD DATA AT THE ST D MANAGED BY LTURE INDEX, I IC DRIVING DAT NG DATA TO AS: STUDY, THE SN TS, MEASURING ING BY OLDER AS S A LONGROAD ISTANCE SYSTE ES OF WASHING ED TO SUPPOR DROWSY DRIVI RAFFIC SAFETY TS IN TRAFFIC S VE CONTINUED GNS WE ALSO P HE SCIENTIFIC FATIGUE TO DR ANIS FINALLY, IN FFENDERS, THE FETY TECHNOLLY Y INFRASTRUCT	IES TEEN CRASHES 1 FATE LEVEL SYNTHESI THE FOUNDATION AND DID THE GREAT RECES TA TO ASSESS THE PRE SESS VEHICLE-TO-VEH MARTPHONE AND THE I COGNITIVE DISTRACT ADULTS A LONGROAD TO STUDY, TELEMATICS, MS, CANNABIS USE AM TON STATE PATROL DA T NATIONAL PUBLIC AV TION STATE PATROL DA T NATIONAL PUBLIC AV TON STATE PATROL DA TON STATE TON S	994-2013, PREVALEN 5 OF BARRIERS AND 1 CONDUCTED AT LEA 1 CONDUCTED AT LEA VALENCE OF ENVIRO ICLE CRASHING INVO PRIVER'S COGNITIVE FION IN THE AUTOMO STUDY, KEEPING OLI ATA, AND CANNABIS VARENESS CAMPAIGN ATA, AND CANNABIS VARENESS CAMPAIGN ATHEY ARE ALSO US FIONS ALL OF THESE RESEARCH HAS ALSO DECADE OF ACTION IS ACTION IN THE LEVEL OF ACTIO	NCE OF SELF-REPORT EXPERT PANEL RECOIND ADING UNIVERSITIES. VERS OFF THE ROAD? WITH RECOIND ADING FLEET DRIVER WORKLOAD A COMPARISE WORKLOAD A COMPARISE WORKLOAD A COMPARISE WORKLOAD A COMPARISE DE CONNECTED VEHIOD RIVERS SUSPECTED BLOOD LEVELS IN ARFOLS, SUCH AS GLOBAL VEHIOD AS A CUTE AND A CUTE OF THE NATIONA CUTE SLEEP DEPRIVATIONAL CUTE SL	ED DROWSY DRIVI MMENDATIONS ADD AND OTHER ACADE (A MERICAN DRIVI MID DRIVER BEHAV.) SO OF DRIVING CESSA PARISON OF APPLE, SON OF 10 2015 IN EACH SAFELY A RESEAF OF DRIVING UNDER RESTED AND FATAL YOUTH TRAFFIC SACATIONAL MATERIA INTELY DESIGNED 1 IMPEROUS PARTNER ND ITS TOWARD ZEL SLEEP FOUNDATION BEYOND WHICH OLDERS TO DISCUES DRUGGED DRIVER DISTRACTION ATING THE IMPACT THE PROJECT OBJ	NG, UNITED DITIONALLY, EMIC NG SURVEY IORS IN ITION AND GOOGLE, I-VEHICLE RCH ERVIEW OF RITHE LY INJURED AFETY ALS, AND FO SHIPS IN ERO DEATHS ON TO CHILD THE VAST JSS IVING AT THE COF PARENT ECTIVES OF
EDUCATION ALL RESEARCH REPORTS AND FINDINGS PRODUCED BY THE AAA FOUNDATION ARE AVAILABLE ONLINE TO THE GENERAL PUBLIC, FREE OF CHARGE ADDITIONALLY, THE FOUNDATION PRODUCES APPROPRIATE COLOITERAL MATERIALS FOR EACH PROJECT SO THAT VISITORS TO THE WEBSITE CAN FIND PRACTICAL TAKEAWAYS FROM EACH STUDY THESE MAY INCLUDE FACT SHEETS, POWERPOINT PRESENTATIONS, MINI-REPORTS, INFOGRAPHICS, ETC IN 2015, THE FOUNDATION DISTRIBUTED ALMOST 1300 COPIES OF TRAFFIC SAFETY EDUCATIONAL MATERIALS AT NO COST TO THE GENERAL PUBLIC. IN MANY CASES, LOCAL AND CLUBS ALSO CUSTOMIZE AND/OR DISTRIBUTE THESE MATERIALS TO THE MEMBERS THROUGH LOCAL. SAFETY EVENTS HAAD COPY EDUCATIONAL PRODUCTS OFFERED BY THE FOUNDATION INCLUDE BROCHURES, PAMPHLETS, DVDS, AND COMPUTER SOFTWARE ALL BROCHURES ARE ALSO OFFERED ELECTRONICALLY ONLINE FOR FREE, AND THE FOUNDATION OFFERS OTHER ONLINE EDUCATIONAL TOOLS, SUCH AS ROADWISE RX, FOR FREE AS WELL ADDITIONALLY, THE AAA FOUNDATION DISSEMINATES ITS RESEARCH FINDINGS AND SAFETY MESSAGING TO KEY STAKEHOLDERS AND THE GENERAL PUBLIC, WITH THE GOAL OF EFFECTING REAL-WORLD CHANGE IN 2015, FOUNDATION STAFF PRESENTED RESEARCH FINDINGS AT NUMEROUS CONFERENCES AND EVENTS, SUCH AS THE MEETINGS OF THE GOVERNORS HIGHWAY SAFETY ASSOCIATION, TAB, STATE INSURANCE TRADE ASSOCIATIONS, AND LIFESAWERS LAST YEAR ALSO SAW RECORD MEDIA COVERAGE OF FOUNDATION RESEARCH, WHICH INCREASED BY 182% OVER 2014, WITH AN ESTIMATED BROADCAST AUDIENCE OF OVER 485 MILLION IN ADDITION TO TARDITIONAL MEDIA, THE POUNDATION WEBSITE CONTINUES TO BE A CONSUMER-FRIENDLY, ONE-STOP SHOP FOR FOUNDATION RESEARCH, COLLATERAL MATERIALS, EDUCATIONAL PRODUCTS, AND MULTIMEDIA OFFERINGS ALL IN ALL, THE FOUNDATION MAINTAINS 5 WEBSITES WHOSE PAGES RECEIVED MORE THAN 860,000 VIEWS LAST YEAR 4C (CODE) (EXPENSES \$ 47,889 INcluding grants of \$) (REVENUE \$) (REVENUE \$) NOT THE PROPOSED TO GENERATING REVENUE IN MANY CASES, LOW-VOLUME REQULSTS THAT ARE OFFERED FOR SALE THROUGH ITS ONLINE STORE AS PREVIOUSLY NOTED, THESE INCLIDE REPORDINGS, AND COMPUTER PRODUCTS IN 2	41.	(Code) (Eupopee d	227.620	unalludung grants of ¢) (Dayanya d	,	
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4d Other program services (Describe in Schedule O)		EDUC STOR PROD EXPEI THE F FOR I	ATIONAL PRODUCT SA E AS PREVIOUSLY NO UCT ORDERS THE FOU NSES AS OPPOSED TO FOUNDATION'S IN-HOU FREE ADDITIONALLY, RMATION INTO AS MAN	LES THE AAA FOUNDATION TED, THESE INCLUDE BROWN JUNDATION PRICES ITS PROMERATING REVENUE IN THE FOUNDATION ROUTING	ON HAS A FULL L ICHURES, PAMPI ODUCTS WELL B IN MANY CASES, IRT OF AN ONLII IELY OFFERS PR HE FOUNDATION	INEUP OF EDUCATION HLETS, DVDS, AND COI SELOW THE FOR-PROFI LOW-VOLUME REQUES NE OFFER WHEREBY FI OMOTIONAL DISCOUN	MPUTER PRODUCTS T MARKET FOR SIMI TS ARE FULFILLED FI IRST-TIME CUSTOME IS ON ITEMS, WITH T	ARE OFFERED FOR SA IN 2015, THE FOUND ILAR MATERIALS, WITH REE OF CHARGE, EITH ERS CAN ORDER UP TO THE OBJECTIVE OF GE	DATION FULFILLED (H COSTS INTENDED HER BY DISTRIBUTI O 4 PACKS OF BRO ETTING THIS EDUC	OVER 2,000 O TO COVER ION FROM ICHURES ATIONAL
		Othe	er program service	s (Describe in Schad	ule O N					

including grants of \$

6,243,261

(Expenses \$

Total program service expenses ▶

4e

Form **990** (2015)

) (Revenue \$

Part IV Checklist of Required Schedule
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			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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
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	
	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
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		Νo
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	Yes	
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 $11e^7$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
L	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No_
U	Part IV	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
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		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2015)

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this P					
					Yes	No
	· · · · · · · · · · · · · · · · · · ·	1a 1b	17			
	Did the organization comply with backup withholding rules for reportable payments to					
•	gaming (gambling) winnings to prize winners?			1c	Yes	
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	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal empl Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (loymen		2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during	the ye	ar?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sign over, a financial account in a foreign country (such as a bank account, securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ►CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	and Fi	nancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the ta	ax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	ax shel	ter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100 organization solicit any contributions that were not tax deductible as charitable contributions.			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that were not tax deductible?	at such	contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal propert					
	file Form 8282?	٠,٠		7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a pe	ersonal	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization required?		tion file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, Form 1098-C?	, dıd th • •	e organızatıon file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bus during the year?	siness l	noldings at any time			
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	,		8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or relat			9b		
10	Section 501(c)(7) organizations. Enter	·				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
	year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. Se	e the instructions for	13a		
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	13b				
		13c				_
	Did the organization receive any payments for indoor tanning services during the tax If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation of the services of the servic	•		14a 14b		No
	1. 100, has remed a room 720 to report these payments in 100, provide an explanati	111 3		, -TU	1	ı

	· · · ·	
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 10	ob belo	w,		
	describe the circumstances, processes, or changes in Schedule O. See instructions.			Œ		
Se	Check if Schedule O contains a response or note to any line in this Part VI	•	<u> </u>	~		
36	ction 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		Tes	No		
	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 1b 11					
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		No		
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			
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)		
			Yes	No		
0a	Did the organization have local chapters, branches, or affiliates?	10a		No		
b	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				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
			1			

	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

 AL , AK , CA , CT , FL , GA , IL , KS , MD , MA , MI , MN , MS , MO , NH , NJ , NY , NC , OR , PA , RI , SC , TN , UT , VA , WV, WI, AK, KY

16b

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 Own website Another's website V 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 financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►SUZANNE BENNETT 1000 AAA DR HEATHROW, FL 32746 (407) 444-7275

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)		x, unless n officer		x, unless n officer :rustee)		(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
(1) MARK H SHAW TRUSTEE	2 00	х						0	0	0	
(2) CHRIS M BAUER THRU 915 TRUSTEE	1 00	х						0	0	0	
(3) DENNIS J CROSSLEY THRU 515 TRUSTEE	1 00	х						0	0	0	
(4) ANTONIA HERNANDEZ THRU 515 TRUSTEE	1 00	х						0	0	0	
(5) VALERIE DANIELS-CARTER TRUSTEE	1 00	х						0	0	0	
(6) DON MAIN TRUSTEE	1 00	х						0	0	0	
(7) CAROL ORMOND TRUSTEE	1 00	х						0	0	0	
(8) MARK A SHAW TRUSTEE	1 00	х						0	0	0	
(9) CHARLES H PODOWSKI TRUSTEE	1 00	х						0	0	0	
(10) PAUL C PETRILLO CHAIRMAN	2 00			х				0	0	0	
(11) TOM MCKERNAN VICE CHAIRMAN	2 00			х				0	0	0	
(12) KATHLEEN BOWER ASSISTANT SECRETARY	1 00			х				0	0	0	
(13) KENNETH A JOHNSON TREASURER	2 00			х				0	0	0	
(14) JOHN G SCHAFFER THRU 515 ASSISTANT TREASURER	2 00			х				0	0	0	
										Form 990 (2015)	

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

(A) Name and Title		(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: th ar	checl x, unle n office rustee	ess er	compens from t organiza	Reportable ompensation from the organization	(E) Reportable compensation from related organizations		(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/10 MISC		(W- 2/1099- MISC)		organi and re organiz	lated
·	SUZANNE BENNETT	2 00			x					0		0		0
	GTANT TREASURER JOHN P KISSINGER	40 00					<u> </u>							
·	IDENT & CEO				Х					268,577		0		44,046
(17)	DONALD R GAGNON ETARY	2 00			х					0		0		0
(18)	JOHN E HOCH III MASTER, IT	40 00					х			111,041		0		35,704
	JUREK G GRABOWSKI CTOR, RESEARCH	40 00					х			134,897		0		29,355
1b	Sub-Total					<u> </u> ▶								
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		· 	•	•			514,515		0		:	109,105
2	Total number of individuals (including b \$100,000 of reportable compensation t	ut not limited to	those	liste	ed a	bove	e) who	rece	eıved more	than				
													Yes	No
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>							r hıg •	hest comp	ensate • •	d employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual										om the	4	Yes	
5	Did any person listed on line $1a$ receive services rendered to the organization? I										ndıvıdual for	5		No
Se	ection B. Independent Contracto	rs												
1	Complete this table for your five highes compensation from the organization Re	port compensa									the organization			
		(A) usiness address							1	Description	(B) on of services	_	(C Comper	
												1		
												\pm		

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 V	/	Statement o						_
		Check if Schedi	ule O contains a respon	ise or note to any lin	(A)	(B)	(C)	 (D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
						revenue		512-514
10	1a	Federated cam	paigns 1a					
Grants mounts	۱ .	Membership du	es 1b					
<u> </u>	Ь	•						
ons, Gifts, Grants Similar Amounts	С	Fundraising eve	ents 1c					
Gifts, iilar Ai	d	Related organiz	zations 1d					
છં ≝		Government grants						
ıs,	e	Government grant	s (contributions) 1e					
Contributions, and Other Sim	f	All other contributed similar amounts no	ons, gifts, grants, and 1f	6,269,594				
Contributic and Other								
Ēρ	g	1a-1f \$	ons included in lines					
ŭ pu	h	Total. Add lines	s 1 a - 1 f		6,269,594			
C				•				
<u> 99</u>				Business Code				
E E	2a							
Program Serwce Revenue	ь							
<u>,</u>	l c							
ž	d							
33								
Ē	e							
Ē	f	All other progra	am service revenue					
Š	g	Total Add lines	s 2a-2f					
	3							
			ome (including dividend ar amounts)		382,864			382,864
	4		stment of tax-exempt bond p	<u> </u>				
	5							
		Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) Personal				
	Oa	GIOSS TEIRS						
	ь	Less rental						
	_c	expenses Rental income						
	`	or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	1,015,191					
		assets other	1,013,191					
		than inventory						
	ь	Less cost or						
		other basis and	926,837					
	l c	sales expenses Gaın or (loss)	88,354					
	d		ss)		88,354			88,354
4.			г		,			
Other Revenue	Oa	Gross income f events (not inc						
₹		\$						
ě		of contributions	reported on line 1c)					
<u>.</u>		See Part IV, lin						
je Pe	_		a					
ō	l		penses b					
			loss) from fundraising () ت	events 🕦				
	9a		rom gaming activities					
		see Part IV, lin	ne 19 a l					
	.	اال	ŀ					
	l		penses b	uties				
			(loss) from gaming activ	/iues				
	TOB	Gross sales of returns and allo						
			a a	26,515				
	ь	less costofa	oods sold b	·				
			(loss) from sales of inve	35,039	-8,524	-8,524		
	⊢	Miscellaneous		Business Code	0,321	0,321		<u> </u>
	11-			900099	11,342	11,342		
		OTHER INCOM	1 E	900059	11,342	11,342		
	Ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	44.545			
	12	Total roverus	See Instructions	. }	11,342			

Form 990 (2015) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			٦
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	10,500	10,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	275,693	248,123	13,785	13,785
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	610,187	528,408	64,936	16,843
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	13,759		13,759	
9	Other employee benefits	150,752	132,144	13,396	5,212
10	Payroll taxes	54,382	47,669	4,833	1,880
11	Fees for services (non-employees)				
а	Management				
b	Legal	50,453		50,453	
C	Accounting	20,447		20,447	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	10,000		10,000	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,000	5,000		
12	Advertising and promotion				
13	Office expenses	10,708	9,311	862	535
14	Information technology	2,679		2,679	
15	Royalties				
16	Occupancy				
17	Travel	84,237	75,106	9,131	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,099		8,099	
23	Insurance				
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)				
а	SENIOR PROSPECTIVE COHO	2,549,244	2,549,244		
b	COGNITIVE & VISUAL WORK	689,500	689,500		
c	EXPOSURE STUDY	375,000	375,000		
d	DROWSINESS & DISTRACTIO	221,140	221,140		
е	All other expenses	1,371,948	1,352,116	2,078	17,754
25	Total functional expenses. Add lines 1 through 24e	6,513,728	6,243,261	214,458	56,009
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lin			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			996,911	1	819,912
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			310,088	3	1,268,536
	4	Accounts receivable, net				4	
ussels	5	Loans and other receivables from current and former office		rectors trustees.		-	
	_	key employees, and highest compensated employees Co					
						5	
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instance). If of Schedule L					
						6	
î	7	Notes and loans receivable, net				7	
_	8	Inventories for sale or use			53,544	8	49,340
	9	Prepaid expenses and deferred charges			1,326	9	1,432
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	230,699			
	b	Less accumulated depreciation	10b	212,879	14,015	10 c	17,820
	11	Investments—publicly traded securities			18,188,966	11	17,977,424
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			19,564,850	16	20,134,464
	17	Accounts payable and accrued expenses			1,500,285	17	2,708,976
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
LIADIIIIIES	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis					
♬│		persons Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parties,			
		· · · · · · · · · · · · · · · · · · · ·			193,643	25	207,402
	26	Total liabilities.Add lines 17 through 25			1,693,928	26	2,916,378
,		Organizations that follow SFAS 117 (ASC 958), check he	re ► 🔽	and complete			
		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			11,194,531	27	10,545,970
i	28	Temporarily restricted net assets			137,744	28	133,469
	29	Permanently restricted net assets			6,538,647	29	6,538,647
5		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	eck he	re ► and			
1 5126	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 o	ther fu	nds		32	
إ إ	33	Total net assets or fund balances			17,870,922	33	17,218,086
-	34	Total liabilities and net assets/fund balances			19,564,850	34	20,134,464

- 01111	750 (2013)				aye 12
Par	Reconcilliation 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		6,7	743,630
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5	513,728
3	Revenue less expenses Subtract line 2 from line 1	3		2	29,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		17,8	370,922
5	Net unrealized gains (losses) on investments	5		- {	382,738
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			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17,2	218,086
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	Yes	. ア No
1	Accounting method used to prepare the Form 990			res	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversity of the audit, review, or compilation of its financial statements and selection of an independent accountain	t?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?		За		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		

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As Filed Data -

DLN: 93493102006116

OMB No 1545-0047

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.

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

Open to Public Inspection

		he organization					Employer identifica	ation number
AAA F	OUNDA	TION FOR TRAFFIC SAFETY					52-0794368	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this n		ns
		zation is not a private fo		` 5				
1	J. ga	A church, convention			= -			
2	<u>'</u>	A school described in						
3	<u>'</u>	A hospital or a cooper						
	<u> </u>	A medical research or) Entartha
4	ı	hospital's name, city,	-	erated in conjunction v	vitri a nospitai c	iescribed in sec	tion 170(b)(1)(A)(iii). Enter the
5	Γ		ated for the be	nefit of a college or un	iversity owned	or operated by	a governmental unit c	described in section
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
	•	described in section 1				J	-	•
8	Г	A community trust de	scribed in sec l	tion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Г			ves (1) more than 33				
				ts exempt functions—s				
				unrelated business ta: see section 509(a)(2).			tax) from businesse	es acquired by the
10	Г	An organization organ					509(a)(4).	
11	<u></u>	An organization organ						ut the nurnoses of
	'	one or more publicly s						
		the box in lines 11a th						
а	Г	Type I. A supporting of						
		supported organization				ty of the directo	ors or trustees of the	supporting
ь	\vdash	organization You mus Type II. A supporting				with its sunnoi	ted organization(s) h	ov having control or
•	,	management of the su	-	· · · · ·			=	-
		must complete Part I					9 - - - - - · · · · ·	
C	\sqcap	Type III functionally						grated with, its
_	_	supported organization						
d	ļ	Type III non-function						
		not functionally integr (see instructions) Yo					illelit allu all attelltiv	eness requirement
е	Г	Check this box if the o					a Type I, Type II, T	ype III functionally
	·	integrated, or Type II					,, , ,, ,	,,
f	Ente	r the number of support	ed organizatio	ns			<u> </u>	
g		Provide the following i	nformation ab	out the supported orga	inization(s)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization	(,	Type of	Is the orga		A mount of	A mount of other
				organization	listed in your	governing	monetary support	support (see
				(described on lines	docume	ent?	(see instructions)	instructions)
				1-9 above (see				
				ınstructions))				
					Voc	N-		
					Yes	No		
Tota	I							

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 2,343,062 3,079,848 3,937,272 4,955,860 6,269,594 20,585,636 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,343,062 3,079,848 3,937,272 4,955,860 6,269,594 20,585,636 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 6,773,606 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 13,812,030 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 2,343,062 3,079,848 3,937,272 4,955,860 6,269,594 20,585,636 Amounts from line 4 Gross income from interest. dividends, payments received on 422,226 433,505 489,656 569,325 382,864 2,297,576 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 6,689 117,058 12,313 126,194 11,342 273,596 capital assets (Explain in Part VI) Total support. Add lines 7 23,156,808 through 10 12 Gross receipts from related activities, etc (see instructions) 12 261,663 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 59 650 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 69 380 % 16a 33 1/3% support test - 2015. 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 - 2014. 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 – 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \vdash organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts And Circumstances Test	

Return Reference	Explanation
	FUNDRAISING EVENTS - 2012 AMOUNT \$ 109,765 2014 AMOUNT \$ 115,488 OTHER INCOME - 2011 AMOUNT \$ 6,689 2012 AMOUNT \$ 7,293 2013 AMOUNT \$ 12,313 2014
	AMOUNT \$ 10,706 2015 AMOUNT \$ 11,342

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493102006116

OMB No 1545-0047

SCHEDULE D

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

Supplemental Financial Statements

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

lame of the organization AA FOUNDATION FOR TRAFFIC SAFETY		Empl	oyer identification number
			794368
	or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	red ∀es
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
art II Conservation Easements. Comp	lete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., reconstruction). Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	reation or education)	certified	cally important land area I historic structure of a conservation
,,,,,,			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem	nents	2b	
Number of conservation easements on a certifie	d historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Register		2d	
Number of conservation easements modified, tratax year ▶	ansferred, released, extinguished, or terminat	ed by the	e organization during the
Number of states where property subject to con	servation easement is located ►		
Does the organization have a written policy rega violations, and enforcement of the conservation		ndling of	┌ Yes
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enforc	ing cons	servation easements during the
^			A
A mount of expenses incurred in monitoring, insp	becung, nandling of violations, and enforcing (onserva	tion easements during the year
► \$ Does each conservation easement reported on (B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financia		
rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
	red "Yes" on Form 990, Part IV, line 8.		
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	ir assets held for public exhibition, education	, or resea	arch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating t	er assets held for public exhibition, education		
(i) Revenue included on Form 990, Part VIII, line		► \$	
ii) Assets included in Form 990, Part X			
If the organization received or held works of art, following amounts required to be reported under		for financ	
Revenue included on Form 990, Part VIII, line :	1		▶ - \$

b Assets included in Form 990, Part X

Part	111	Organizations Maintaining (continued)	Collections of	Art, His	stori	cal 1	Γreas	ures,	or Ot	her Sim	ilar A	sse	ts	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other re	cords, cl	heck a	·		_		_	cant us	e of	ıts	
а	┌ P	ublic exhibition		d	Г	Loar	norex	change	progra	ms				
b	┌ s	cholarly research		e	Γ	Oth	er							
c	┌ P	reservation for future generations												
4	Provid Part X	de a description of the organization (III	s collections and ex	kplaın ho	w they	/ furth	ner the	organız	atıon's	exempt p	ourpose	ın		
5		g the year, did the organization sol s to be sold to raise funds rather th								sımılar	┌ Yes	Г	- No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form	990,	Part	IV, lı	ne 9, o	r repo	rted an	amour	nt or	ı Forn	n 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other inte	rmediary	for co	ontrib	outions	or othe	rasse	ts not	┌ Yes	Γ	- No	
b	If"	Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing	g tabl	le				Am	ount		
c	Beg	ginning balance							1c					
d	Add	ditions during the year							1d					
e	Dis	tributions during the year							1e					
f		ding balance							1f					
2a		ie organization include an amount o	on Form 990. Part X.	. lıne 21.	for es	crow	orcus	todial a	ccount	liability?	┌ Yes	Г	- No	
			, , , , , , , , , , , , , , , , , , , ,	,						,	,	ĺ		
b	If"Ye	s," explain the arrangement in Part	t XIII Check here ıf	the expl	anatio	n has	s been	provide	d ın Pa	rt XIII .				Γ
Pai	rt V	Endowment Funds. Comple	ete ıf the organıza	tion ans	swere	ed "Y	es" to	Form	990, F	art IV, l	ine 10			
			(a)Current year	(b) Pn	or year		b (c) Tv	vo years l	oack (c	I) Three yea	rs back	(e)	Four ye	ars back
1a	Begin	ning of year balance	9,568,647		9,568	,647		9,568	,647	9,	568,647			9,561,958
b	Contr	ributions	4,170,000											6,689
c	Net ir losse:	vestment earnings, gains, and s	-143,443		248	,828		1,018	,596		873,159			
d	Grant	s or scholarships												
e		r expenditures for facilities rograms	-143,443		248	,828		1,018	,596		873,159			
f	A dmı	nistrative expenses												
g	End o	f year balance	13,738,647		9,568	,647		9,568	,647	9,	568,647		i	9,568,647
2	Provid	de the estimated percentage of the	current year end ba	lance (lır	ne 1g,	colu	mn (a)) held as	5					
а	Board	designated or quasi-endowment 🕨	52 410 %											
b	Perma	anent endowment 🕨 47 590 %												
c		orarily restricted endowment Feercentages on lines 2a, 2b, and 2c	should equal 100%											
За		nere endowment funds not in the po ization by	ssession of the orga	ınızatıon	that a	re he	eld and	admınıs	stered	for the		[Yes	No
	(i) un	related organizations									3a	ı(i)		No
		lated organizations										(ii)		No
		s" on 3a(II), are the related organiz					۲,				3	3b		
4		ribe in Part XIII the intended uses		endowm	nent fu	inds								
Par	t VI	Land, Buildings, and Equip Complete if the organization		Form 9	90. P	art I	V. lin	e 11a.9	See Fo	rm 990.	Part X	C. lın	e 10.	
		Description of property	41101101104 100 10		Cost or	(a)	basis	(b) Cost or ot	her bası	Acc	umulated preciation			ok value
1a	Land				(mve	Junen	1	(00	ici /			\dashv		
	Lanu Buildin			· · ⊢			+					+		
		gs		· ·			+			+		+		
		nent					$\overline{}$		202,699	,	184,8	379		17,820
				. ⊢			+		28,000		28,0			17,820

See Form 990, Part X, line 12.			
(a) Description of security or categon (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market value
1)Financial derivatives			
2)Closely-held equity interests			
3) 0 ther			
			+
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12,	, P		
Part VIII Investments—Program Related			
Complete if the organization answer	red 'Yes' on Form 990, I	Part IV, line 11c. $_{S\epsilon}$	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	000 B + TV +	
TAY Other Assets C			11d See Form 990 Part X line 15
		in 990, Part IV, inie	
	ation answered 'Yes' on For scription	m 990, Part IV, line	(b) Book value
		m 990, Fait IV, ille	
		in 990, Part IV, line	
		m 990, Part IV, me	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
		in 990, Part IV, line	
(a) De	scription		(b) Book value
(a) De	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lu Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lu Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes	ne 15.)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15.) organization answered '\ (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) III Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15.) organization answered '\ (b) Book value		(b) Book value

6,513,728

A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments				
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	Part		per Re	turn
A Net unrealized gains (losses) on investments	1	Total revenue, gains, and other support per audited financial statements	1	6,674,851
b Donated services and use of facilities 2b 778,920 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIII) 2d 35,039 e Add lines 2a through 2d 2e -68,7 3 Subtract line 2e from line 1 3 6,743,6 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Other (Describe in Part XIII) 4b 4c 5 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) 5 6,743,6 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 7,327,6 Part XII Reconciliation of Expenses per Audited financial statements 1 7,327,6 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 778,920 a Donated services and use of facilities 2a 778,920 b	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants	а	Net unrealized gains (losses) on investments 2a -882,738		
d Other (Describe in Part XIII)	b	Donated services and use of facilities		
Add lines 2a through 2d	С	Recoveries of prior year grants		
3 6,743,6 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	d	Other (Describe in Part XIII)		
A mounts 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)	e	Add lines 2a through 2d	2e	-68,779
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 4b 4c 4c 4c 4c 4c 4c	3	Subtract line 2e from line 1	3	6,743,630
b Other (Describe in Part XIII)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	b	Other (Describe in Part XIII)		
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	0
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,743,630
Total expenses and losses per audited financial statements	Part		s per l	Return.
a Donated services and use of facilities	1		1	7,327,687
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 A mounts included on Form 990, Part IX, line 25, but not on line 1:	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses	а	Donated services and use of facilities		
d Other (Describe in Part XIII)	b	Prior year adjustments		
e Add lines 2a through 2d	c	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII)		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	e	Add lines 2a through 2d	2e	813,959
taran da antara da a	3	Subtract line 2e from line 1	3	6,513,728
a Investment expenses not included on Form 990 Part VIII line 7h	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
investment expenses not included on Form 550, Fait VIII, fine 70 i i i i i i ii	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)	b	Other (Describe in Part XIII)		
c Add lines 4a and 4b	c	Add lines 4a and 4b	4c	0

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Return Reference	Explanation
PART V, LINE 4	CONTRIBUTIONS TO THE ENDOWMENT FUND ARE SUBJECT TO DONOR RESTRICTIONS THAT STIPULATE THE ORIGINAL PRINCIPAL OF THE GIFT IS TO BE HELD AND INVESTED BY THE FOUNDATION INDEFINITELY INCOME FROM THE FUND MAY BE EXPENDED TO FUND THE FOUNDATION'S GENERAL OPERATIONS AND VARIOUS PROGRAMS THE FOUNDATION BOARD SPECIFIES A SPENDING RATE POLICY THAT AUTHORIZES SPENDING A PORTION OF THE INVESTMENT INCOME GENERATED BY THE ENDOWMENT FUND EACH YEAR FOR RESEARCH PROJECTS, PUBLIC OUTREACH, AND EDUCATIONAL EFFORTS
PART X, LINE 2	THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION FILES INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO US FEDERAL INCOME TAX EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES REPORTED AGAINST REVENUES 35,039
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES REPORTED AGAINST REVENUES 35,039

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102006116

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

	e of the organization	A				Employer ident i	fication number
AAA	FOUNDATION FOR TRAFFIC SA	AFETY				52-0794368	
Pa	rt I General Information Complete if the organ				14b.		
1	For grantmakers. Does the dand other assistance, the grants or a used to award the grants or a	ntees' eligibil	ity for the grai	nts or assistance, and	the sele	ction criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United	d States.			_	_	s and other
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is nee	eded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of ee(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN DRAKE CAPITAL OFFSHORE PARTNERS II, L P			1,962,926
(2)							
(3)							
(4)							
(5)							
3a	Sub-total	0	0				1,962,926
b	Total from continuation sheets to Part I	0	0				0

c Totals (add lines 3a and 3b)

1,962,926

Schedule F (Form 990) 2015

Comple		tion answered "Ye	nizations or Entitic es" to Form 990, Par			eived more than \$5	5,000. Part II can be	duplicated if
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)								
(2)								
(3)								
(4)								
			ted above that are re e or counsel has pro					l
3 Enter total nu	umber of other or	ganızatıons or en	itities				•	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							, ,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				I .			

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	্	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	모	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	V	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	ন	No

Schedule F (Form 990) 2015

Additional Data

Software ID: **Software Version:**

EIN: 52-0794368

Name: AAA FOUNDATION FOR TRAFFIC SAFETY

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

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

DLN: 93493102006116

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public Inspection

Internal Revenue Service Name of the organization AAA FOUNDATION FOR TRAFFIC SAFETY

Employer identification number

52-0794368

- 6	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νο
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		

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 on 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-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JOHN P KISSINGER PRESIDENT & CEO	(i)	261,360	0	7,217	25,105	18,941	312,623	0	
	(ii)	0	0	0	0	0	0	0	
2 JUREK G GRABOWSKI DIRECTOR, RESEARCH	(i)	134,105	0	792	14,185	15,170	164,252	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

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

Schedule J (Form 990) 2015

DLN: 93493102006116

SCHEDULE 0 (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 990-EZ 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

2015

Open to Public Inspection

52-0794368	Name of the organization AAA FOUNDATION FOR TRAFFIC SAFETY	Employer identification number
	ANA FOUNDATION FOR TRAFFIC SAFETY	52-0794368

000	Calaadada	O C		Information
990	Scheaule	O. Subbi	ementai	intormation

Return Reference	upplemental Information Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF MEMBERS AND THEIR RIGHTS IN ACCORDANCE WITH OUR BY-LAWS, THE AAA BOARD MAY SELECT UP TO 4 TRUSTEES TO THE FOUNDATION'S BOARD OF TRUSTEES EACH YEAR IN ADDITION, AAA HAS 2 EXOFFICIO POSITIONS ON THE FOUNDATION'S BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE FOUNDATION'S AUDIT COMMITTEE AND BOARD OF TRUSTEES PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICT OF INTEREST POLICY ANNUALLY THE BOARD OF TRUSTEES, COMMITTEES, AND THE AAA FOUNDATION FOR TRAFFIC SAFETY ASSOCIATES ARE ASKED TO READ THE FOUNDATION'S POLICY ON POTENTIAL CONFLICTS OF INTEREST AND EXECUTE A FORM SIGNIFY ING THEY HAVE IDENTIFY IN GANY POSSIBLE CONFLICT OF INTEREST THE FOUNDATION PRESIDENT AND CEO, AND SENIOR FOUNDATION MANAGERS KEEP THIS POLICY IN MIND WHEN ALL POTENTIAL CONTRACTS ARE BEING NEGOTIATED THE PROCESS IS OVERSEEN BY INDEPENDENT AUDIT TEAM
FORM 990, PART VI, SECTION B, LINE 15	A COMPREHENSIVE STUDY OF COMPENSATION AND BENEFITS WAS CONDUCTED BY THE MERCER COMPANY IN 2014 WAS USED TO BENCHMARK THE PRESIDENT & CEO'S COMPENSATION, ALONG WITH ALL ASSOCIATES THE FOUNDATION'S ADMINISTRATIVE COMMITTEE HAS FORMALIZED THE PROCESS BY WHICH PRESIDENT & CEO'S PERFORMANCE IS MEASURED AND COMPENSATION ESTABLISHED THAT NEW PROCESS WAS INSTITUTE D IN APRIL OF 2015
FORM 990, PART VI, SECTION C, LINE 18	COPIES OF FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST & ON THE AAA FOUNDATION FOR TRAFFIC SAFETY'S WEBPAGE.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNANCE DOCUMENTS AVAILABILITY IS NOTED ON THE AAA FOUNDATION FOR TRAFFIC SAFETY'S WEBP AGE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D)
FORM 990, PART IX, LINE 24E	RR DRIVING CHECK LIPS PROCRAM SERVICE EXPENSES 178, 164 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 178, 164 WESTAT-ACCELERATING DRIVER EXP PROGRAM SERVICE EXPENSES 144,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 144,000 CANNABIS - WASHINGTON PROGRAM SERVICE EXPENSES 138, 347 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 138, 347 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 138, 347 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 138, 347 MANAGEMENT AND EXPENSES 0 TOTAL EXPENSES 125, 245 DRIVER ASSISTANCE TECHNOLOGY PROGRAM SERVICE EXPENSES 0 EXPENSES 0 TOTAL EXPENSES 125, 245 DRIVER ASSISTANCE TECHNOLOGY PROGRAM SERVICE EXPENSES 112, 0 41 ACCELERATING TEEN DRIVER LEARNING PROGRAM SERVICE EXPENSES 0 TOTAL EXPENSES 112, 0 41 ACCELERATING TEEN DRIVER LEARNING PROGRAM SERVICE EXPENSES 104, 179 TEEN DRIVERAL EXPENSES 112, 0 41 ACCELERATING TEEN DRIVER LEARNING PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 SO TOTAL EXPENSES 100,500 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 SO TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 85,332 EXPENSES 0 SO TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 85,332 EXPENSES 0 SO TOTAL EXPENSES 0 FUNDRAISING EXPENSES 80,211 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 80,211 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 80,211 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 80,211 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 80,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR