Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE CRASH FOUNDATION 94-3127294 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 700 PENNSYLVANIA AVENUE SE, 200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 20003 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 700 PENNSYLVANIA AVENUE SE, 200 - WASHINGTON, DC 20003 Telephone No. ► 202-921-9256 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

ΑI	For the	2022 calendar year, or tax year beginning	and	ending									
3 (Check if applicable	C Name of organization			D Employer identifi	cation number							
Г	Addres	THE CRASH FOUNDATION											
F	Name				94-31272	94							
Ē	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe								
Ē	Final return/	700 DENNICYT.VANTA AVENITE	· · · · · · · · · · · · · · · · · · ·	200	202-921-								
	termin ated	City or town, state or province, country, and Z	ZIP or foreign postal code		G Gross receipts \$	356,848.							
	Ameno				H(a) Is this a group re	eturn							
	Applic tion	I F Name and address of principal officer: AACI	H CAHALAN		for subordinates	? Yes X No							
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No							
Ι.	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions							
	Websit				H(c) Group exemption	n number							
K	Form of		sociation Other	L Year	of formation: 1991	M State of legal domicile: CA							
Pa	art I	Summary											
a)	1	Briefly describe the organization's mission or most s											
Š		DEDICATED TO REDUCING THE	NUMBER OF DEATH	IS AND	INJURIES CA	USED BY							
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3	Number of voting members of the governing body (I	, , , , , , , , , , , , , , , , , , , ,		3	6							
ه ص	4	Number of independent voting members of the government				6							
es	5	Total number of individuals employed in calendar ye				0							
ΞĬ	6	Total number of volunteers (estimate if necessary)				0							
Act	7 a	Total unrelated business revenue from Part VIII, colu				0.							
	b	Net unrelated business taxable income from Form 9	990-1, Part I, line 11		7b Prior Year	0 . Current Year							
		Oceanies disease and sweets (Deat VIII line 11s)			263,284.	348,007.							
ne	8	. (5 .)(!!! !! 6)			203,204.	0.							
Revenue	9				1,742.	8,841.							
Be	10	Investment income (Part VIII, column (A), lines 3, 4,			1,742.	0.							
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			265,026.	356,848.							
		<u>Total revenue - add lines 8 through 11 (must equal F</u> Grants and similar amounts paid (Part IX, column (A			0.	0.							
	1	Benefits paid to or for members (Part IX, column (A)	Pro - A)		0.	0.							
	45		enerits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			131,993.	237,458.							
oeu	b	Total fundraising expenses (Part IX, column (D), line	20 0	93.									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,	· —		95,862.	140,202.							
		Total expenses. Add lines 13-17 (must equal Part IX			227,855.	377,660.							
		Revenue less expenses. Subtract line 18 from line 1			37,171.	-20,812.							
Jo.	G			Ве	ginning of Current Year	End of Year							
t Assets or	20	Total assets (Part X, line 16)			356,320.	328,817.							
ASS	21	Total liabilities (Part X, line 26)			12,230.	5,539.							
2	22	Net assets or fund balances. Subtract line 21 from I	ine 20		344,090.	323,278.							
	art II	Signature Block											
		lties of perjury, I declare that I have examined this return, i				y knowledge and belief, it is							
rue	, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of w	nich preparer	has any knowledge.								
		Cignature of officer			Doto								
Sig		Signature of officer	DEGEOD.		Date								
Hei	re	ZACH CAHALAN, EXECUTIVE DI	RECTOR										
		Type or print name and title		Гг	Data Interior	PTIN							
٠.	J		Preparer's signature	1	;								
aio			NATHAN LUMMUS	<u> 1</u>									
	parer	Firm's name MARSHALL JONES Firm's address 3097 E. SHADOWLAWN	ו אזים אים		Firm's EIN 8	3-2175462							
JSE	Only	ATLANTA, GA 30305	N WAS INC		Dhana na / A	04) 231-2001							
1/10	v tha IF	ATLANTA, GA 30303	o? Soo instructions		Phone no. (4	X Yes No							
v17	v 1111 2 11	to diaduaa iilia terutti With the DreDarer Shown Abov	EL OCC HISHIGHOUS			144 162 140							

. u	Charle if Cahadula O contains a reasonable are note to any line in this Dart III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u>A</u> _
'	THE TRUCK SAFETY COALITION IS DEDICATED TO REDUCING THE NUMBER O)F
	DEATHS AND INJURIES CAUSED BY TRUCK-RELATED CRASHES, PROVIDING	<u>/ F</u>
	COMPASSIONATE SUPPORT TO TRUCK CRASH SURVIVORS AND FAMILIES OF T	עסווסי
	CRASH VICTIMS, AND EDUCATING THE PUBLIC, POLICY-MAKERS AND MEDIA	
		ABOUT
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex-	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 270,316 • including grants of \$) (Revenue \$)
		RUCK
		EDUCATE
		.'O
	IMPROVE SAFETY.	
	IMPROVE SAFEII.	
4b	(Code:) (Expenses \$)
TD	Code: / (Expenses a including grants of a / (nevenue a	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 270,316.	

Form 990 (2022) THE CRASH FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

Form 990 (2022) THE CRASH FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) THE CRASH FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country Con instructions for filing requirements for Fig.CFN Form 114. Penert of Foreign Reply and Fig. 200 (FRAR)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ī	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) THE CRASH FOUNDATION 94-312/294 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA , VA , DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-921-9256			
	700 PENNSYLVANIA AVENUE SE, 200, WASHINGTON, DC 20003			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	ndividual trustee or director	- e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee Ge	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dualt	nstitutional trustee	_	Key employee	st cor	e.	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ZACH CAHALAN	40.00									
EXECUTIVE DIRECTOR		Х						150,000.	0.	0.
(2) JOAN CLAYBROOK	2.00							_	_	_
CHAIR		Х						0.	0.	0.
(3) DAWN KING	2.00									
TREASURER		Х						0.	0.	0.
(4) JEFFREY BURNS	2.00									•
BOARD MEMBER	2 00	Х						0.	0.	0.
(5) LEE JACKSON	2.00	37							_	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) JENNIFER TIERNEY BOARD MEMBER	2.00	Х						0.	0.	0.
(7) TAMI FRIEDRICH TRAKH	2.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) PAM BIDDLE	2.00	22							<u> </u>	
BOARD MEMBER	2:00	Х						0.	0.	0.
(9) ANNA GUARDIPEE	2.00									
BOARD MEMBER		х						0.	0.	0.
		ł								
		1								
	l .							I		

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors,	Trustees, Key Em	SIOA	ees,	and	Hiç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C Posi				(D)	(E)			(F)	
Name and title	Average hours per		not ch	neck r	more	than c		Reportable	Reportable compensation			imated	
	week					s both r/trust		compensation from	from related	- 1		ount o other	1
	(list any	ector						the	organization	- 1		ensat	ion
	hours for	or dire	au l			ted		organization	(W-2/1099-MIS		fro	m the	
	related organizations	stee (truste		ao	beusa		(W-2/1099-MISC/	1099-NEC)		•	nizatio	
	below	ual tru	tional		ploye	st com	_	1099-NEC)				relate nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	iizatio	110
			_										
]											
		Ш											
		$\vdash\vdash$											
		-											
		\vdash								-			
		1											
		\Box											
		$\vdash \vdash$								\longrightarrow			
		-											
1h Subtotal								150,000.		0.			0.
1b Subtotal c Total from continuation sheets to Pa	rt VII Section A							0.		0.			0.
d Total (add lines 1b and 1c)								150,000.		0.			0.
2 Total number of individuals (including t									000 of reportable	 }			
compensation from the organization									•				1
										ſ		Yes	No
3 Did the organization list any former of		-	•	•	•		_	·	•				
line 1a? If "Yes," complete Schedule J											3		<u>X</u>
4 For any individual listed on line 1a, is the	•		•					•	J				Х
and related organizations greater thanDid any person listed on line 1a receive			•								4		_
rendered to the organization? If "Yes,"	='				-			-			5		Х
Section B. Independent Contractors	complete Schedul	3 J I C	or su	CII	Jersi	<u> </u>					<u> </u>		
1 Complete this table for your five highes	st compensated inc	depe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	n	
the organization. Report compensation													
(A								(B)			(C)		
Name and busi	ness address	NC	ONE	<u>:</u>			_	Description of s	ervices	C	ompen	sation	
							1						
							\sqcap						
2 Total number of independent contractor	ors (including but n	ot lin	nited	l to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the or	ganization				C)							

94-3127294

Form 990 (2022) THE CRASH FOUNDATION
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									Tunction revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns			1a					
ant	_		Membership dues			1b					
ي ق			Fundraising events			1c					
ifts						1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1e					
Sign			All other contributions, gifts,		′ F						
le E			similar amounts not included			1f	348,007.				
草口		g	Noncash contributions included in			1g \$, ,				
Sol		_	Total. Add lines 1a-1f		- · · _	·9 +		348,007.			
<u> </u>							Business Code	·			
a l	2	а									
Š	_	b									
Ser		c									
E S		d									
gra Re		e									
Program Service Revenue			All other program service	reven	1116						
	3										
	Ŭ	Investment income (including dividends, interest other similar amounts)						8,841.			8,841.
	4		Income from investment of					0,0121			0,0111
	5		Royalties								
	Ŭ		noyunos			Real	(ii) Personal				
	6	а	Gross rents	6a	(-)		(-)				
	·		Gross rents Less: rental expenses	6b							
			Rental income or (loss)	6c							
		C	Net rental income or (loss)								
	7		Gross amount from sales of	·····	(i) Se	curities	(ii) Other				
	′	а			(1) 00	Carrilos	(ii) Other				
		L-	assets other than inventory Less: cost or other basis	7a							
a)		D		76							
ğ		_	and sales expenses	7b 7c							
eve			Gain or (loss)								
her Revenue	_		Net gain or (loss)								
Othe	8	а	Gross income from fundraising	-	-						
0			including \$								
			contributions reported on		•						
		L	Part IV, line 18								
			Less: direct expenses								
	_		Net income or (loss) from								
	9	а	Gross income from gamin								
		L-	Part IV, line 19								
			Less: direct expenses								
	40		Net income or (loss) from			ivities					
	10	а	Gross sales of inventory, I			40.					
			and allowances								
			Less: cost of goods sold				7				
\dashv		C	Net income or (loss) from	saies	OI INV	entory	Business Code				
sn	44	_					Dusiliess Code				
ee Tee	11										
Miscellaneous Revenue		b									
sce Re		q	All other revenue								
Ξ			Total. Add lines 11a-11d								
	12		Total revenue See instruction					356.848.	0.	0.	8 841.

Form 990 (2022) THE CRASH FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		<u> </u>
	and domestic governments. See Part IV, line 21				
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	150,000.	150,000.		
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	87,458.	39,966.	23,746.	23,746.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	40,315.	6,814.	32,649.	852. 36.
12	Advertising and promotion	889.	773.	80.	36.
13	Office expenses	367.	293.	37.	37.
14	Information technology				
15	Royalties	0 100	6 FF1	010	010
16	Occupancy	8,192. 6,046.	6,554. 6,046.	819.	819.
17	Travel	0,040.	0,040.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	27,859.	22,287.	2,786.	2,786.
19 20	Conferences, conventions, and meetings	41,000	22,201•	2,700•	2,700.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	796.	636.	80.	80.
23	Insurance	43,322.	34,658.	4,332.	4,332.
24	Other expenses. Itemize expenses not covered		,	=, ===	=, ===
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	5,447.		5,447.	
b	BUSINESS LICENSES	4,188.		4,188.	
С	PRINT AND REPRODUCTION	2,297.	1,998.	207.	92.
d	POSTAGE AND DELIVERY	334.	291.	30.	13.
е	All other expenses	150.		150.	
25	Total functional expenses. Add lines 1 through 24e	377,660.	270,316.	74,551.	32,793.
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)				E 000 (0000)

Form 990 (2022)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or I	note to ar	y line in this Part X	(A)	T	(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			273,265.	1	300,280.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial (contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	B			4,443.	9	1,565.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	10,520.			
	b	Less: accumulated depreciation	10b	8,502.	1,755.	10c	2,018.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ie 11			12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	76,857.	15	24,954.		
	16	Total assets. Add lines 1 through 15 (must e	356,320.	16	328,817.		
	17	Accounts payable and accrued expenses			12,230.	17	5,539.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ia de		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 1 <i>1-</i> 24). Complete Part X			
		of Schedule D			12,230.	25	E E20
	26	Total liabilities. Add lines 17 through 25		re X	14,430.	26	5,539.
ý		Organizations that follow FASB ASC 958, o	neck ner	e 🛕			
uce		and complete lines 27, 28, 32, and 33.			244,090.	07	223,278.
ala	27		100,000.	27 28	100,000.		
B B	28	Net assets with donor restrictions	100,000.		100,000.		
Ë		Organizations that do not follow FASB ASC					
P	20	and complete lines 29 through 33.	do			20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or				29	
\SS(30	Retained earnings, endowment, accumulated				30 31	
et 🌶	31 32				344,090.	32	323,278.
ž	33	Total liabilities and net assets/fund balances			356,320.	33	328,817.
	<u>აა</u>	Total liabilities and net assets/fund balances			330,320.	აა	320,017.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 356,848. Total revenue (must equal Part VIII, column (A), line 12) 1 377,660. Total expenses (must equal Part IX, column (A), line 25) 2 2 -20,812.Revenue less expenses. Subtract line 2 from line 1 3 3 344,090. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 323,278. 10 column (R)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Х Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За

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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization THE CRASH FOUNDATION

 $Employer\ identification\ number \\ 94-3127294$

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.							
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)								
1	$\overline{\Box}$	A church, convention of chu	·		-	-)(A)(i).							
2	Ħ	A school described in secti					7. 7.7							
3	H	A hospital or a cooperative		•		/h\/1\/ \\\i	:1							
4	\Box	A medical research organiza	· ·					the hespital's name						
4		-	ation operated in cor	ijuriction with a nospital	described	III Sectio	n 170(b)(1)(A)(iii). Enter	the nospital's name,						
_		city, and state:						1.						
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in						
		section 170(b)(1)(A)(iv). (C	complete Part II.)											
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the general إ	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 agricultural research org				ed in coniu	nction with a land-grant	college						
		or university or a non-land-g				-	-	•						
		university:	ram comogo or agrici				, and class of the comega							
10		An organization that normal	Illy receives (1) more t	than 33 1/3% of its sunr	ort from co	ontribution	ne membershin fees and	d gross receipts from						
10														
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·				*						
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.						
		See section 509(a)(2). (Cor	-											
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).							
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or						
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on						
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and comp	plete lines	12e, 12f, and 12g.							
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving						
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting						
		organization. You must c	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina						
		control or management of						-						
		organization(s). You mus			arrio porco	no triat oo	na or manago ano cap	501.04						
_		7 _ ~			in connect	ion with	and functionally intograte	od with						
·		Type III functionally inte					• •	with,						
		its supported organization		·										
d							· · · · · · · · · · · · · · · · · · ·	* *						
		that is not functionally int	-		•		='	veness						
		requirement (see instructi	•	•	•									
е		Check this box if the orga	ınization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.								
f	Ente	r the number of supported o	rganizations											
g		ride the following information			I (iii) la tha assa									
	(Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						

Schedule A (Form 990) 2022 THE CRASH FOUNDATION 94-3127294 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	250,659.	143,244.	110,650.	64,355.	348,007.	916,915.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	250,659.	143,244.	110,650.	64,355.	348,007.	916,915.
	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)						56 310
6	Public support. Subtract line 5 from line 4.						56,310. 860,605.
	etion B. Total Support						000,005.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	250,659.	143,244.	110,650.	64,355.	348,007.	916,915.
	Gross income from interest,	230,0331	113/2110	110,0301	01,000	310,0071	310/3131
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 202	1 026	664.	1,742.	8,841.	17 506
	assets (Explain in Part VI.)	2,303.	4,036.	004.	1,/44.	0,041.	17,586. 934,501.
	Total support. Add lines 7 through 10		,				934,501.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-		•			
804	organization, check this box and storetion C. Computation of Publi	here					
				. (5)			02 00 0
	Public support percentage for 2022 (I		•	****		14	92.09 %
	Public support percentage from 2021					15	98.64 %
16a	33 1/3% support test - 2022. If the c						v
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	~			-		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

Schedule A (Form 990) 2022 THE CRASH FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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 by or in connection with its supported organizations.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
4		
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	, 110		
	<u>,</u>		Yes	No
4	Did the severing body, members of the severing body, officers esting in their official conseits, or membership of one or		162	NO
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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		
Sect	tion 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		
Sect	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
	By reason of the relationship described on line 2, above, 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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
	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	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	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				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrator	Type III supporting orga	nization (soo		

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization THE CRASH FOUNDATION 94-3127294 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE CRASH FOUNDATION

94-3127294

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		\$ 22,240.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

THE CRASH FOUNDATION

94-3127294

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization Employer identification number

me or organ	iization			Employer identification number
HE CRA	SH FOUNDATION			94-3127294
	xclusively religious, charitable, etc., contribution any one contributor. Complete columns (a)			10) that total more than \$1,000 for the yea
CC	mpleting Part III, enter the total of exclusively religious, c	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this	info. once.) \$
	se duplicate copies of Part III if additional s	pace is needed.		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held
art I				
-				
_				
-				
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	id ZIP + 4	Relationship o	f transferor to transferee
-				
-				
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No.				
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held
arti				
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	_			
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	id ZIP + 4	Relationship o	f transferor to transferee
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No.	(h) Davis and of site	(-) 11 ((.1)	San and all and a file and a file in the last
art I	(b) Purpose of gift	(c) Use of gift	(a) L	Description of how gift is held
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		(e) Transfer of gi		
		(c) Transier of gr		
	Transferee's name, address, ar	nd ZIP + 4	Relationship o	f transferor to transferee
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No. om art I	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held
#I L I				
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_ -		-		
		(e) Transfer of gi	ft	
	Transferee's name, address, ar	d ZIP + 4	Relationship o	f transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE CRASH FOUNDATION

Employer identification number 94-3127294

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis iliai uesc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Pa	t III Organizations Maintaining Coll	ections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Asset	S (continu	ued)
3	Using the organization's acquisition, accession,								(00	
	collection items (check all that apply):				3					
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how th	ev further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or re			•	-					
	to be sold to raise funds rather than to be maint								Yes	☐ No
Pa	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part X			- · · · · · · · · · · · · · · · · · · ·				, ,	, -:	
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	g								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Form								Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch									
	t V Endowment Funds. Complete if the									
		a) Current year		Prior year	(c) Two year			ears back	(e) Four	years back
1 a	Beginning of year balance	, ,	, ,		, ,		, ,		, ,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·										
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the current	t vear end halance	l line 1	r column (a	// pelq sc.					
a	Board designated or quasi-endowment	year end balance	% (IIII) 5	y, coluitiii (a)) Held as.					
b	Permanent endowment	%	_′0							
C	Term endowment %									
C	The percentages on lines 2a, 2b, and 2c should	ogual 100%								
32	Are there endowment funds not in the possession	•	tion tha	t are held ar	nd administer	ed for the				
Ja	organization by:	on or the organiza	ttiori tria	i are rielu ai	iu auriiiiistei	ed for the	•		Г	Yes No
	•								3a(i)	110
	•								3a(ii)	
h	(ii) Related organizations	ne lietod ae roquir	od on S	chodulo D2						
4	Describe in Part XIII the intended uses of the organization									
	t VI Land, Buildings, and Equipmen		willelit i	urius.						
	Complete if the organization answered "). Part I\	/. line 11a. S	See Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulate	hd	(d) Book	value
	Description of property	basis (investn			(other)		reciation	;u	(u) BOOK	value
10	Land	240.5 (11105111		54013	(54.101)	аср	. solution			
	Land									
	Buildings									
				1	0,520.		8,50	12.	2	,018.
	Equipment Other				3,3200		3,30			, , , , , , ,
	l. Add lines 1a through 1e. (Column (d) must equa	J Form 000 Post	Y colum	n (P) line 1	Oc.)				2	,018.

Part VII	Investments -	Other	Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	. ,	1 '	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		1	
(8) (9)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line lescription	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3)		11d. See Form 990, Part X, line 15.	(b) Book value 363 24,591
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3) (4)		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	363
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	363
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) SECURITY DEPOSITS (2) RELATED PARTY PAYABLE (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription		363 24,591
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	t XI Reconciliation of Revenue per Audited Financial State	monto With Dovon		Z/Z/I Page
Pai	·		ue per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		1 1	356,848.
1				330,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
d	Recoveries of prior year grants Other (Describe in Part XIII.)			
			2e	0.
3				356,848
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			330,040
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
			4c	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990. Part I. line 12.)			356,848
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return.	330,040
	Complete if the organization answered "Yes" on Form 990, Part IV, line	-		
1		124.	1	377,660
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			0,000
a	Donated services and use of facilities	2a		
	Prior year adjustments			
c	Other losses			
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			377,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			0,000
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5				377,660
	rt XIII Supplemental Information.			
Provi	de 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. li	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
PAF	RT X, LINE 2:			
ГНЕ	E ORGANIZATION ONLY RECOGNIZES THE TAX B	ENEFIT FROM A	AN UNCERTAIN	TAX
POS	SITION TAKEN OR EXPECTED TO BE TAKEN IN A	A TAX RETURN	IF THE TAX	POSITION
IS	MORE LIKELY THAN NOT TO BE SUSTAINED UPO	ON AN EXAMINA	ATION, BASED	ON THE
re(CHNICAL MERITS OF THE POSITION. MANAGEMEN	NT HAS ANALYZ	ZED TAX POSI	TIONS
ΓAΙ	KEN FOR FILINGS WITH THE INTERNAL REVENU	E SERVICE ANI	O ALL STATE	
JUE	RISDICTIONS WHERE THE ORGANIZATION OPERA	res.		

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CRASH FOUNDATION

Employer identification number 94-3127294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRUCK-RELATED CRASHES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRUCK SAFETY ISSUES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER AND STAFF MEMBER HAS THE DUTY TO PLACE THE INTEREST OF
THE ORGANIZATION FOREMOST IN ANY DEALINGS ON BEHALF OF THE ORGANIZATION AND
HAS A RESPONSIBILITY TO COMPLY WITH THIS POLICY
FORM 990, PART VI, SECTION B, LINE 15:
THE SALARY OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD
OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 18:
THE FORM 990 IS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE CRASH FOUNDATION	Employer identification number 94-3127294
COMPUTER AND WEBSITE:	
PROGRAM SERVICE EXPENSES	6,814.
MANAGEMENT AND GENERAL EXPENSES	852.
FUNDRAISING EXPENSES	852.
TOTAL EXPENSES	8,518.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	31,797.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,797.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	40,315.
PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

Jranarad Fari		
Prepared For:		
The Crash Foundation	on	
700 Pennsylvania Av		
Washington, DC 20	003	
Prepared By:		
MARSHALL JONES		
3097 E. Shadowlawr	n Ave NE	
Atlanta, GA 30305		
(404) 231-2001		
To be Signed and Dated By:		
Not applicable		
Amount of Tax:		
Total Tax	\$0	
Less: payments and credit		
Plus: other amount	\$ 0	
Plus: interest and penalties	s \$	
No payment is required	\$	
Overpayment:		
Credited to your estimated	tax	
Other amount	\$	
Refunded to you	\$ 0	
Make Check Payable To:		
·		
Not applicable		
Mail Tax Return and Check (if appl	licable) To:	
This return has been	n prepared for electronic filing. If you wish to have it to	ransmitted
	FTB, please contact our office. We will then submit the	
	oo not mail the paper copy of the return to the FTB.	
Return Must be Mailed On or Before	re:	
Not applicable		
Special Instructions:		
opeciai ilisti uctions.		

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

The Crash Foundation 700 Pennsylvania Avenue SE 200 Washington, DC 20003

Prepared By:

MARSHALL JONES 3097 E. Shadowlawn Ave NE Atlanta, GA 30305 (404) 231-2001

Amount of Tax:

Balance due of \$100

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return must be mailed on or before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

2022

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

199

Cal	endar Year	202	2 or fiscal year beginning (mm/dd/yyyy) , and ending (mm	/dd/yyy	/y)		
	poration/Org			Cali	fornia corp	oration r	number
TI	HE CR	ASI	H FOUNDATION		<u> 1516</u>	<u>871</u>	
Add	litional inforn	nation.	See instructions.	FE			
_					<u>94-3</u>	<u> 127</u>	<u> 294 </u>
	et address (s				PMB no.		
		NNS	SYLVANIA AVENUE SE, NO. 200				
City		~=	Stat		ZIP code		
_	ASHIN			C	2000		
Fore	eign country	name	Foreign province/state/county		Foreign p	ostal co	de
A	First retu	rn	Yes X No I Did the organization have an	y chan	ges to its	guideli	nes
В	Amended	l retu	77				
C	IRC Secti	on 49	947(a)(1) trust Yes X No J If exempt under R&TC Section	on 237	01d, has 1	the org	anization
D	Final info	rmati	on return? engaged in political activities	? See i	instructio	ns	● Yes X No
	•	Disso	ved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt u	nder R	&TC Sect	ion 237	701g? ● Yes X No
			dd/yyyy) ● If "Yes," enter the gross rece				
Ε			ting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited				• Yes X No
F			filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form				
			990 series report taxable income?				
G			filing? See instructions Yes X No N Is the organization under au				
Н		-	ation in a group exemption Yes X No IRS audited in a prior year?				
	ii yes, v	vnat i	s the parent's name? O Is federal Form 1023/1024 p	-			Yes X No
			Date filed with IRS				
P	art I	omp	lete Part I unless not required to file this form. See General Information B and C.				
		1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	8,841 00
		2	Gross dues and assessments from members and affiliates			2	00
		3	Gross contributions, gifts, grants, and similar amounts received	ГМТ	1 •	3	348,007 00
) o o o i n to	4	Total gross receipts for filing requirement test. Add line 1 through line 3.				
'	Receipts and		This line must be completed. If the result is less than \$50,000, see General Information B		•	4	356,848 00
P	evenues	5	Cost of goods sold 5		00		
"	CVCIIUCS	6	Cost or other basis, and sales expenses of assets sold 6		00		
		7	Total costs. Add line 5 and line 6			7	00
_		8	Total gross income. Subtract line 7 from line 4			8	356,848 00
Е	xpenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			9	376,864 00
_	•	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	-20,016 ₀₀
		11	Total payments			11	00
		12 13	Use tax. See General Information K Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			12	00
_	iling Fee	14			_	14	00
'	illing i ee	15	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 Penalties and interest. See General Information J			15	00
			Ralance due Add line 12 and line 15 Then subtract line 11 from the result			-	
_		Unde	Balance due. Add line 12 and line 15. Then subtract line 11 from the result er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a rue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	and to th	e best of m	y knowle	edge and belief,
Sig		10.10	I Title	Date	Miowicago		■ Telephone
He	re	Sign of of	ature .				- volophone
			Date	Check	if		● PTIN
		Prep signa	arer's NATHAN LUMMUS 11/21/23		nployed	•	P02049603
Pai	d	Firm	's name				Firm's FEIN
Pre	parer's	(or yo					83-2175462
Us	e Only	emp	oyed) 3097 E. SHADOWLAWN AVE NE				Telephone
_			ATLANTA, GA 30305				(404) 231-2001
		May	the FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No

THE CRASH FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

2289	51 (11-1	0-2

									1	-	
			Gross sales or receipts from all							1	00
		2								2	8,841 00
		3	Dividends						•	3	00
Receip	ots	4								4	00
from		5	Gross royalties						•	5	00
Other		6	Gross amount received from sal						T T	6 7	00
Source	8	7 8	Other income Total gross sales or receipts fro		ources Add line 1 th					8	8,841 ₀₀
		9	Contributions, gifts, grants, and			-				9	00
		10	Disbursements to or for membe							10	00
		11	Compensation of officers, direct	ors and t	rustees		SEE	STA	TEMENT 2 •	11	150,000 00
			Other salaries and wages	oro, and t					•	12	87,458 00
Expens	ses	13	Interest							13	00
and		14	Taxes							14	00
Disbur	se-	15	Rents							15	8,192 00
ments		16	Depreciation and depletion (See	instruction	ons)				•	16	00
		17	Other expenses and disburseme	nts	,		SEE	STA	TEMENT 3 •	17	131,214 00
		18	Total expenses and disburseme	nts. Add I	ine 9 through line 17	7. Enter	here and on Side	1, Pa	rt I, line 9	18	376,864 00
Sche	edul	e L	Balance Sheet		Beginning of	taxabl	e year		End (of tax	able year
Assets					(a)		(b)		(c)	_	(d)
1 Ca							273,2	<u> 265</u>			• 300,280
			s receivable								•
			ceivable			_					•
											•
			state government obligations			-					•
			in other bonds								•
			in stock								•
8 M	-	-									•
			ments		9,461				10,52	20	•
			le assets imulated depreciation	(7,706)		1,7	755			2,018
				_	7,700		<u> </u>	33	0,302	- /	•
12 Ot	illu her a		STMT 4				81,3	300			• 26,519
			·				356,3				328,817
			et worth				,				,
			yable				12,2	330			• 5,539
			s, gifts, or grants payable								•
16 Bo	onds	and n	otes payable								•
17 M	ortga	ges p	payable								•
18 01	her li	abiliti	ies								
19 Ca	apital	stock	c or principal fund								•
			tal surplus. Attach reconciliation								•
			nings or income fund				344,0				• 323,278
			ies and net worth				356,3	320			328,817
Sche	edul	e M					- 40 l	:- !	- than \$50,000		
			Do not complete this sche				1				
			per books			υτρ	1		on books this year		
			me tax				1		is return. Attach schedule		•
			pital losses over capital gains	<u>F</u>			1		s return not charged		
			recorded on books this year.	•	•		1		ome this year.		•
			dule corded on books this year not	F			9 Total. Add I		and line 8		
	-		this return. Attach schedule	•)		10 Net income				
			ne 1 through line 5		-20,	016	1		om line 6		-20,016
<u> </u>	· cuis /	.uu III	un ough into o		/		, Jubilaut IIII	J U III	iiiio o		

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NETWORK FOR GOOD	1140 CONNECTICUT AVE NW #700 WASHINGTON, DC 20036		22,240.
GREATER KANSAS COMMUNITY FOUNDATION	1055 BROADWAY BLVD SUITE 130 KANSAS CITY, MO 64105		156,500.
KRISTEL KIRK	4433 CIRCLE DRIVE BETHLEHEM, PA 18020		15,000.
PAUL HUFFMAN	6323 HOMEWOOD CIRCLE ROANAOKE , VA 24018		75,000.
TOTAL INCLUDED ON LINE 3			268,740.

CA 199 COMPENSATIO	ON OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ZACH CAHALAN 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	EXECUTIVE DIRECTOR 40.00	0.
JOAN CLAYBROOK 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	CHAIR 2.00	0.
DAWN KING 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	TREASURER 2.00	0.
JEFFREY BURNS 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
LEE JACKSON 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
JENNIFER TIERNEY 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
TAMI FRIEDRICH TRAKH 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
PAM BIDDLE 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
ANNA GUARDIPEE 700 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	SE, 200	BOARD MEMBER 2.00	0.
TOTAL TO FORM 199, PART	II, LINE 11		0.

THE CRASH FOUNDATION 94-3127294

CA 199	OTHER EXPENSES		STATEMENT 3
DESCRIPTION			AMOUNT
MISCELLANEOUS BUSINESS LICENSES PRINT AND REPRODUCTION POSTAGE AND DELIVERY OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II,	T.TNG 17		5,447. 4,188. 2,297. 334. 40,315. 889. 367. 6,046. 27,859. 43,322. 150.
101111 10 10111 133, 11111 11, .			=======================================
CA 199	OTHER ASSETS		STATEMENT 4
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRES SECURITY DEPOSITS RELATED PARTY PAYABLE	D CHARGES	4,443. 363. 76,494.	1,565. 363. 24,591.
TOTAL TO FORM 199, SCHEDULE	L, LINE 12	81,300.	26,519.

Date Accepted		

TAXABLE YEAR	
2022	

California e-file Return Authorization for

FORM

202	99	xempt Or		ons	rization i	Oi				8453-I	EO
Exempt Org	anization name								Identifying numb	er	
THE (CRASH FOUI	NDATION							94-312	7294	
Part I	Electronic Retu	rn Information(whole dollars o	only)							
1 Tota	al gross receipts (I	Form 199, line 4)							1	356,8	
2 Tota	al gross income (F	orm 199, line 8)							2	356,8	48
3 Tota	al expenses and d	isbursements (Fo	orm 199, line 9))					3	376,8	64
Part II	Settle Your Acc	ount Electronic	ally for Taxabl	e Year 2022							
4	Electronic funds	withdrawal	4a Amount		4b W	ithdrawal o	date (mm	n/dd/yy	yy)		
Part III	Banking Inform	ation (Have you	verified the exe	empt organization's	banking informat	ion?)					
5 Rout	ing number										
6 Acco	ount number				7 Type of a	ccount:	Che	ecking	Sav	ngs	
Part IV	Declaration of 0										
I authorize on line 4a		ation's account to l	oe settled as des	ignated in Part II. If I o	heck Part II, box 4,	I authorize	an electro	nic fun	ds withdrawal	for the amount lis	sted
California a balance organizati statement delayed,	electronic return. To due return, I unders on will remain liable is be transmitted to t	the best of my kno tand that if the Frar for the fee liability he FTB by the ERO	owledge and beli schise Tax Board and all applicable transmitter, or i	Part I above agree with ef, the exempt organiza (FTB) does not receiv e interest and penalties intermediate service pr iate service provider t	ation's return is true e full and timely pay . I authorize the ex- ovider. If the proce he reason(s) for th	e, correct, a yment of the empt organi essing of the e delay.	nd comple e exempt e zation ret e exempt	ete. If th organiza urn and organi z	ne exempt org ation's fee liab accompanyin	anization is filing fility, the exempt g schedules and	
Sign	Cignoture of offic			Date	EXECUTI	TAE DI	RECT	<u>OR</u>			
Here	Signature of office	er		Date	ritie						
Part V	Declaration of F	lectronic Retur	n Originator (F	ERO) and Paid Prep	arer.						
am only a accurately provided t 1345, 202 the exemp I declare t	n intermediate servion reflects the data on the organization offic Landbook for Aut ot organization return that I have examined	ce provider, I under the return.) I have ser with a copy of a horized e-file Provid n is filed, whichever the above exempt	stand that I am robtained the org obtained the org Il forms and info ders. I will keep for is later, and I worganization's re	turn and that the entrie not responsible for rev panization officer's sign rmation that I will file v form FTB 8453-EO on i ill make a copy availab sturn and accompanyin nformation of which I h	ewing the exempt of ature on form FTB vith the FTB, and I lile for four years to the to the FTB upon g schedules and sta	organization 8453-EO be have followe from the du request. If I	's return. fore trans ed all othe e date of t am also t	I declar smitting er requir the retu the paid	e, however, the this return to the tements descript or four year preparer, und	at form FTB 8453 the FTB; I have bed in FTB Pub. rs from the date er penalties of pe	3-EO rjury,
	ERO's signature MA	RSHALL J	ONES		Date	Check if also paid preparer	X	Check if self- employe	ed [] P0	's PTIN 2049603	
Must	Firm's name (or yours if self-employed)	MARSH							Firm's FEIN 8	3-217546	2
Sign	and address			WLAWN AVE	NE				2 O	3 N E	
			kamined the abo	ve organization's retur				ements,	zip code 30 and to the be		ge
	, tney are true, corre	ct, and complete. I	make this declar	ation based on all info	rmation of which I	nave knowle	eage.				
Paid Prepar	Paid preparer's signature				Date		Check if self- employe	d [Paid prep	arer's PTIN	
Must	Firm's name (or				I		1 1-1-70		Firm's FEIN		
Sign	if self-employed) and address										
-									ZIP code		

FTB 8453-EO 2022

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

			and a find the same					
THE CRASH FOUNDATION			Change of address Amended report					
Name of Organization			ierided report					
List all DBAs and names the organization uses or has used								
700 PENNSYLVANIA AVENUE SE, NO. 200 Address (Number and Street)			arity Registration Number CT 080807					
WASHINGTON, DC 20003		0	1516971					
	LAN@TRUCKSAFETY.OR	Corporati	ion or Organization No. 1516871					
202-921-9256 G		Federal F	imployer ID No. 94-3127294					
Telephone Number E-mail Addres	es .							
ANNUAL REGISTRATION	RENEWAL FEE SCHEDULE (11 Cal.) Make Check Payable to Departm							
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fe	<u>е</u>			
Less than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	\$80	00				
Between \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million		,000			
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 million	n \$400	Greater than \$500 million	\$1 ,	,200			
PART A - ACTIVITIES	period (beginning 01/01/202	22	ling 12/31/2022) list:					
For your most recent full accounting	period (beginning	enc	ling 12/31/2022) list:					
Total Revenue (including noncash contributions) \$ 356,	848 Noncash Contributions \$		0 Total Assets \$ 328	8,8	17			
Program Expenses \$	270,316		enses \$377,660					
PART B - STATEMENTS REGARDING ORG		F THIS RE	PORT					
	you answer "yes" to any of the ques ils for each "ves" response. Please re			Yes	No			
During this reporting period, were there				163	110			
and any officer, director or trustee there			· ·					
any financial interest?					Х			
2. During this reporting period, was there	any theft, embezzlement, diversion or m	nisuse of th	e organization's charitable property					
or funds?					X			
3. During this reporting period, were any o	rganization funds used to pay any pena	alty, fine or	judgment?		X			
During this reporting period, were the so	ervices of a commercial fundraiser fund	draising cou	unsel for charitable purposes or		1			
commercial coventurer used?			annos nos onamasto perposos, or		x			
5 During this reporting period, did the era	anization receive any governmental fun	ding?						
5. During this reporting period, did the organization receive any governmental funding?								
6. During this reporting period, did the org	anization hold a raffle for charitable pur	poses?			1,7			
	•				X			
7. Does the organization conduct a vehicle	e donation program?				x			
8. Did the organization conduct an indepe	ndent audit and prepare audited financ	ial stateme	nts in accordance with					
generally accepted accounting principle	es for this reporting period?				X			
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?								
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge								
and belief, the content is true, correct and complete, and I am authorized to sign.								
17.3	CU CAUATAN		TYPOIMINE DIDECTOR					
	CH CAHALAN inted Name		EXECUTIVE DIRECTOR Date					