

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: INSURANCE INSTITUTE FOR HIGHWAY SAFETY
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 4121 WILSON BOULEVARD 6TH FLOOR
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: ARLINGTON, VA 22203

D Employer identification number: 53-0246204
E Telephone number: (703) 247-1500
G Gross receipts \$ 37,640,605

F Name and address of principal officer: MICHAEL D FAGIN, 4121 WILSON BLVD 6TH FLOOR, ARLINGTON, VA 22203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.IIHS.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1959
M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O THE INSURANCE INSTITUTE FOR HIGHWAY SAFETY IS AN INDEPENDENT, NONPROFIT, SCIENTIFIC AND EDUCATIONAL ORGANIZATION. IT IDENTIFIES AND EVALUATES WAYS TO REDUCE THE HUMAN AND ECONOMIC LOSSES RESULTING FROM MOTOR VEHICLE CRASHES AND COMMUNICATES THE RESULTS OF THAT RESEARCH TO THE PUBLIC, FEDERAL, STATE, AND LOCAL HIGHWAY AND VEHICLE SAFETY OFFICIALS, VEHICLE MANUFACTURERS, INSURERS, THE MEDIA, THE RESEARCH COMMUNITY AND OTHERS.

Table with 2 columns: Description (e.g., Number of voting members, Total number of individuals employed) and Amount (e.g., 31, 101, 0).

Table with 3 columns: Description (e.g., Contributions and grants, Program service revenue), Prior Year, Current Year. Includes Revenue and Expenses sections.

Table with 3 columns: Description (e.g., Total assets, Total liabilities), Beginning of Current Year, End of Year. Net Assets or Fund Balances section.

Part II Signature Block

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

Sign Here	Signature of officer				Date		
	MICHAEL D FAGIN SECRETARY-TREASURER Type or print name and title				2022-08-25	Check <input type="checkbox"/> if self-employed	PTIN P02288149
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature					
	Firm's name	COUNCILOR BUCHANAN & MITCHELL PC		Firm's EIN		52-1711839	
	Firm's address	7910 WOODMONT AVE STE 500 BETHESDA, MD 20814		Phone no.		(301) 986-0600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE INSURANCE INSTITUTE FOR HIGHWAY SAFETY IS AN INDEPENDENT, NONPROFIT, SCIENTIFIC AND EDUCATIONAL ORGANIZATION. IT IDENTIFIES AND EVALUATES WAYS TO REDUCE THE HUMAN AND ECONOMIC LOSSES RESULTING FROM MOTOR VEHICLE CRASHES AND COMMUNICATES THE RESULTS OF THAT RESEARCH TO THE PUBLIC, FEDERAL, STATE, AND LOCAL HIGHWAY AND VEHICLE SAFETY OFFICIALS, VEHICLE MANUFACTURERS, INSURERS, THE MEDIA, THE RESEARCH COMMUNITY AND OTHERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 3,915,623 including grants of \$) (Revenue \$)
RESEARCH PROJECTS: PROJECTS UNDERTAKEN TO IDENTIFY AND EVALUATE METHODS OF REDUCING THE PERSONAL INJURIES AND PROPERTY DAMAGE RESULTING FROM THE USE OF MOTOR VEHICLES. RESEARCH INCLUDES THE HUMAN FACTORS ASSOCIATED WITH TEENAGE DRIVERS, ALCOHOL-IMPAIRED DRIVING, TRUCK DRIVER FATIGUE, SEAT BELT USE AND OTHER AREAS. RESEARCH ABOUT THE PHYSICAL ENVIRONMENT INCLUDES, FOR EXAMPLE, ASSESSMENT OF ROADWAY DESIGNS TO REDUCE RUN-OFF-THE-ROAD CRASHES AND TO ELIMINATE ROADSIDE HAZARDS.

4b (Code:) (Expenses \$ 13,006,271 including grants of \$) (Revenue \$ 3,678,232)
VEHICLE RESEARCH CENTER PROJECTS: ENGINEERING AND OTHER RESOURCE SUPPORT FOR VEHICLE RELATED RESEARCH PROJECTS AND VEHICLE CRASH TESTING TO EVALUATE THE ABILITY OF VEHICLES TO PROTECT THEIR OCCUPANTS IN FRONT, SIDE, REAR, AND ROLLOVER CRASHES. THE LATEST PROJECTS INCLUDE THE EVALUATION OF ELECTRONIC SYSTEMS DESIGNED TO ENHANCE VEHICLE CRASH AVOIDANCE CAPABILITIES.

4c (Code:) (Expenses \$ 4,358,288 including grants of \$) (Revenue \$)
COMMUNICATIONS PROJECTS: PROJECTS UNDERTAKEN TO DISSEMINATE INFORMATION TO THE PUBLIC CONCERNING MOTOR VEHICLE AND HIGHWAY RESEARCH DONE BY THE INSTITUTE AND BY OTHER ORGANIZATIONS INVOLVED IN MOTOR VEHICLE AND HIGHWAY SAFETY. THE INSTITUTE'S PUBLIC WEBSITE PROVIDES INFORMATION ON THE INSTITUTE'S RESEARCH AND ON THE INSTITUTE'S CRASH TESTING TO EVALUATE THE CRASHWORTHINESS OF VEHICLES, AS WELL AS ON NEW RESEARCH PERFORMED ON VEHICLE BASED CRASH AVOIDANCE SYSTEMS.

(Code:) (Expenses \$ 4,451,608 including grants of \$) (Revenue \$)
HIGHWAY LOSS DATA INSTITUTE (HLDI): HLDI IS A TAX-EXEMPT RESEARCH AND EDUCATIONAL ORGANIZATION. HLDI PERFORMS SCIENTIFIC STUDIES OF INSURANCE CLAIMS DATA ON MOTOR VEHICLE LOSSES AND PUBLISHES INSURANCE LOSS RESULTS BY VEHICLE MAKE AND MODEL.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,451,608 including grants of \$) (Revenue \$)

4e Total program service expenses 25,731,790

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No
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		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the		

tax year? If "Yes," complete Schedule C, Part II

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

Form 990 (2021)

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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		No

b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes		

Form 990 (2021)

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	101			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
h	If "Yes" enter the name of the foreign country: ▶					

If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? **5c**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a** No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**

7 Organizations that may receive deductible contributions under section 170(c).

a 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** No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** No

d If "Yes," indicate the number of Forms 8282 filed during the year **7d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e** No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** No

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.

a 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:

a Initiation fees and capital contributions included on Part VIII, line 12 **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders **11a**

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **12a**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? **13a**
Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**

c Enter the amount of reserves on hand **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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** No
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** No
If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 (2021)

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a		

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent

Table with 3 columns: Question ID, Yes, No. Rows include 1b (30), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question ID, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Form 990 (2021)

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.

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STAN MCNAUGHTON CHAIRMAN	1.00	X						0	0	0
(2) SCOTT ZIEGLER CHARIMAN-ELECT	0.60	X						0	0	0
(3) KRISTINA KRISS BARRONTON VICE CHAIRMAN	0.30	X						0	0	0
(4) NEILL ALLDREDGE DIRECTOR	0.30	X						0	0	0
(5) ALLEN ANDERSON DIRECTOR	0.30	X						0	0	0
(6) MICHAEL ARNOLD DIRECTOR	0.30	X						0	0	0
(7) DAN CLAPP DIRECTOR	0.30	X						0	0	0
(8) CODY COOK DIRECTOR	0.30	X						0	0	0
(9) TODD DAVIS DIRECTOR	0.30	X						0	0	0
(10) BRIAN DEEHOUSE DIRECTOR	0.30	X						0	0	0
(11) BEN EW BANK DIRECTOR	0.30	X						0	0	0
(12) DANIEL HALSEY DIRECTOR	0.30	X						0	0	0
(13) JEFFERY HAY DIRECTOR	0.30	X						0	0	0
(14) JIM LITHERLAND DIRECTOR	0.30	X						0	0	0
(15) ROBERT LYON DIRECTOR	0.30	X						0	0	0
(16) JAMES MACPHEE DIRECTOR	0.30	X						0	0	0
(17) CHRIS MALONE DIRECTOR	0.30	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN MCCASKILL DIRECTOR	0.30	X					0	0	0	
(19) ROB MCDADE DIRECTOR	0.30	X					0	0	0	
(20) TED MURPHY DIRECTOR	0.30	X					0	0	0	
(21) TIM NEE DIRECTOR	0.30	X					0	0	0	
(22) HOLLY RESTON DIRECTOR	0.30	X					0	0	0	
(23) DON ROBINSON DIRECTOR	0.30	X					0	0	0	
(24) DAVID A SAMPSON DIRECTOR	0.30	X					0	0	0	
(25) DUANE SANDERS DIRECTOR	0.30	X					0	0	0	
(26) JAMES SUTTON DIRECTOR	0.30	X					0	0	0	
(27) TODD WALKER DIRECTOR	0.30	X					0	0	0	
(28) BILL WESTRATE DIRECTOR	0.30	X					0	0	0	
(29) ANDREW WOODS DIRECTOR	0.30	X					0	0	0	
(30) FLOYD M YAGER DIRECTOR	0.30	X					0	0	0	
(31) DAVID HARKEY PRESIDENT	36.00 9.00	X		X			643,510	122,642	81,983	
(32) MICHAEL FAGIN SECRETARY/TREASURER	36.00 9.00			X			200,445	48,737	30,889	
(33) JOSEPH NOLAN SR. V.P. - VRC & CHIEF ADM	36.00 9.00				X		220,676	53,424	47,505	
(34) RUSSELL RADER SR. VICE PRES	45.00				X		279,385	0	36,557	
(35) DAVID ZUBY EXECUTIVE V.P. - VRC & CHI	36.00 9.00				X		269,688	64,165	52,827	
(36) MATTHEW MOORE SR. VICE PRESIDENT	9.00 36.00				X		54,904	223,407	60,026	
(37) CHARLES FARMER DIR STATISTICAL SERV	35.00					X	223,090	0	42,723	
(38) PINI KALNITE DIR FILM & MEDIA SER	35.00					X	216,603	0	49,783	
(39) MICHAEL POWELL DIRECTOR OF IT	35.00					X	178,206	0	51,643	
(40) RAUL ARBELAEZ VP - VRC	35.00					X	162,678	0	50,088	
(41) JESSICA JERMAKIAN SR. RESEARCH ENGINEER	35.00					X	172,393	0	28,555	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,621,578	512,375	532,579	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2021)

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c Other Amt Similar				
1d Fundraising events				
1e Related organizations				
1f Government grants (contributions)				
1g All other contributions, gifts, grants, and similar amounts not included above				
1h Noncash contributions included in lines 1a - 1f:				
1i Total. Add lines 1a-1f				

Program Service Revenue	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2a ASSESSMENTS	900099	26,553,970	26,553,970		
TEST VEHICLE REIMBURSEMENTS	900099	1,961,062	1,961,062		
TEST VEHICLE SALVAGE AND AUCTION	900099	1,466,170	1,466,170		
HEADLIGHT TESTING	900099	251,000	251,000		
2f All other program service revenue.					
2g Total. Add lines 2a-2f		30,232,202			

3 Investment income (including dividends, interest, and other similar amounts)			686,268			686,268
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real	(ii) Personal			
6a	Gross rents					
6b	Less: rental expenses					
6c	Rental income or (loss)					
d Net rental income or (loss)						
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	6,723,335				
7b	Less: cost or other basis and sales expenses	6,747,692				
7c	Gain or (loss)	-24,357				
d Net gain or (loss)				-24,357		-24,357
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8b Less: direct expenses						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
9b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
11a MISCELLANEOUS		Miscellaneous Revenue	Business Code	10,253		10,253
b LOSS ON DISPOSITION OF PROPERTY			900099	-11,453		-11,453
c						
d All other revenue						
e Total. Add lines 11a-11d				-1,200		
12 Total revenue. See instructions				30,892,913	30,232,202	0 660,711

Other Revenue

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	1,916,435	1,713,475	202,960	
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	8,544,494	6,592,150	1,952,344	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	845,692	654,305	191,387	
9 Other employee benefits	1,427,388	1,122,358	305,030	
10 Payroll taxes	673,879	533,551	140,328	
11 Fees for services (non-employees):				
a Management				
b Legal	42,691	1,560	41,131	
c Accounting	75,066	37,533	37,533	
d Lobbying				
e 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 Schedule O)				
12 Advertising and promotion				
13 Office expenses	707,211	639,716	67,495	
14 Information technology	327,267	160,000	167,267	
15 Royalties				
16 Occupancy	591,019	352,538	238,481	
17 Travel	51,056	8,663	42,393	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,192,083	2,108,139	83,944	
23 Insurance	185,458	156,850	28,608	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLE RESEARCH CENTER	5,105,709	5,105,709		
b HIGHWAY LOSS DATA INSTI	4,451,608	4,451,608		
c RESEARCH PROJECTS	1,171,982	1,171,982		
d COMMUNICATIONS PROJECTS	541,666	541,666		
e All other expenses	486,488	379,987	106,501	
25 Total functional expenses. Add lines 1 through 24e	29,337,192	25,731,790	3,605,402	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash—non-interest-bearing		1	
2 Savings and temporary cash investments	6,169,225	2	6,013,248
3 Pledges and grants receivable, net		3	

Assets	4	Accounts receivable, net		47,751	4	41,488	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		599,943	9	658,280	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	53,737,992			
	b	Less: accumulated depreciation	10b	24,238,690	31,233,761	10c	29,499,302
	11	Investments—publicly traded securities		19,078,124	11	25,132,526	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,717,735	15	1,236,555	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		58,846,539	16	62,581,399	
	Liabilities	17	Accounts payable and accrued expenses		248,871	17	405,937
		18	Grants payable			18	
19		Deferred revenue		3,041,400	19	3,904,991	
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete Part IV of Schedule D			21		
22		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
23		Secured mortgages and notes payable to unrelated third parties			23		
24		Unsecured notes and loans payable to unrelated third parties			24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		9,172,751	25	9,322,950	
26		Total liabilities. Add lines 17 through 25		12,463,022	26	13,633,878	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		46,383,517	27	48,947,521	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		46,383,517	32	48,947,521	
33	Total liabilities and net assets/fund balances		58,846,539	33	62,581,399		

Form 990 (2021)

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,892,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,337,192
3	Revenue less expenses. Subtract line 2 from line 1	3	1,555,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,383,517
5	Net unrealized gains (losses) on investments	5	892,196
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	116,087
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,947,521

Part XII **Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

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:

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, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
1		
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form 990 (2021)

Form 990 (2021)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

OMB No. 1545-0047

2021

Open to Public Inspection

Table with 2 columns: Name of the organization (INSURANCE INSTITUTE FOR HIGHWAY SAFETY) and Employer identification number (53-0246204)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1-12. List of reasons for public charity status with checkboxes. Option 10 is checked.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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

Section A. Public Support

Table with 6 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1. Gifts, grants, contributions, and membership fees received; 2. Tax revenues levied; 3. Value of services or facilities furnished; 4. Total.

5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					
6	Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on.					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).					
11	Total support. Add lines 7 through 10					
12	Gross receipts from related activities, etc. (see instructions)					12
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2021

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	24,726,740	25,383,247	26,108,537	25,332,255	26,553,970	128,104,749
2	2,613,395	2,869,649	4,011,257	1,801,406	3,678,232	14,973,939
3						
4						
5						
6	27,340,135	28,252,896	30,119,794	27,133,661	30,232,202	143,078,688
7a						0
b						0
c						0
8	Public support. (Subtract line 7c from line 6.)					143,078,688

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	27,340,135	28,252,896	30,119,794	27,133,661	30,232,202	143,078,688
10a	298,404	466,254	555,390	535,552	686,268	2,541,868

Table with 7 columns and rows 10-14. Row 10: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Row 11: Net income from unrelated business activities not included on line 10b. Row 12: Other income. Row 13: Total support. Row 14: First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns and rows 15-16. Row 15: Public support percentage for 2021. Row 16: Public support percentage from 2020 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 3 columns and rows 17-18. Row 17: Investment income percentage for 2021. Row 18: Investment income percentage from 2020 Schedule A.

- 19a 33 1/3% support tests-2021. 19b 33 1/3% support tests-2020. 20 Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-8 containing questions about supported organizations, including their status, control, and support details.

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).

8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section 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).		

Section 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?		
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).		
3 By reason of the relationship described in 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 supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.*

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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		

Section 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):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
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Section D - Distributions		Current year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021:		
a	From 2016.		
b	From 2017.		
c	From 2018.		
d	From 2019.		
e	From 2020.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7:		
	\$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017.		
b	Excess from 2018.		
c	Excess from 2019.		
d	Excess from 2020.		
e	Excess from 2021.		

Schedule A (Form 990) (2021)

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

Facts And Circumstances Test

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:
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SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (INSURANCE INSTITUTE FOR HIGHWAY SAFETY) and Employer identification (53-0246204)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and accounts. Rows 1-4 for aggregate values, 5-6 for compliance questions.

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

Table with 3 columns: Question number, Description, and Held at the end of the year (2a-2d). Rows 1-9 covering various conservation easement requirements.

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

Table with 3 columns: Question number, Description, and Amount. Rows 1a-1b for collection items, 2 for financial gain reporting.

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

apply):

- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Y

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Y

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Y

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back
1a Beginning of year balance	1,012,521	951,861	1,397,656	1,682,711
b Contributions	825,000	825,000	775,000	775,000
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs	232,046	764,340	1,220,795	1,060,061
f Administrative expenses				
g End of year balance	1,605,475	1,012,521	951,861	1,397,656

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

- a Board designated or quasi-endowment
 - b Permanent endowment
 - c Term endowment
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 - (ii) Related organizations
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land		446,659	
b Buildings		50,925,528	23,240,412
c Leasehold improvements		1,582,540	323,701
d Equipment		783,265	674,577
e Other			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year mark
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		

(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method Cost or end-of-
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	
(1) Federal income taxes	
ACCRUED VACATION	
ACCRUED HEALTH CLAIMS	
POSTRETIREMENT LIABILITIES	
DEFERRED RENT	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	892,196	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	THE BOARD OF DIRECTORS HAS DESIGNATED FUNDS FOR FUTURE REP IMPROVEMENTS, EQUIPMENT AND MOTOR VEHICLES.
PART X, LINE 2:	THE INSTITUTE IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN UNRELATED B PROVISION FOR INCOME TAX IS REQUIRED FOR THE YEAR ENDED DECE INSTITUTE HAD NO NET UNRELATED BUSINESS INCOME. THE INSTITUTE POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKI THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TA DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT POSITIONS. THE INSTITUTE'S IRS FORM 990, RETURN OF ORGANIZATION IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERALLY FOR

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Additional Data

Software ID:
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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INSURANCE INSTITUTE FOR HIGHWAY SAFETY

Employer identification number 53-0246204

Part I Questions Regarding Compensation

Form 990 Schedule J Part I questions regarding compensation, including 1a (travel, housing, etc.), 2 (substantiation), 3 (compensation methods), 4 (severance, retirement), 5 (contingent compensation), and 6 (net earnings).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 5 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (i) Base, (ii) Bonus & incentive, (iii) Other reportable, (C) Retirement and other deferred compensation, (D) Nontaxable benefit. Rows include David Harkey, David Zuby, Matthew Moore, Joseph Nolan, Russell Rader, Michael Fagin, and Pini Kalnite.

8 CHARLES FARMER DIR STATISTICAL SERV	(i)	216,736	5,000	1,354	22,054	20,66
	(ii)	0	0	0	0	0
9 MICHAEL POWELL DIRECTOR OF IT	(i)	174,872	3,000	334	18,343	33,30
	(ii)	0	0	0	0	0
10 RAUL ARBELAEZ VP - VRC	(i)	158,468	4,000	210	16,702	33,38
	(ii)	0	0	0	0	0
11 JESSICA JERMAKIAN SR. RESEARCH ENGINEER	(i)	168,177	4,000	216	16,983	11,57
	(ii)	0	0	0	0	0

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	INSURANCE INSTITUTE FOR HIGHWAY SAFETY MAINTAINS TWO NON-QUALIFIED DEFERRED COMPENSATION PLANS. FOR 2021 THE SAFETY CONTRIBUTED \$32,321 FOR DAVID HARKEY, AND \$3,083 FOR DAVID ZUBY.

Additional Data

Software ID:
Software Version:

efile Public Visual Render | ObjectID: 202242369349300914 - Submission: 2022-08-24

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization INSURANCE INSTITUTE FOR HIGHWAY SAFETY	Employer identification number 53-0246204
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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS DID NOT REVIEW THE FORM 990. HOWEVER, THEY DID APPROVE THE STATEMENT AUDIT. THE TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	THE INSURANCE INSTITUTE FOR HIGHWAY SAFETY HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS COMPLETED AN ANNUAL MONITORED AND ENFORCED COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND IDENTIFIED AND BUSINESS RELATIONSHIPS.
FORM 990, PART VI, SECTION B, LINE 15	UNDER THE INSTITUTE'S BYLAWS, THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO SET COMPENSATION OFFICERS OF THE INSTITUTE. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MET TO REVIEW THE OFFICER'S COMPENSATION FOR CALENDAR YEAR 2021. THE COMMITTEE REVIEWED THE OFFICER'S PERFORMANCE, COMPENSATION HISTORY AND COMPARABILITY DATA ON OFFICERS REPORTED ON FORM 990 FOR SEVERAL NON-PROFIT ORGANIZATIONS THAT HAVE COMMUNICATED RESPONSIBILITIES SIMILAR TO THE INSTITUTE AND ON MOTOR VEHICLE RELATED ORGANIZATIONS HIGHWAY AND VEHICLE SAFETY ISSUES. IN ADDITION, THE COMMITTEE MEMBERS DREW UPON THEIR OWN KNOWLEDGE OF COMPENSATION WITHIN THEIR OWN COMPANIES, THE INSURANCE INDUSTRY IN GENERAL AND COMPENSATION. THE DECISION ON COMPENSATION WAS MADE SOLELY BY THE COMMITTEE MEMBERS INDIVIDUALS THAT ARE NOT SUBJECT TO THE CONTROL OF THE INSTITUTE'S OFFICERS.
FORM 990, PART VI, SECTION C, LINE 18	THE INSTITUTE'S FORM 990 IS AVAILABLE UPON WRITTEN REQUEST.
FORM 990, PART VI, SECTION C, LINE 19	THE INSTITUTE'S DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.
FORM 990, PART XI, LINE 9:	POSTRETIREMENT BENEFIT PLAN ACTUARIAL LOSS NOT YET RECOGNIZED IS: 116,087.

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

Cat. No. 51056K

Additional Data

Software ID:
Software Version:

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization INSURANCE INSTITUTE FOR HIGHWAY SAFETY

Employer identification number 53-0246204

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

Table with 5 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets.

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

Table with 5 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status.

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because the organization treated as a partnership during the tax year.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Correlation.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because the organization treated as a corporation or trust during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets.

Schedule R (Form 990) 2021

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version: