

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2011**

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning , and ending**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization  <div style="text-align: center;"><b>AAA Foundation for Traffic Safety</b></div>                 Doing Business As                  Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>607 14th Street NW 201</b>                  City or town, state or country, and ZIP + 4  <b>Washington DC 20005</b></p> <p><b>D</b> Employer identification number  <div style="text-align: center;"><b>52-0794368</b></div></p> <p><b>E</b> Telephone number  <div style="text-align: center;"><b>202-638-5944</b></div></p> <p><b>F</b> Name and address of principal officer:  <b>JOHN P KISSINGER</b>  <b>607 14th Street NW, Suite 201</b>  <b>Washington DC 20005</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. (see instructions)</p> <p><b>G</b> Gross receipts \$ <b>7,306,361</b></p> <p><b>H(c)</b> Group exemption number <b>u</b></p>	
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: <b>u www.aaafits.org</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b></p>		<p><b>L</b> Year of formation: <b>1947</b> <b>M</b> State of legal domicile: <b>DC</b></p>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities:  <b>The Foundation conducts or funds research and develops educational materials to enhance traffic study.</b></p> <p><b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3 38</b></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4 38</b></p> <p><b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) <b>5 10</b></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <b>6 100</b></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a 0</b></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b 0</b></p>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,546,696</td> <td style="text-align: right;">2,343,062</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">328,303</td> <td style="text-align: right;">708,619</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">136,231</td> <td style="text-align: right;">26,781</td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">3,011,230</td> <td style="text-align: right;">3,078,462</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	2,546,696	2,343,062	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	328,303	708,619	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,231	26,781	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,011,230	3,078,462							
	Prior Year	Current Year																								
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,546,696	2,343,062																								
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0																								
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	328,303	708,619																								
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,231	26,781																								
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,011,230	3,078,462																								
<b>Expenses</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">483,718</td> <td style="text-align: right;">273,039</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">963,524</td> <td style="text-align: right;">1,124,277</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 96,572</b></td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">1,366,150</td> <td style="text-align: right;">1,549,154</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">2,813,392</td> <td style="text-align: right;">2,946,470</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">197,838</td> <td style="text-align: right;">131,992</td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	483,718	273,039	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	963,524	1,124,277	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 96,572</b>			<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,366,150	1,549,154	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,813,392	2,946,470	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	197,838	131,992	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	483,718	273,039																								
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0																								
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	963,524	1,124,277																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0																								
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 96,572</b>																										
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,366,150	1,549,154																								
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,813,392	2,946,470																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	197,838	131,992																								
<b>Net Assets or Fund Balances</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td style="text-align: right;">13,526,900</td> <td style="text-align: right;">12,748,228</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td style="text-align: right;">357,294</td> <td style="text-align: right;">644,839</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">13,169,606</td> <td style="text-align: right;">12,103,389</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	13,526,900	12,748,228	<b>21</b> Total liabilities (Part X, line 26)	357,294	644,839	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,169,606	12,103,389													
	Beginning of Current Year	End of Year																								
<b>20</b> Total assets (Part X, line 16)	13,526,900	12,748,228																								
<b>21</b> Total liabilities (Part X, line 26)	357,294	644,839																								
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,169,606	12,103,389																								

**Part II Signature Block**

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

<b>Sign Here</b>	<p>Signature of officer  <b>JOHN P KISSINGER</b>                  Type or print name and title</p>	<p>Date  <b>PRESIDENT CEO</b></p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name  <b>Allen P. DeLeon, CPA</b></p> <p>Firm's name } <b>DeLeon &amp; Stang, CPA's</b>                  Firm's address } <b>100 Lakeforest Blvd Ste 650 Gaithersburg, MD 20877-2609</b></p>	<p>Preparer's signature  <b>Allen P. DeLeon, CPA</b></p> <p>Date  <b>03/27/12</b></p> <p>Check <input type="checkbox"/> if PTIN self-employed <b>P00256516</b></p> <p>Firm's EIN } <b>52-1373858</b>                  Phone no. <b>301-948-9825</b></p>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**AAA Foundation for Traffic Safety**

Employer identification number

**52-0794368**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,717,844	4,281,818	3,908,956	2,547,196	2,349,751	17,805,565
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4,717,844	4,281,818	3,908,956	2,547,196	2,349,751	17,805,565
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,536,979
<b>6</b> Public support. Subtract line 5 from line 4						15,268,586

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	4,717,844	4,281,818	3,908,956	2,547,196	2,349,751	17,805,565
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164,258	265,590	330,932	330,775	422,226	1,513,781
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	545,619	-407,941		-2,472	286,393	421,599
<b>11 Total support.</b> Add lines 7 through 10						19,740,945
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	114,263
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	77.34 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	76.01 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Part II, Line 10 - Other Income Detail**

**Gain from sale of securities** \$ **421,599**

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2011**

**Name of the organization**

**Employer identification number**

AAA Foundation for Traffic Safety

52-0794368

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

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

Name of organization <b>AAA Foundation for Traffic Safety</b>	Employer identification number <b>52-0794368</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AAA SOUTHERN NEW ENGLAND MEMBERS 110 ROYAL LITTLE DRIVE PROVIDENCE RI 02904	\$ 564,587	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AUTOMOBILE CLUB OF NEW YORK MEMBERS 1415 KELLUM PLACE GARDEN CITY NY 11530	\$ 344,791	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	AAA WESTERN & CENTRAL NEW YORK MEMEB 100 INTERNATIONAL DRIVE BUFFALO NY 14221	\$ 155,768	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	AAA MERRIMACK VALLEY 49 ORCHARD HILL ROAD NORTH ANDOVER MA 01845	\$ 49,312	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AAA Mid-Atlantic One River Place Wilmington DE 19801	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	AAA EAST CENTRAL 5900 Baum Blvd Pittsburgh PA 15206	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AAA Foundation for Traffic Safety</b>	Employer identification number <b>52-0794368</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AAA AUTO CLUB SOUTH 1515 N. WESTSHORE BOULEVARD TAMPA FL 33607	\$ 59,856	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	AAA NATIONAL 1000 AAA DRIVE HEATHROW FL 32746	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	AAA Arizona 2375 E.Camelback Rd Suite 500 Phoenix AZ 85016	\$ 100,695	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CAA National Office 500-1545 Carling Avenue Ottawa ON K1Z8P9	\$ 57,483	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	AAA Northern California, Nevada Utah 1900 Powell Street Suite #1200 Emeryville CA 94608	\$ 51,893	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Auto Club Enterprises 3333 Fairview Rd Costa Mesa CA 92626	\$ 135,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

AAA Foundation for Traffic Safety

52-0794368

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: u \$, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	9,562,258	9,494,290	9,470,435		
b Contributions .....	6,689	67,668	23,855		
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....	9,568,947	9,561,958	9,494,290		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** ..... %
  - b Permanent endowment **u** ..... %
  - c Temporarily restricted endowment **u** ..... %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations .....   |     | X  |
| (ii) related organizations .....  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		205,350	182,845	22,505
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....			<b>u</b>	<b>22,505</b>

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>Accrued pensions and other liability</b>	<b>249,918</b>	
(3) <b>Unamortized endowment contribution</b>		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 249,918</b>	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 3,078,462
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 2,946,470
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 131,992
4	Net unrealized gains (losses) on investments	4 -1,198,209
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9 -1,198,209
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 -1,066,217

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1 2,194,935
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -1,198,209
b	Donated services and use of facilities	2b 227,200
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 87,482
e	Add lines 2a through 2d	2e -883,527
3	Subtract line 2e from line 1	3 3,078,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,078,462

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1 3,261,152
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 227,200
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 87,482
e	Add lines 2a through 2d	2e 314,682
3	Subtract line 2e from line 1	3 2,946,470
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,946,470

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

<b>Part XI, Line 8 - Reconciliation of Changes - Other</b>		
COST OF SALES		\$ 87,482
COST OF SALES		\$ -87,482

<b>Part XII, Line 2d - Revenue Amounts Included in Financials - Other</b>		
COST OF SALES		\$ 87,482

**Part XIV Supplemental Information** (continued)

**Part XIII, Line 2d - Expense Amounts Included in Financials - Other**

**COST OF SALES** \$ **87,482**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

u Attach to Form 990. u See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**AAA Foundation for Traffic Safety**

Employer identification number

**52-0794368**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total					
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**u** Attach to Form 990.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**AAA Foundation for Traffic Safety**

Employer identification number

**52-0794368**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed **u**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u** \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table **u** \_\_\_\_\_

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

**AAA Foundation for Traffic Safety**

Employer identification number

**52-0794368**

**Part I Questions Regarding Compensation**

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Employer identification number

52-0794368

AAA Foundation for Traffic Safety

**Form 990 - Additional Information**

AAA Foundation provides the Foundation free office space that is reported on the Foundation's Financials in the amount of \$227,200.00.

Prime Buchholz provides free (pro bono) financial advice and guidance.

**Form 990, Part I, Line 6**

Numerous individuals volunteer their time to the foundation to serve on foundation governance committees and technical project oversight committees or panels.

**Form 990, Part III, Line 4a - First Accomplishment**

from these studies were used to support our third Heads Up Driving Week (HUDW) campaign, AAA and AAA Foundation materials, and were featured on a number of national media organizations.

Released two teen studies Transition to Unsupervised Driving and Measuring Changes in Teenage Driver Crash Characteristics during the Early Months of Driving in recognition of Teen Driver Safety Week.

Partnered with the National Sleep Foundation to release a study to bring greater awareness to this important traffic safety issue during Drowsy Driving Prevention Week.

Partnered with Western Transportation Institute for the third year in a row to co-host the National Rural Summit on Traffic Safety Culture. The summit again brought together a cross section of the transportation community to discuss the impact traffic safety has on public attitudes and behaviors

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

with regard to safety.

Collaborated with DOT and the traffic safety community on such initiatives as a National Strategic Highway Safety Plan: Toward Zero Deaths, the United Nation's Decade of Action for Road Safety, and the new TRB Sub-Committee on Safety Culture.

Continued to develop usRAP; notably, completing the training and certification of Utah and completing a project in Kane County, IL that will further demonstrate the utility of the program's "safety investment plans" to county governments.

Initiated a study to validate the utility of brain retraining software that could be used to reduce the crash risks for young drivers during their first six months of independent driving.

Form 990, Part III, Line 4b - Second Accomplishment

Foundation's President made over 17 presentations to events organized by the traffic safety community. In 2011, the Foundation received coverage in over 2,750 articles and reached an audience of more than 1.2 billion people.

As an additional public service, the AAA Foundation has continued to promote the importance of various traffic safety issues via social media, including Youtube, Facebook, and Twitter. The Foundation also continues to host a blog with the goal of promoting increased awareness and discussion about traffic safety issues on our roads. The Foundation continued to offer a free online screening tool, Roadwise Review, which allows seniors to test their driving skills in the privacy of their own home, and expanded the Older Driver Licensing Policies and Practices database to include

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Canadian provinces. Overall the Foundation maintains 5 websites whose pages received over 640,000 views last year.

Form 990, Part III, Line 4c - Third Accomplishment

market for similar materials.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

In accordance with our By-laws, the AAA Board may appoint up to 4 Trustees to the Foundation's Board of Trustees each year. In addition, AAA has two ex-officio positions on the on the Foundation's Board of Trustees.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

Donald R. Gagnon

One River Place

Wilmington, DE 19801

Chris Bauer

25 West Main Street

Madison, WI 53703

Avery Brown

3333 Fairview Rd

Costa Mesa, CA 92626

Mark Brown

1000 AAA Drive

Heathrow, FL 32746

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Wayne Budd

53 Exchange Street

Boston, MA 02109

H.Thomas Chestnut

100 International Dr

Buffalo, NY 14221

Dennis J. Crossley

1415 Kellum Pl

Garden City, NY 11530

Robert Darbelnet

1000 AAA Drive

Heathrow, FL 32746

Anthony J. DeNovellis

4100 E Arkansas Avenue

Denver, CO 80222

Carol H. Ormond

5366 Virginia Beach Boulevard

Virginia Beach, VA 23462

Marshall Doney

1000 AAA Drive

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Heathrow, FL 32746

James H. Doran

500 Montgomery Street

Alexandria, VA 22314

Terry R. Farias

3750 Guion Road

Indianapolis, IN 46222

James Phelps

112 Railroad Street

Schenectady, NY 12305

Timothy R. Georgeoff

2151 Thurston Dr

Ottawa, CA K1G6C9

Frederick L. Gruel

1 Hanover Road

Florham Park, NJ 07932

Carol A. Scott

700 Laurel Oak Rd

Voorhees, NJ 08043

Richard S. Hamilton

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

5900 Baum Blvd

Pittsburgh, PA 15206

Kenneth A. Johnson

14980 Chateau Village Drive

Chesterfield, MO 63017

Antonia Hernandez

445 S. Fiferua Street, Suite 3400

Los Angeles, CA 90071

Richard Jacobs

3701 Vestal Parkway East, Suite 9

Vestal, NY 13850

John Tomlin

1515 N. Westshore Blvd

Tampa, FL 33607

Michael Tully

3144 N. 7th Avenue

Phoenix, AZ 85067

Chris E. Mensing

150 Capital Drive

West Springfield, MA 01089

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Kathleen Marvaso

1000 AAA Drive MS 90

Heathrow, FL 32746

David E. Parsons

6600 AAA Drive

Charlotte, NC 28212

Paul Pelletier

444 Bouvier St

Quebec, CA G2J1E3

Charles H. Podowski

1 Auto Club Dr

Dearborn, MI 48126

John D. Porter

600 SW Market Street

Portland, OR 97201

Earle B. Seeley

49 Orchard Hill Road

North Andover, MA 01845

Mark A. Shaw

1100 Royal Little Drive

Providence, RI 02904

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Mark H. Shaw

90 E. Wilson Bridge Rd

Worthington, OH 43085

Tim Shearman

500-1545 Carling Avenue

Ottawa, CA K1Z8P9

Frances Smith

6706 Amherst Drive

Hoschton, GA 30548

Robert Sharp

1515 North Westshore Blvd

Tampa, FL 33607

Paul Petrillo

10114 Waterbrook Lane

Charlotte, NC 28277

John Schaffer

1000 AAA Drive M.S. #34

Heathrow, FL 32746

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The form was reviewed by the Foundation's Audit Committee and Board of



Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

Trustees prior to submission.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annually, the Board of Trustees and AAA Foundation for Traffic Safety (Foundation) Associates are asked to read the Foundation's Policy on potential Conflicts of Interest and execute a form signifying they have and identifying any possible conflict of interest. The Foundation's President and CEO, and senior Foundation managers keep this policy in mind when all potential contracts are being negotiated.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The President and CEO's compensation is determined by the Foundation Chariman based on input from AAA Human Resources and independent market.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Other key Foundation associates compensation is recommended by the Foundation's President and CEO based on individual position descriptions, market comparability data provided by AAA National and independent sources and approved by the Foundation's Administrative Committee during review of the proposed annual budget.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, West Virginia

Name of the organization

AAA Foundation for Traffic Safety

Employer identification number

52-0794368

## Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governance documents availability is noted on the AAA Foundation for traffic safety's webpage.

## Form 990, Part IX, Line 24e - Other Expenses

Description	Amount
Parent coaching	\$ 98,959
General Outreach	\$ 78,164
General Research	\$ 50,999
Safety Culture Index	\$ 49,370
Learner stage of GDL	\$ 46,515
Fundraising	\$ 37,295
Eval noteworthy initiativ	\$ 35,000
Public Edn & giveaways	\$ 21,115
Depreciation-Furn. & Fixt	\$ 16,000
Telephone	\$ 6,898
Dues & Subscriptions	\$ 3,959
Auto Operating Expenses	\$ 3,662
iRap phase I	\$ 1,300
Repair & Maintenance	\$ 744
Local Taxes	\$ 157
Bas debt (recovery)	\$ -1,910

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**AAA Foundation for Traffic Safety**

Employer identification number  
**52-0794368**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>American Automobile Association</b> <b>1000 AAA Drive</b> <b>53-0025420</b> <b>Heathrow</b> <b>FL 32746</b>	<b>Board Memb</b>	<b>FL</b>	<b>501 C</b>	<b>7</b>	<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							