			** PUBLIC DISCLOSURE CO		_	OMB No. 1545-0047
_	0	ON	Return of Organization Exempt F			0040
Forr (Rev	-	JU uary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form	-	=	Open to Public
		nue Service	► Go to www.irs.gov/Form990 for instructions and lar year, or tax year beginning OCT 1, 2019 and		EP $30, 2020$	Inspection
_		-		ending 5		
	heck if oplicab		forganization		D Employer identific	ation number
	Addre		A REGION III, INC.			
	Name		usiness as		54-173243	3.3
	Initial	<u>v</u>	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1/101		700	703-908-2	
	termir	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	379,815.
	Amen return	ARLI	NGTON, VA 22203		H(a) Is this a group re	turn
	Applic	^{ca-} F Name a	nd address of principal officer: WENDY SIBLEY		for subordinates	? Yes X No
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
-		empt status:		or 📃 527	If "No," attach a	list. (see instructions)
			AAMVA.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 2005 N	I State of legal domicile: VA
Ра	rt I	Summary		000 337		
e	1		be the organization's mission or most significant activities:		D CARRY OUT	THE
Governance	•		HIP AND EDUCATION PURPOSES OF AAMV			
ern		Check this bo				iets. 13
Gov	3					13
	4 5		dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2019 (Part V, line 2a)			0
ties	6		of volunteers (estimate if necessary)			15
Activities &	-		d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		115,583.	110,333.
nue	9	Program serv	ice revenue (Part VIII, line 2g)		38,900.	28,850.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		10,030.	11,904.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,513.	151,087.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		16,200.	43,093.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses			undraising fees (Part IX, column (A), line 11e)	···	0.	0.
т. Д			ing expenses (Part IX, column (D), line 25)	0.	103,221.	79 095
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		103,221. 119,421.	<u>78,985.</u> 122,078.
	18 19		es. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		45,092.	29,009.
- Si		never lue less			ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		618,640.	549,642.
Asse	21		s (Part X, line 26)		107,752.	112.
Net -und	22		fund balances. Subtract line 21 from line 20		510,888.	549,530.
يتغني المراجع	rt II	Signatur		I	, / -	
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigr	۱	, -	e of officer		Date	
Her	е	WENE	Y SIBLEY, CHIEF FINANCIAL OFFICER			

	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN				
Paid	MICHAELA J. CROMAR, CPA	MICHAELA J. CROMAR,	04/02/21 self-employed	P00895728				
Preparer	er Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749							
Use Only	Firm's address 🖕 901 N. GLEBE ROA	D, SUITE 200						
	ARLINGTON, VA 22203 Phone no. 571-227-9500							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	990 (2019) AAMVA REGION III, INC.	<u>54-1732433</u>	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	SUPPORT AND CARRY OUT THE MEMBERSHIP AND EDUCATIONAL PURI	POSES OF	
	AAMVA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		es 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?	ΓY	es 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 r	neasured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	101 EC1 12 004	ue\$28	3,850.
	REGION III CONFERENCE:		
	ANNUAL EDUCATIONAL CONFERENCE TO SUPPORT AAMVA IN ITS EFI	FORTS TO	
	FACILITATE DISCUSSION, PRESENT TECHNICAL RESEARCH AND PRO		
	JURISDICTIONAL RECIPROCITY REGARDING CONTROL AND LICENSIN	NG OF MOTOF	2
	VEHICLE DRIVERS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$	
4			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	.e \$	
4d	Other program services (Describe on Schedule O.)		
Ψu		١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 121,561.)	
70		 Eor	n 990 (2019
33000	2 01-20-20	FOI	
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			0.6.4

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Form	990	(2019)

 Form 990 (2019)
 AAMVA REGION III, INC.

 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?	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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		X
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, VIII, 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		X
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		<u> </u>
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		<u> </u>
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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 Form 990 (2019)
 AAMVA REGION III, INC.

 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	Х	
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	Х	
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		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		X
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		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		X
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		X
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		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V		Vaa	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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Form	<u>990 (2019)</u> AAMVA REGION III, INC. 54-1732	433	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.0		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		X
		7a 7b		- 23
		10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
Ь		10		
	It "Yes," indicate the number of Forms 8282 filed during the year	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.		0000	
		Form	990	(2019)

932005 01-20-20

Form 990	(2019)
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AAMVA	REGION	III	, INC
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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.

			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· F	-		
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		····· -			
~				7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
	The governing body?		F	8a	Х	
	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 read		····· -	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		·····	3		- 23
	tion Driverson of the internal Relation about policies not required by the internal Rel	venue Code.)			Yes	N
0-	Did the exercise tion have lead charters branches as efflicted?		Г	10a	162	X
	Did the organization have local chapters, branches, or affiliates?		·····	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristical and procedures governing the activities of such characteristical and procedures are consistent with the according to the superscript of the su	• • •		401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filling the for		11a	Δ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-		Х
	Did the organization have a written conflict of interest policy? If "No," go to line 13		····· ⊢	12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		······	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	in Schedule O how this was done		····· ⊢	12c		x
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and approval	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_			
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization		[15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent 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 evaluat	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	_			
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 50	01(c)(3)s d	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 <i>(explain</i>	on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of interest poli	cy, and f	inano	ial	
	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 boo	oks and records	·			
	WENDY SIBLEY - 703-908-2897					
	4401 WILSON BOULEVARD, NO. 700, ARLINGTON, VA 2220)3				
	6 01-20-20			Form	990	(20)

Form 990 (2019) AAMVA REGION III, INC.	54-1732433	Page 7					
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 endi	ng with or within the organization's ta	ax year.					

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• List all of the organization's former officers, key employees, 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 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			Isated		(W-2/1099-MISC)	(W-2/1033-10130)	organization
	organizations	truste	al tru		yee	umper		(and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) WENDY SIBLEY	2.00									
VP FINANCE & CFO	43.50			X				0.	187,879.	23,879.
(2) JULIANE KNITTLE	18.75									
DIRECTOR, REGIONS III & IV	18.75			X				0.	137,216.	15,431.
(3) PETER LACY	2.00									
PRESIDENT	2.00	Х		X				0.	0.	0.
(4) CHARLES NORMAN	2.00									
VICE PRESIDENT	2.00	Х		X				0.	0.	0.
(5) MELISSA SPIEGEL	2.00									
TREASURER	0.00	Х		X				0.	0.	0.
(6) JAMES FACKLER	2.00									
SECRETARY	0.00	Х		X				0.	0.	0.
(7) KRISTINA BOARDMAN	2.00									
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(8) DOUG CARTER	2.00									
LAW ENFORCEMENT MEMBER AT LARGE	0.00	Х						0.	0.	0.
(9) TERRI COOMBES	2.00									
IMMEDIATE PAST PRESIDENT	2.00	Х						0.	0.	0.
(10) EMMA CORRIE	2.00									
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(11) DAVID HARPER	2.00									
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(12) MARNIE KACHER	2.00									
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(13) JOEY PLAGGENBERG	2.00									
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(14) ROBIN REHBORG	2.00									
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(15) JANE SCHRANK	2.00									
MEMBER AT LARGE	2.00	Х						0.	0.	0.
(16) ROSE YAEGER	2.00							_		_
MEMBER AT LARGE THRU MAR 2020	0.00	Х						0.	0.	0.
										000

932007 01-20-20

Form 990 (2019)

09130402 131839 064-219179-00

Form	990 (2019)	AAMVA	REGION III	Γ,	IN	<u>. C</u>					54-1	732	<u>433</u>	Pa	.ge 8	
Par	t VII Section A. Officer	s, Directors	s, Trustees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)					
	(A) Name and titl		(B) Average hours per week	(do box	not cl	(C Pos heck i ss per	C) itior ^{more} rson i		one n an	(D) Reportable compensation from	(E) Reportable Esti compensation amo			(F) Estimated amount of other		
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior	organizations compen		pensat om the nization relate	e on ed	
				-												
				-												
				-												
				-												
				-												
	<u></u>			-						0.	325,0	05	20),31	0	
с	Subtotal Total from continuation Total (add lines 1b and	sheets to I	Part VII, Section A							0.	325,0	0.),31	0.	
2	Total number of individua compensation from the c	als (includino	g but not limited to th						o re	eceived more than \$100,	000 of reportable	e		Maal	0	
3	Did the organization list a line 1a? If "Yes," complete	-				•							3	Yes	No X	
4	For any individual listed or and related organizations	on line 1a, is s greater tha	the sum of reportab an \$150,000? <i>If</i> "Yes,	le cc ," <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J f	ner compensation from the for such individual	ne organization		4	X		
5 Sec	Did any person listed on rendered to the organiza tion B. Independent Con	tion? If "Yes							elate	ed organization or indivic	lual for services		5		X	
1	Complete this table for y the organization. Report	our five high										pensa	tion fro	m		
	Ν		(A) Isiness address	N	ONE	2				(B) Description of s	services (C) Compensation			1		
									_							
	-															
2	Total number of indepen \$100,000 of compensation			ot lir	niteo	a to f	thos (ted	above) who received mo	ore than		Form S	990 (2	019)	

932008 01-20-20

				IVA REGIO	<u>N III, I</u>	NC.		54-1732	433 Page
Par	rt V	νIΠ							
			Check if Schedule O	contains a respor	nse or note to an	· · · · ·	(B)	(C)	
						(A) Total revenue	Related or exempt		(D) Revenue excluded from tax under sections 512 - 514
lts ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
s, G		с	Fundraising events						
Gift Iar				<u>1d</u>					
ns,			Government grants (contr			_			
er S		f	All other contributions, gifts,		110 22	2			
Oth			similar amounts not included		110,33	<u>.</u>			
ind but		-	Noncash contributions included in Total. Add lines 1a-1f	lines 1a-1f 1g \$		▶ 110,333.			
0.0			Total. Add lines faith		Business Co				
đ	2	а	CONFERENCE &	WORKSHOP			28,850.		
, vic	-	b							
Ser		с							
eve		d							
Program Service Revenue		е			_				
בֿ			All other program service						
_			Total. Add lines 2a-2f			▶ 28,850.			
	3		Investment income (includ	-		. 7 0/7			7 0 4 7
			other similar amounts)			7,847.			7,847.
	4 5		Income from investment of Royalties						
	5		noyanies	(i) Real	(ii) Person				
	6	а	Gross rents	6a	(.,				
	-	b	Less: rental expenses	6b					
		с	Rental income or (loss)	6c					
		d	Net rental income or (loss						
	7	a	Gross amount from sales of	(i) Securiti		r			
			assets other than inventory	7a 232,78	5.				
		b	Less: cost or other basis		<u>_</u>				
evenue			and sales expenses	7b 228,72	8.				
eve			Gain or (loss)	7c 4,05	•	▶ 4,057.			4,057.
r Re			Net gain or (loss) Gross income from fundraisin			► 4,057.			4,057
Other	0	d	· · · · ·	of					
			contributions reported on						
			Part IV, line 18	-	8a				
		b	Less: direct expenses		8b				
		с	Net income or (loss) from	fundraising even	ts	▶			
	9	а	Gross income from gamin						
			Part IV, line 19		9a	_			
			Less: direct expenses		9b	•			
	40		Net income or (loss) from		<u> </u>				
	10	a	Gross sales of inventory, I		102				
		h	and allowances Less: cost of goods sold		10a 10b				
			Net income or (loss) from		• •	▶ 			
		<u> </u>			Business Co	ode			
Miscellaneous Revenue	11	а							
ane		b							
scellaneo <u>Revenue</u>		с							
Misc			All other revenue						
-			Total. Add lines 11a-11d						11.001
	12		Total revenue. See instruction	ons		▶ 151,087.	28,850.	0.	11,904.
	9 01	-20-	20			•			Form 990 (2019

Form 990 (2019)

AAMVA REGION III INC 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				
	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				
	and domestic governments. See Part IV, line 21	26,258.	26,258.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	16,835.	16,835.		
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				
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	Management				
b					
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	517.		517.	
f	Investment management fees	51/.		51/.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0 740	0 742		
	column (A) amount, list line 11g expenses on Sch 0.)	8,743.	8,743.		
12	Advertising and promotion	45.	45.		
13	Office expenses	2,930.	2,930.		
14	Information technology	2,475.	2,475.		
15	Royalties				
16	Occupancy				
17	Travel	7,616.	7,616.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,659.	56,659.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	122,078.	121,561.	517.	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.				

10

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Part X | Balance She Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 297,187. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

et	IC	REG	ION I	II,	INC.	

1

2

3

(B) End of year

209,538.

4 5 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 4,842. 2,474. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 316,611. 337,630. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 549,642. 618,640. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 5,244. Accounts payable and accrued expenses 17 17 18 18 Grants payable 100,033. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 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 2,475. 25 112. of Schedule D 107,752. 112. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 549,530. 510,888. 27 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 549,530. 510,888. Total net assets or fund balances 32 32 549,642. 618,640. 33 33 Total liabilities and net assets/fund balances

Form 990 (2019)

Form	990	(2019)
1 01111	000	

Assets

Liabilities

Net Assets or Fund Balances

Form	AAMVA REGION III, INC.	54	-1732433	Pag	_{ge} 12
Pa	rt 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	151		
2	Total expenses (must equal Part IX, column (A), line 25)	2			78.
3	Revenue less expenses. Subtract line 2 from line 1	3	29	,0	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> </u>	88.
5	Net unrealized gains (losses) on investments	5	9	, 6:	<u>33.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	549	,5	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au		. ,	
	Act and OMB Circular A-133?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2019)

932012 01-20-20

SCHEDU	LE A
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Department of the Treasury Internal Revenue Service

(F	orm	990	or	990-	EZ)

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
2019
Open to Public

Nan	ne of t	the organization						• •	r identification number
			VA REGION I						4-1732433
	art I	Reason for Public					e instructions		
The	organi	ization is not a private foun	dation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3		A hospital or a cooperative							
4		A medical research organi	zation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated		lege or university owned	or operat	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8		A community trust describ	ed in section 170(b)	1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research or	rganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a l	and-grant	college
		or university or a non-land	-grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	e or
		university:							
10		An organization that norm	ally receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersh	ip fees, ar	nd gross receipts from
		activities related to its exe	mpt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of its	s support	from gross investment
		income and unrelated bus	iness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	omplete Part III.)						
11		An organization organized	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12	X	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported o	rganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that	t describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting org	anization operated, s	upervised, or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organizat	ion(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	upporting
		organization. You must	complete Part IV, Se	ctions A and B.					
b	X	Type II. A supporting or	ganization supervised	or controlled in connect	ion with it	s supporte	ed organization	(s), by hav	/ing
		control or management	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported
		organization(s). You mu	st complete Part IV,	Sections A and C.					
с	:	Type III functionally int	egrated. A supportin	g organization operated i	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	on(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functional	ly integrated. A supp	orting organization operation	ated in co	nnection v	vith its support	ed organi:	zation(s)
		that is not functionally in						-	
		requirement (see instruc	•	• •	•		-		
е		Check this box if the org						, Type III	
		functionally integrated, of					51 / 51	/	
f	Ente	er the number of supported	51	, , ,	5 5				1
C		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
AA	MVA		53-0172317	10	Х			0.	0.
Tota	al							0.	0.
		Paperwork Reduction Act	Notice, see the Instru	uctions for Form 990 or	990-F7	932021 09-	25-19 Sched	-	rm 990 or 990-EZ) 2019
		aper work neudclion Act		13	990-LZ.	932021 09-		ule A (Foi	111 990 01 990-LZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AAMVA REGION III, INC. 54-1732 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

54-1732433 Page 2

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 00/5	(1) 00 (0)	()	(1) 00 (0)	() 00/0	(0,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9							
	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						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (coo instructi	0005)			12	
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t			
10	organization, check this box and stop	0				()()	
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2019 (I			column (f))		14	%
	Public support percentage from 2018		•	()/		15	%
	33 1/3% support test - 2019. If the o					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the orc	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	0 10% -facts-and-circumstances test	- 2018. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	in in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	icly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 10	<u>6a, 16b, 17a, or 17</u>	'b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 AAMVA REGION III, INC.

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

54-1732433 Page 3

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		-			-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	rd, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Public	ic Support Per	centage			· · · ·	
15	Public support percentage for 2019 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Investion	stment Income	e Percentage			<u> </u>	
17	Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line $-$	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 09-25-19						0 or 990-EZ) 2019
			15	5			

Yes

Х

1

2

3a

3b

3c

No

Х

Х

Х

Part IV Supporting Organizations

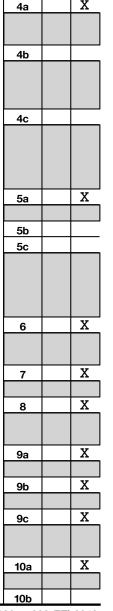
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in 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 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.)

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932024 09-25-19



Schedule A (Form 990 or 990-EZ) 2019

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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		100	110
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		Х
Sec	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		100	110
•	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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
U	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		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti			
2	Activities Test. Answer (a) and (b) below.	ucuons	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	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	20	_	
Ь	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥Ŀ		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	<u>3b</u>	0 57	2040
932025	5 09-25-19 Schedule A (Form 9	an or ar	י∪-⊏∠)	2019

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09130402 131839 064-219179-00

	(Form 990 or 990-EZ) 2019					
Part V	Type III Non-Function	onally Inte	egrated 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		
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 1-1/2% 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 .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 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 surrent year is the executivation's first as a pap functional		-1 T	

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 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 I	AAMVA	REGION	III,	, INC
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 AAMVA REGION III, INC.	54-1732433 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi (See instructions.)	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
PART IV, SECTION C, LINE 1:	
THE ORGANIZATION CANNOT TAKE ACTION WITH RESPECT TO ANY OF	THE
FOLLOWING WITHOUT THE PRIOR WRITTEN APPROVAL OF THE BOARD O	F DIRECTORS
OF THE AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	(AAMVA),
ITS SUPPORTED ORGANIZATION:	
1. TO CHANGE THE MISSION, PURPOSE, OR SCOPE OF THE CORPORAT	ION AND ITS
OPERATIONS, OR THE LOCATION, SIZE OR SCOPE OF ITS SERVICES,	PROGRAMS OR
OPERATIONS;	
2. TO SELL, LEASE, PURCHASE ANY REAL PROPERTY OR INCUR ANY	DEBT FOR
MONEY BORROWED OR GUARANTEE THE DEBT OF ANOTHER;	
3. TO APPROVE CAPITAL EXPENDITURE BUDGETS OR STRATEGIC AND	LONG RANGE
PLANS, OR FUND RAISING PROGRAMS;	
4. TO APPROVE FINANCIAL AND EMPLOYEE BENEFIT POLICIES FOR P	ERSONS
EMPLOYED BY THE CORPORATION, IF ANY, AND PROCEDURES AND THE	APPOINTMENT
OR ENGAGEMENT OF AUDITORS, LEGAL COUNSEL AND CONSULTANTS.	
SINCE THE SUPPORTED ORGANIZATION, AAMVA, HAS THE POWER TO CO	ONTROL THE
MAJORITY OF THE OPERATIONS OF AAMVA REGION III INCLUDING TH	E HIRING AND
PAYMENT OF SALARIES OF REGION III'S EMPLOYEES, CONTROL BY T	HE SUPPORTED
ORGANIZATION IS CLEARLY ESTABLISHED WITHOUT AN OVERLAP OF T	HE MAJORITY
OF THE BOARD OF DIRECTORS.	

932028 09-25-19

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

AAMVA REGION III,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

4-1732433	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

X 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

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 or 990-EZ), 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, 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

AAM

AAMVA	REGION III, INC.		54-1732433
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
		\$6,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,00	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		\$6,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X

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(b)

Name, address, and ZIP + 4

923452 11-06-19

09130402 131839 064-219179-00

(a) No.

2019.05080 AAMVA REGION III, INC.

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

5,000.

(c)

Total contributions

\$

\$

064 - 2191

Name of organization

Page 3 Employer identification number

AAMVA REGION III, INC.

54-1732433

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional 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
		\$	

09130402 131839 064-219179-00

Page 4

ame of organi	ization		Employer identification number					
AMVA RE	EGION III, INC.		54-1732433					
Part III E	xclusively religious, charitable, etc., contribu) through (a) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yes					
со	ompleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.) S					
a) No.	se duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			—					
		(e) Transfer of gift						
	T							
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee					
— —								
a) No.	() 5							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
[
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
— —								
a) No. from	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is held					
Part I								
		(a) Transfer of sift						
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
—								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
 		(e) Transfer of gift						
 	Transferee's name, address, a		Relationship of transferor to transferee					
	Transferee's name, address, a		Relationship of transferor to transferee					
	Transferee's name, address, a		Relationship of transferor to transferee					

09130402 131839 064-219179-00

60		Sunnlama	ntal Financial Statements	L	OMB No. 154	5-0047
	HEDULE D n 990)		organization answered "Yes" on Form 990,		201	 Q
•	,	Part IV, line 6, 7, 8, 9	9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.		Open to	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/For	rm990 for instructions and the latest information.		Inspectio	on
Nam	e of the organization	n AAMVA REGION III	INC.		dentification -17324	
Pa	rt I Organizat	tions Maintaining Donor Adv	ised Funds or Other Similar Funds or Ac	counts. _C	omplete if the	9 0
		answered "Yes" on Form 990, Part IV				
			(a) Donor advised funds (i	b) Funds and	other accour	nts
1	Total number at end	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5	-		s in writing that the assets held in donor advised fund	-	v	
c			on's exclusive legal control?		Yes	└── No
6	0	6 / /	for advisors in whiling that grant funds can be used of nor or donor advisor, or for any other purpose conferri	,		
	impermissible privat			Γ	Yes	No
Pa			e organization answered "Yes" on Form 990, Part IV,		100	
1		ervation easements held by the organi				
	Preservation of	of land for public use (for example, re	creation or education)	rically importa	ant land area	
	Protection of	natural habitat	Preservation of a certif	fied historic st	ructure	
	Preservation of	of open space				
2	Complete lines 2a th	nrough 2d if the organization held a q	ualified conservation contribution in the form of a cor	servation eas	ement on the	e last
	day of the tax year.			Held at	the End of the	Tax Year
а				2a		
b	-			2b		
C.			c structure included in (a)	2c		
d			red after 7/25/06, and not on a historic structure			
2				2d	he ter	
3	year	ation easements modified, transferred	d, released, extinguished, or terminated by the organiz	zation during i	netax	
4		here property subject to conservatior	easement is located			
5			e periodic monitoring, inspection, handling of			
	-	rcement of the conservation easemer		[Yes	No No
6	Staff and volunteer	hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conservation		during the yea	ar
	▶					
7	Amount of expense	s incurred in monitoring, inspecting, h	nandling of violations, and enforcing conservation eas	ements during	g the year	
	▶\$					
8			above satisfy the requirements of section 170(h)(4)(B)(-		
_					Yes	No
9		-	rvation easements in its revenue and expense stateme			
			ootnote to the organization's financial statements that	it describes th	ie	
Pa	rt III Organizat	unting for conservation easements. tions Maintaining Collections	s of Art, Historical Treasures, or Other Si	imilar Asse	ets.	
		the organization answered "Yes" on F				
1a	If the organization e	lected, as permitted under FASB AS(C 958, not to report in its revenue statement and bala	nce sheet wo	rks	
	•		public exhibition, education, or research in furtheran			
	service, provide in F	art XIII the text of the footnote to its	financial statements that describes these items.			
b	If the organization e	lected, as permitted under FASB AS0	C 958, to report in its revenue statement and balance	sheet works of	of	
	art, historical treasu	res, or other similar assets held for pu	ublic exhibition, education, or research in furtherance	of public serv	rice,	
		g amounts relating to these items:				
				► \$		
_				▶ \$		
2	•		Il treasures, or other similar assets for financial gain, p	provide		
_	•	nts required to be reported under FAS				
a b				► \$ ► \$		
u		UIII 330, I αιι Λ		v		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
932051 10-02-19	

25 2019.05080 AAMVA REGION III, INC. 064-2191

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 AAMVA R	EGION III,	INC	•		-	_	54-17	3243	3 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Othe	r Simil	ar Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	t make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 <u> </u>		change progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how tl	hey further th	he organizati	on's exei	mpt purp	oose in Part	XIII.		
5	During the year, did the organization solicit o		,			er similaı	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if th	e organizatio	on answered	"Yes" or	n Form 9	90, Part IV, I	line 9, or		
па	Is the organization an agent, trustee, custodi		-								7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	table:					•		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo						• • • • •	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
								a vaara baak	(e) Four	, vooro	haal
10	Beginning of year balance	(a) Current year	(0)	Prior year		IIS DAUK	(u) me	e years back	(e) Four	years	Dack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the curr		- (line 1)) h ald aa.						
2			•	g, column (a	u)) neiù as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
0-	The percentages on lines 2a, 2b, and 2c show				and a day to take						
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neid a	na administe	red for tr	he organ	Ization	l	Vee	Nia
	by:								0-13	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	iunus.							
	Complete if the organization answered) Part l'	V line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or c		T	t or other	r i		bted	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)		preciatio		(u) 500	r value	5
1a	Land		,		. /						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Port	X colu	mn (R) line 1	10c)						0.
		quar onn 000, i dil			<u></u>			Schedule	D (Forn	n 990)	-

Schedule D (Form 990) 201

932052 10-02-19

Schedule D (Form 990) 2019	AAMVA	REGION	III,	INC
Part VII Investments - ()ther Secu	rities		

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives	.,		,
2) Closely held equity interests			
3) 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.			
		11a Cas Farm 000 Bart V line 10	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
			nd of year market value
(1)			
(2)			
(3)		1	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
		e 11d. See Form 990, Part X, line 15.	
(a) [Description	a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	a 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	2 11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" complete if the organization and the org	Description		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (0) (1) Federal income taxes	Description 15.) on Form 990, Part IV, line		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (0) (1) Federal income taxes	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" co . (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI (3) MOTOR VEHICLE ADMINISTRATO	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI (3) MOTOR VEHICLE ADMINISTRATO (4)	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line. Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI (3) MOTOR VEHICLE ADMINISTRATO (4) (5)	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI (3) MOTOR VEHICLE ADMINISTRATO (4) (5) (6)	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DUE TO THE AMERICAN ASSOCI (3) MOTOR VEHICLE ADMINISTRATO (4) (5) (6) (7)	Description <u>15.)</u> on Form 990, Part IV, line ATION OF		25. (b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 AAMVA REGION III, INC.			54-	1732433 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.	
	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	160,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	9,633.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	<u>9,633.</u> 150,570.
3	Subtract line 2e from line 1			3	150,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	517.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	517.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	151,087.
Ра	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	121,561.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	121,561.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	517.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	517.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	<u></u>		5	122,078.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

AAMVA	A REG	SION	III	IS E	EXEMPT	FROM	1 THE	PAYMEI	NT C	F TAXES	ON	INCOM	E OTH	HER '	THAN	
NET U	JNREI	LATED	BUS	SINES	SS INC	OME (JNDER	SECTI	ON 5	501(C)(3) OF	THE I	IRC.	FOR	THE	
YEARS	5 ENI	DED S	EPTE	MBEF	х 30,	2020	AND	2019, 1	NO E	ROVISIO	N FO	R INCO	OME 1	FAXE ;	S WA	S
MADE	, AS	AAMV	A RE	GION	1 III	HAD 1	IO NE	T MATE	RIAL	J UNRELA	FED	BUSINI	ESS I	INCO	ME.	

932054 10-02-19

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. the latest inform	ation.		Open to Public Inspection
Name of the organization	ion AAMVA REGION III.	INC				_	Employer identification number 54–1732433
Part I General Ir							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the		or assistance, the g	Irantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to a	criteria used to award the grants or assistance?						X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	r monitoring the use of grant f	funds in the United	States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Drganizations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient tl	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	t II can be duplicated if additic	<u>onal space is neede</u>	Р			
1 (a) Name and ac or go	1 (a) Name and address of organization (b) EIN or government	N (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nent organizations listed in the	e line 1 table	-			
3 Enter total numb LHA For Paperwork	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	le line 1 table structions for Form 990.					Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019) AAMVA REGION III	I, INC.				54-1732433 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete	organization answe	if the organization answered "Yes" on Form 990, Part IV, line 22	30, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL ASSISTANCE	23	16,835.	.0	N/A	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.	l uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE REGION III BOARD APPROVES A \$3,	,000 ALLO	LLOTMENT FOR	FOR EACH OF THE	I 13	
JURISDICTIONS TO SPEND TOWARDS TRAVEL	/EL COSTS	AS NECESSARY.	EACH	TRAVELER	
COVERED UNDER THE TRAVEL ASSISTANCE	AMOU	NT MUST SUBMIT	A	REIMBURSEMENT	
PACKAGE THAT INCLUDES A SIGNED TRAVEL		REIMBURSEMENT REQUEST	EQUEST FOR	FORM AND	
RECEIPTS/SUPPORTING DOCUMENTATION C	OF ALL EL	ELIGIBLE COSTS.	ALL	REIMBURSEMENTS	
ARE TRACKED TO ENSURE THEY DO NOT E	EXCEED THE	E ALLOTTED	AMOUNT.		

Schedule I (Form 990) (2019)

30

sc	HEDULE J	I	OMB No. 1	545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>
-	Compensated Employees		20	IJ)
Dena	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	-		dentificatio		nber
D	AAMVA REGION III, INC.	54-1	732433	3	
Pa	rt I Questions Regarding Compensation		I		
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990),			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	abof)			
	Discretionary spending account Personal services (such as maid, chauffeur, c	iner)			
۲.	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
D			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		di		
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
			2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	.0			
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation com	mittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change of control payment?				Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5 a		X
b	Any related organization?		5 b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
	The organization?				X X
b	Any related organization?		6b		
-	If "Yes" on line 6a or 6b, describe in Part III.				
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		X
•	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract supervised in Part III.				X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		9		
ЦЦИ	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sohod	ule J (Form	000	2010
LUL		Sched		1 990)	2019

932111 10-21-19

For the princers, pressures, registriprovees, and righters compensated single proves. Ose deprivate copies in additional space is record. 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 aren't listed on Form 990, Part VII.	orm 9	yees, and mynest of borted on Schedule J 990, Part VII.	, report compensation	on from the organizi	ation on row (i) and from	related organizations	s, described in the inst	ructions, on row (ii).
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.	ed inc	dividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applica	ble column (D) and (E	:) amounts for that indi	vidual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Detretits	(n)-()(a)	in countin (b) reported as deferred on prior Form 990
(1) WENDY SIBLEY	(i)	.0	.0	.0	.0	.0	.0	.0
VP FINANCE & CFO	(II)	181,679.	6,200.	.0	13,592.	10,287.	211,758.	.0
(2) JULIANE KNITTLE	Ξ	0	•0	.0	•	•		.0
DIRECTOR, REGIONS III & IV	(ii)	131,716.	5,500.	.0	9,506.	5,925.	152,647.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(II)							
	(i)							
) (II)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
							Schedu	Schedule J (Form 990) 2019

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932112 10-21-19

Page 2

54 - 17324332 Ů 2 ¢ AAMVA REGION III, 4 קוס -Ш Ľ ł Ě Schedule J (Form 990) 2019
Part II Officers. Directors

INC.

Schedule J (Form 990) 2019 AAMVA REGION III, INC.	54-1732433 Page 3
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.	is part for any additional information.
PART I, LINE 3:	
AAMVA REGION III, INC. DOES NOT DIRECTLY HIRE OR COMPENSATE EMPLOYEES.	
ALL EMPLOYEES ARE EMPLOYEES OF THE AMERICAN ASSOCIATION OF MOTOR	
VEHICLE ADMINISTRATORS (AAMVA), A RELATED ORGANIZATION EXEMPT UNDER	
SECTION 501(C)(3).	
AAMVA'S EXECUTIVE COMMITTEE ANNUALLY REVIEWS COMPENSATION FOR THE	
PRESIDENT AND CEO UTILIZING COMPARABLE INDUSTRY AND ORGANIZATIONAL	
DATA. OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE EVALUATED ON	
AN ANNUAL BASIS USING A PERFORMANCE MANAGEMENT SYSTEM. ALL EMPLOYEES'	
EVALUATIONS ARE REVIEWED BY HR.	
	Schedule J (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number 54 - 1732433

FORM 990, PART VI, SECTION A, LINE 6:

AAMVA REGION III,

THERE ARE TWO CLASSES OF MEMBERSHIP: SOLE CORPORATE MEMBER AND

JURISDICTIONAL MEMBERS. THE AMERICAN ASSOCIATION OF MOTOR VEHICLE

ADMINISTRATORS IS THE SOLE CORPORATE MEMBER AND THE JURSIDICTIONAL MEMBERS

ARE THOSE REPRESENTATIVE STATES, TERRITORIES AND PROVINCES OF THE UNITED

STATES AND CANADA.

FORM 990, PART VI, SECTION A, LINE 7A:

THE OFFICERS ARE ELECTED ANNUALLY BY JURISDICTIONAL MEMBERS DURING THE

ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

THE AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS (THE CORPORATE

MEMBER) MUST GIVE ADVANCED WRITTEN CONSENT BEFORE THE AAVMA REGION III

BOARD MAY DO ANY OF THE FOLLOWING:

1. CHANGE THE MISSION, PURPOSE, OR SCOPE OF THE CORPORATION AND ITS

OPERATIONS, OR THE LOCATION, SIZE OR SCOPE OF ITS SERVICES, PROGRAMS OR OPERATIONS;

2. SELL, LEASE, PURCHASE ANY REAL PROPERTY OR INCUR ANY DEBT FOR MONEY

BORROWED OR GUARANTEE THE DEBT OF ANOTHER;

3. APPROVE CAPITAL EXPENDITURE BUDGETS OR STRATEGIC AND LONG RANGE PLANS,

OR FUND RAISING PROGRAMS;

09130402 131839 064-219179-00

4. APPROVE FINANCIAL AND EMPLOYEE BENEFIT POLICIES FOR PERSONS EMPLOYED BY

THE CORPORATION, IF ANY, AND PROCEDURES AND THE APPOINTMENT OR ENGAGEMENT

OF AUDITORS, LEGAL COUNSEL AND CONSULTANTS.

Name of the organization AAMVA REGION III, INC.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT ARE AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT AND MADE AVAILABLE THE BOARDS OF EACH ENTITY PRIOR TO FILING WITH THE IRS. ALL CHANGES TO THE RETURN ARE COMMUNICATED TO THE TAX PREPARER FOR EDITING. A COPY OF THE FINAL RETURN IS PROVIDED TO THE BOARD OF EACH ENTITY.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON

REQUEST. THE CONFLICT OF INTEREST POLICY ESTABLISHED BY THE PARENT ENTITY,

AAMVA, GOVERNS AAMVA REGION III. A SEPARATE CONFLICT OF INTEREST POLICY

DOES NOT EXIST FOR THE ORGANIZATION.

932212 09-06-19

SCHEDULE R (Form 990) Department of the Treasury Department of the Treasury	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.	anizations and Unrelated Partnership: ion answered "Yes" on Form 990, Part IV, line 33, 34, 35k ▶ Attach to Form 990. gov/Form990 for instructions and the latest information.	therShips ine 33, 34, 35b, 3 ti information.	6, or 37.	• 0	OMB No. 1545-0047 2019 Open to Public Inspection
ation AAMVA REGION	III, INC.				Employer identification number 54-1732433	cation number 4 3 3
Part I Identification of Disregarded Entities. Complete if the organization	ete if the organization answered "Yes	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
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 tax-exempt organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one	or more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS - 53-0172317, 4401 WILSON BLVD, SUITE 700, ARLINGTON, VA 22203	REPRESENT US & CANADA MOTOR VEHICLE OFFICIALS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	A/A	
AAMVA REGION I, INC 54-1732328 4401 WILSON BLVD, SUITE 700 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B. II	AMVA	×
AAMVA REGION II, INC 54-1732394 4401 WILSON BLVD, SUITE 700 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	×
AAMVA REGION IV, INC 54-1732434 4401 WILSON BLVD, SUITE 700 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	×
	ins for Form 990.					Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 AAMVA	REGION III	I, INC							54-1	1732433	3 Page 2	N
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	anizations Taxable a nership during the ta	is a Partne x year.		the organiza	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	es" on Form 990	, Part IV, line	34, becaus	se it had one or r	nore relat	þe	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total sincome er	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or I Managing JIC Dartner? S50	or Percentage	0
											b	1
												1
												1
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	anizations Taxable a	is a Corpo ig the tax y	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	wered "Yes" on I	⁻ orm 990, P ₈	art IV, line 3	4, because it ha	d one or 1	nore related	
(a) Name, address, and EIN of related organization		Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	f total me	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
												I
												1
												1
												1
932162 09-10-19				- C C					Schee	dule R (Fo	Schedule R (Form 990) 2019	10

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Schedule R (Form 990) 2019 AAMVA REGION III, INC.

Page 3 54 - 1732433

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

066 u	(Forn	Schedule R (932163 09-10-19
					(6)
					(5)
					(4)
					(3)
					[2]
					(1)
	ved	Method of determining amount involv	Amount involved	Transaction type (a-s)	Name of related organization
		elationships and transaction thresholds.	is line, including covered r	<u>no must complete th</u>	2 If the answer to any of the above is "Yes," see the instructions for information on with the answer to any of the above is "Yes," see the instructions for information on with the above is "Yes," see the instruction of the above is "Yes," see the above is
Х	1s				6
×	1r				r Other transfer of cash or property to related organization(s)
4	2				d heimpursement paid by related organization(s) for expenses
×	đ				
×	10				Sharing of paid employees with related organization(s)
×	1n	1		n(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	1m			ization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	1		· · · · · · · · · · · · · · · · · · ·	nization(s)	
	¥				k Lease of facilities. equipment. or other assets from related organization(s)
	į				j Lease of facilities, equipment, or other assets to related organization(s)
	11				i Exchange of assets with related organization(s)
	1h				g
	1g				g Sale of assets to related organization(s)
	1f				f Dividends from related organization(s)
	1e				
	1d				
	1c				c Gift, grant, or capital contribution from related organization(s)
	1b				b Gift, grant, or capital contribution to related organization(s)
	1 a	L			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		h Parts II-IV?	lated organizations listed i	with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
	Yes X X X X X X X X X X X X X	Yes Yes Yes Yes Yes Ped Ped Ped	Heddle R Figure 1 <th1< th=""> <th1< th=""> 1 <th< td=""><td>Ideal organizations listed in Parts II-V7 Ideal organizations Ideal organ</td><td>And transaction threshol</td></th<></th1<></th1<>	Ideal organizations listed in Parts II-V7 Ideal organizations Ideal organ	And transaction threshol

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Schedule R (Form 990) 2019

In the percent of its activities (measured by total assets or gradient and the percent of its activities (measured by total assets or gradient and the percent of its activities (measured by total assets or gradient assets of total assets	In the percent of its activities (measured by total assets or gradient and the percent of its activities (measured by total assets or gradient and the percent of its activities (measured by total assets or gradient assets income assets inco	s ⁵ on Form 990. Part IV, line 37. ucted more than five percent of its activities (measured by total assets or gross rev line and the percent of its activities (measured by total assets or gross rev line and total state of total assets or gross rev line and total assets and total assets or gross rev line and total assets and total assets or gross rev line and total assets and total asset	Complete if the organization answered "Yes" on Form 900. Part IV, line 37. The organization conducted more than two percent of the activities (measured by total assets or gourdent from the meatinest partnerships. The organization conducted more than two percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and more than the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The original and the percent of the percent of the percent of the activities (measured by total assets) The original and the percent of the activities (measured by total assets) The percent of the pe	Schedule R (Form 990) 2019 AAMVA	REGION III,]	INC.						54-173	2433	Page 4
(e) (f) (f) (f) affersion affersion (10) f) (g) (h) (h) affersion (10) affersion (10) Code V-UBI (10) Dispropri- and of year Code V-UBI (10) visit bit affersion (10) affersion (10) (h) (h) visit bit affersion (10) affersion (10) (h) (h) visit bit assets assets (h) (h) assets assets (h) (h) (h) assets assets (h) (h) (h)	(e) (f) (g) (h) (g) Anare of variants. variables. Share of variables. Share of variables. Disporter Anare of variables. Code V-UBI end-of-year Income Code V-UBI end-of. Anare of variables. Income assets Anore of form 1065. Anare of Income Anore of form 1065. Income	(e) (f) (g) (h) (g) Remain and the state of anothing the state of anothing the state of anothing the state of income assets Remain anothing the state of anothing the state of anothing the state of the state	Image: Share of Share	ons Taxa for each e	ble as a Partnership. Cou sutity taxed as a partnershi	nplete if the organ	lization answered "Yes he organization conduc	" on Form cted more	990, Part IV, line than five percent	37. of its activities (me	easured by	total assets or c	Jross rev	enue)
(0) (0) (0) (0) (0) (0) (0) (0) Pinery activity Legal dominie Pedonitaria Pedonita Pedonita Pedonita Pedonitaria Pedoni	(b) ((e) (f) (f) (g) (f) (g) (g) (g) Legat controls Pedominant inous Pedominant inous Pedominant inous Pedominant inous Legat controls Pedominant inous Pedominant inous Pedominant inous Pedominant inous Legat controls Pedominant inous Pedominant inous Pedominant inous Pedominant inous Legat controls Pedominant inous Pedominant inous Pedominant inous Pedominant inous Legat controls Pedominant inous Pedominant inous Pedominant inous Pedominant inous Pedominant inous Pedominant inous Pedominant inous Pedominant in	Primary activity in the section of the sect	n. See ins	structions regarding exclus	ion for certain inve	estment partnerships.				-			
					(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under- sections 512-514)	(e) Are all 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
					_									
			Image: Selection of the se		_									
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			Sthermal											
			Selection R (Form 300) 2019 Selection R (Form 300) 2019		_									
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			Schedule R (Form 990) 2019		_									
			Schedule R (Form 990) 2013											
			Schedule R (Form 990) 2019		_									
			Schedule R (Form 990) 2019											
			Schedule R (Form 990) 2019		_									

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

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

File a	sonarato	application	for each	return
гие а	separate	application	for eaci	i return.

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

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.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	ridentificatio	n number (TIN)
print	AAMUA DECTON TIT INC				54-17	22122
File by the	AAMVA REGION III, INC.				54-17.	52455
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 4401 WILSON BOULEVARD, NO.		ions.			
instructions.	City, town or post office, state, and ZIP code. For a f ARLINGTON, VA 22203	foreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separat	e application for each return)			01
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (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
 If this box ▶ 1 I retting 2 If the box ▶ 	quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning OCT 1, 2019 ne tax year entered in line 1 is for less than 12 months, or Change in accounting period	Group Exe and atta AUGUS ganization's, an check rease	mption Number (GEN) I ch a list with the names and TINs of ST 16, 2021, to file return for: d endingSEP 30, 2020 on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.
b lftl	nis application is for Forms 990-PF, 990-T, 4720, or 6069			3b	\$	0.
	imated tax payments made. Include any prior year over				ф.	0.
	l ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). Se	•		3c	s	0.
	If you are going to make an electronic funds withdrawa				d Form 8879	
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instru	ctions.		Form 8	868 (Rev. 1-2020)

923841 12-30-19