

Form **8868**
(Rev. January 2025)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Taxpayer identification number (TIN) 53-0172317
	Number, street, and room or suite no. If a P.O. box, see instructions. 4250 FAIRFAX DR, 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22203	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **WENDY SIBLEY**
4250 FAIRFAX DR, STE 1000 - ARLINGTON, VA 22203

Telephone No. **(703) 908-2897** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **OCT 1**, 20 **24**, and ending **SEP 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2025)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS Doing business as		D Employer identification number 53-0172317
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4250 FAIRFAX DR 1000		E Telephone number (703) 908-2897
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22203		G Gross receipts \$ 104,828,449.
	F Name and address of principal officer: WENDY SIBLEY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number

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

J Website: WWW.AAMVA.ORG

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1956 **M** State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SERVE NORTH AMERICAN MOTOR VEHICLE AND LAW ENFORCEMENT AGENCIES TO ACCOMPLISH THEIR MISSIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	236
	6 Total number of volunteers (estimate if necessary)	6	275
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	65,553.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,299,647.	10,979,514.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,671,676.	46,779,929.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,536,848.	3,544,794.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	605,270.	182,408.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,113,441.	61,486,645.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	422,606.	382,417.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	38,382,812.	41,300,725.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,545,270.	23,266,221.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,350,688.	64,949,363.
19 Revenue less expenses. Subtract line 18 from line 12	-5,237,247.	-3,462,718.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	95,912,171.	93,332,755.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,659,133.	15,506,410.

Part II Signature Block

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

Sign Here	Signature of officer <i>Wendy Sibley</i>	Date	5/8/2026
	Signature of officer: 3CF3DE41AAE419...	Date	
Paid	Preparer's name CHICHI MSANGI	Preparer's signature CHICHI MSANGI	Date 05/08/26
	Preparer's name CLIFTONLARSONALLEN LLP	Preparer's signature CHICHI MSANGI	Date 05/08/26
Preparer Use Only	Firm's name 950 NORTH GLEBE ROAD, SUITE 1200 ARLINGTON, VA 22203	Firm's EIN 41-0746749	Check if self-employed <input type="checkbox"/> PTIN P01972113
	Firm's address 950 NORTH GLEBE ROAD, SUITE 1200 ARLINGTON, VA 22203	Firm's EIN 41-0746749	Phone no. (571) 227-9500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS (AAMVA) REPRESENTS THE STATE, PROVINCIAL, AND TERRITORIAL OFFICIALS IN THE UNITED STATES AND CANADA WHO ADMINISTER AND ENFORCE MOTOR VEHICLE LAWS. AAMVA'S PROGRAMS ENCOURAGE UNIFORMITY AND RECIPROCITY AMONG ITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 49,695,304. including grants of \$ 382,417.) (Revenue \$ 46,440,376.) IT SERVICES: AAMVA PROVIDES TECHNOLOGY THAT JURISDICTIONS, COMMERCIAL FIRMS, AND PRIVATE ORGANIZATIONS RELY ON TO SUPPORT THEIR DAILY CUSTOMER TRANSACTIONS. WHETHER IT'S AN INQUIRY OR VERIFICATION SERVICE, AAMVA SERVES AS THE INFORMATION CLEARINGHOUSE TO MAINTAIN SEAMLESS DATA EXCHANGE ON VARIOUS PLATFORMS. AN ESTIMATED 2.652 BILLION IT TRANSACTIONS WERE PROCESSED IN FY2025 WITH AN OVERALL SYSTEM UPTIME OF 99.99% ACROSS ALL SOLUTIONS.

MEMBERSHIP: SUPPORT BY AAMVA'S MEMBERS, VOLUNTEERS, WORKING GROUPS, AND COMMITTEES IS WHAT ENABLES THE ORGANIZATION TO PROVIDE VALUABLE EXPERIENCE AND EXPERTISE TO THE DEVELOPMENT OF NUMEROUS POLICIES, BEST PRACTICES, GUIDELINES, AND MORE. IN FY2025, AAMVA MEMBERS INCLUDED 69

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 49,695,304.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 20; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WENDY SIBLEY - (703)908-2897
4250 FAIRFAX DR, STE 1000, ARLINGTON, VA 22203

Form 990 (2024)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IAN GROSSMAN PRESIDENT & CEO	37.50 0.00	X		X				416,156.	0.	29,524.
(2) PHILIPPE GUIOT EXECUTIVE ADVISOR	25.00 0.00					X		365,854.	0.	21,725.
(3) WENDY SIBLEY VP FINANCE & CFO	37.50 8.00			X				288,581.	0.	27,310.
(4) SURAJIT CHATTERJEE VP TECHNOLOGY & CIO	37.50 0.00				X			268,655.	0.	27,885.
(5) EMILY PURA VP HUMAN RESOURCES	37.50 0.00				X			249,945.	0.	25,224.
(6) PHILIP QUINLAN VP BUSINESS DEVELOPMENT	37.50 0.00				X			247,382.	0.	27,499.
(7) ROBERT GONDI SR. DIR, INFRASTRUCTURE STRAT & SVCS	37.50 0.00					X		247,322.	0.	17,270.
(8) PIERRE BOYER CISO/SR DIR, ENTERPRISE ARCHITECTURE	37.50 0.00					X		240,691.	0.	23,132.
(9) PAMELA DSA VP VEHICLE PROGRAMS AND SERVICES	37.50 0.00				X			237,915.	0.	23,880.
(10) VLADIMIR BULKIN CHIEF TECHNOLOGY OFFICER	37.50 0.00					X		239,077.	0.	22,366.
(11) NOEMI ARTHUR VP MEMBER SUPPORT	37.50 0.00				X			240,809.	0.	16,800.
(12) BRIAN URSINO VP LAW ENFORCEMENT PROGRAMS AND SERV	37.50 0.00				X			231,458.	0.	17,813.
(13) GERRIT JORDAAN BUSINESS SOLUTIONS ARCHITECT	37.00 0.00					X		223,350.	0.	24,608.
(14) WALTER CRADDOCK BOARD CHAIR	2.00 2.00	X		X				0.	0.	0.
(15) ROBIN REHBORG FIRST VICE CHAIR	2.00 2.00	X		X				0.	0.	0.
(16) KEVIN SHWEDO SECOND VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(17) ROGER GROVE SECRETARY	2.00 0.00	X		X				0.	0.	0.

AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GABRIEL ROBINSON TREASURER	2.00 2.00	X		X				0.	0.	0.
(19) ERIC JORGENSEN IMMEDIATE PAST CHAIR	2.00 2.00	X		X				0.	0.	0.
(20) SPENCER MOORE IMM. PAST CHAIR (UNTIL MAY 2025)	2.00 2.00	X		X				0.	0.	0.
(21) BARRY BRATT DIRECTOR	2.00 2.00	X						0.	0.	0.
(22) ELECTRA BUSTLE DIRECTOR	2.00 2.00	X						0.	0.	0.
(23) MATTHEW COLE DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) CATHERINE CURTIS DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) MIMZIE DENNIS DIRECTOR	2.00 2.00	X						0.	0.	0.
(26) BRENDA GLAHN DIRECTOR	2.00 2.00	X						0.	0.	0.
1b Subtotal								3,497,195.	0.	305,036.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,497,195.	0.	305,036.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 174

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICROSOFT CORPORATION ONE MICROSOFT WAY, REDMOND, WA 98052	IT CLOUD SERVICES	4,552,039.
RICOH USA INC. 300 EAGLEVIEW BLVD STE 200, EXTON, PA 19341	IT HOSTING SERVICES	978,285.
APPLIED INFORMATION SCIENCES, INC., 11400 COMMERCE PARK DR STE 600, RESTON, VA 20191	IT MANAGED SERVICES	916,436.
ENTRUST CORPORATION 1187 PARK PLACE, SHAKOPEE, MN 55379	IT CLOUD SERVICES	815,363.
RSM US LLP 331 W 3RD ST STE 200, DAVENPORT, IA 52801	ERP SUPPORT AND TAX SERVICES	356,581.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 26

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,371,568.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	607,946.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			10,979,514.			
Program Service Revenue	2 a CONTRACT & USER FEES	Business Code					
		900099	43,967,682.	43,967,682.			
	b MEMBERSHIP DUES	900099	1,585,824.	1,585,824.			
	c ANNUAL CONFERENCE	900099	1,139,100.	865,100.		274,000.	
	d PUBLICATIONS	900099	87,323.	21,770.	65,553.		
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			46,779,929.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,830,710.			1,830,710.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		148,400.			148,400.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	45,055,888.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	42,906,782.	435,022.			
c Gain or (loss)	7c	2,149,106.	-435,022.				
d Net gain or (loss)			1,714,084.		1,714,084.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHARITY EVENT PASS-THR	Business Code					
		900099	13,023.			13,023.	
	b CORPORATE CREDIT CARD	900099	11,037.			11,037.	
	c MISCELLANEOUS	900099	9,948.			9,948.	
	d All other revenue						
e Total. Add lines 11a-11d			34,008.				
12 Total revenue. See instructions			61,486,645.	46,440,376.	65,553.	4,001,202.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	246,565.	246,565.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	106,259.	106,259.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	29,593.	29,593.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,581,413.	1,907,120.	674,293.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,328,083.	22,961,816.	8,366,267.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,992,271.	1,471,868.	520,403.	
9 Other employee benefits	3,022,927.	2,234,013.	788,914.	
10 Payroll taxes	2,376,031.	1,755,386.	620,645.	
11 Fees for services (nonemployees):				
a Management				
b Legal	306,974.	36,243.	270,731.	
c Accounting	264,506.	31,229.	233,277.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	78,323.		78,323.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,016,466.	2,536,751.	479,715.	
12 Advertising and promotion	197,833.	186,056.	11,777.	
13 Office expenses	467,839.	383,603.	84,236.	
14 Information technology	10,999,405.	8,436,273.	2,563,132.	
15 Royalties				
16 Occupancy	939,165.	855,092.	84,073.	
17 Travel	2,935,933.	2,673,591.	262,342.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,958,729.	2,723,789.	234,940.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	472,818.	619,029.	-146,211.	
23 Insurance	259,308.	236,095.	23,213.	
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 O.)				
a PERSONNEL EXPENSES	298,372.	271,662.	26,710.	
b DUES & SUBSCRIPTIONS	26,759.	3,159.	23,600.	
c LICENSES & PERMITS	18,032.	2,129.	15,903.	
d _____				
e All other expenses _____	25,759.	-12,017.	37,776.	
25 Total functional expenses. Add lines 1 through 24e	64,949,363.	49,695,304.	15,254,059.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,327,905.	1	4,826,866.
	2 Savings and temporary cash investments	20,462,763.	2	15,456,335.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	10,888,957.	4	13,695,264.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,093,318.	9	2,031,958.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,351,395.		
	b Less: accumulated depreciation	10b 28,863,716.	1,535,711.	10c 1,487,679.
	11 Investments - publicly traded securities	57,739,641.	11	55,079,146.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	863,876.	15	755,507.
16 Total assets. Add lines 1 through 15 (must equal line 33)	95,912,171.	16	93,332,755.	
Liabilities	17 Accounts payable and accrued expenses	12,120,951.	17	12,429,122.
	18 Grants payable		18	
	19 Deferred revenue	1,659,401.	19	1,660,034.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	257,346.	21	1,412,428.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,621,435.	25	4,826.
	26 Total liabilities. Add lines 17 through 25	15,659,133.	26	15,506,410.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	59,790,275.	27	62,370,010.
	28 Net assets with donor restrictions	20,462,763.	28	15,456,335.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	80,253,038.	32	77,826,345.
33 Total liabilities and net assets/fund balances	95,912,171.	33	93,332,755.	

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,486,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,949,363.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,462,718.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,253,038.
5	Net unrealized gains (losses) on investments	5	1,036,025.
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	77,826,345.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Table with 2 columns: Name of the organization (AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS) and Employer identification number (53-0172317)

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 95.96%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 95.68%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 3.85%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 4.13%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body power and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided and relationships.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding the Integral Part Test and activities.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 2,773.
2021 AMOUNT: \$ 31,748.
2022 AMOUNT: \$ 29,490.
2023 AMOUNT: \$ 25,666.
2024 AMOUNT: \$ 9,948.

ESCROW FUNDS

2023 AMOUNT: \$ 341,743.

CHARITY EVENTS

2023 AMOUNT: \$ 21,417.
2024 AMOUNT: \$ 13,023.

CORP CREDIT CARD REBATES

2024 AMOUNT: \$ 11,037.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 6,766,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,711,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,282,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 609,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 49,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 47,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 33,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
13	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ _____ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ _____ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ _____ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ _____ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
19	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ _____ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
25	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ _____ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
31	<hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
37	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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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
49	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. 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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE
ADMINISTRATORS

Employer identification number
53-0172317

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,877,409.	3,894,594.	982,815.
e Other		25,473,986.	24,969,122.	504,864.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,487,679.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY - OPERATING	4,826.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,826.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 61,486,645.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 64,949,363.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

AAMVA PROVIDES SECRETARIAT SERVICES FOR THE NONRESIDENT VIOLATORS COMPACT (NRVC) AND SERVES AS THE ADMINISTRATOR FOR THE SOCIAL SECURITY ADMINISTRATION, MANAGING THE COLLECTION AND DISBURSEMENT OF FUNDS ON BEHALF OF ALL PARTIES.

PART X, LINE 2:

THE ASSOCIATION AND THE REGIONS ARE EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE IRC. FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024, NO PROVISION FOR INCOME TAXES WAS MADE, AS AAMVA HAD NO NET MATERIAL UNRELATED BUSINESS INCOME.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	TRAVEL ASSISTANCE TO RECIPIENTS LOCATED IN THE REGION	FUNDING PROVIDED TO ATTEND AAMVA HOSTED CONFERENCES/WORKSHOPS	29,593.
3 a Subtotal	0	0			29,593.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			29,593.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

FUNDING PROVIDED TO SUPPORT MEMBER ATTENDANCE AT AAMVA-HOSTED CONFERENCES AND WORKSHOPS.

PART I, LINE 3:

AAMVA PROVIDES TRAVEL ASSISTANCE IN THE FORM OF REIMBURSEMENTS TO MEMBERS WHO ATTEND AAMVA CONFERENCES AND MEETINGS. ALL REIMBURSEMENT REQUESTS ARE SUBSTANTIATED WITH SUPPORTING DOCUMENTATION. THE TRAVEL REIMBURSEMENT REQUESTS ARE REVIEWED, TRACKED AND APPROVED BY MANAGERS TO ENSURE COMPLIANCE WITH AAMVA TRAVEL GUIDELINES AND AUTHORIZED TRAVEL ALLOTMENTS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **AMERICAN ASSOCIATION OF MOTOR VEHICLE
ADMINISTRATORS**

Employer identification number
53-0172317

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - 60 STATE STREET - WETHERSFIELD, CT 06161		GOVERNMENT	21,059.	0.	N/A	N/A	TRAVEL ASSISTANCE
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E. CAMELBACK ROAD SUITE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	13,023.	0.	N/A	N/A	GENERAL SUPPORT
INDIANA BUREAU OF MOTOR VEHICLES 100 NORTH SENATE AVE ROOM N440 INDIANAPOLIS, IN 46204		GOVERNMENT	11,861.	0.	N/A	N/A	TRAVEL ASSISTANCE
WISCONSIN DEPARTMENT OF MOTOR VEHICLES - P.O. BOX 7366 - MADISON, WI 53707-7366		GOVERNMENT	11,157.	0.	N/A	N/A	TRAVEL ASSISTANCE
COLORADO DEPARTMENT OF MOTOR VEHICLES - 1881 PIERCE ST ROOM 100 - LAKEWOOD, CO 80214		GOVERNMENT	9,551.	0.	N/A	N/A	TRAVEL ASSISTANCE
NEW JERSEY MOTOR VEHICLE COMMISSION - 225 EAST STATE STREET P.O. BOX 167 - TRENTON, NJ 08666		GOVERNMENT	9,484.	0.	N/A	N/A	TRAVEL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 23.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

AMERICAN ASSOCIATION OF MOTOR VEHICLE

Schedule I (Form 990)

ADMINISTRATORS

53-0172317

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES - 10311 WILSON BOULEVARD P.O. BOX 1498 - BLYTHEWOOD, SC 29016		GOVERNMENT	8,500.	0.	N/A	N/A	TRAVEL ASSISTANCE
IOWA DEPARTMENT OF TRANSPORTATION 6310 SE CONVENIENCE BLVD ANKENY, IA 50021		GOVERNMENT	8,206.	0.	N/A	N/A	TRAVEL ASSISTANCE
GEORGIA DEPARTMENT OF DRIVER SERVICES - 2206 EASTVIEW PKWY - CONYERS, GA 30013		GOVERNMENT	8,000.	0.	N/A	N/A	TRAVEL ASSISTANCE
MICHIGAN DEPARTMENT OF STATE 430 WEST ALLEGAN 4TH FLOOR LANSING, MI 48933		GOVERNMENT	7,868.	0.	N/A	N/A	TRAVEL ASSISTANCE
IDAHO TRANSPORTATION DEPARTMENT P.O. BOX 7129 BOISE, ID 83707-1129		GOVERNMENT	7,500.	0.	N/A	N/A	TRAVEL ASSISTANCE
FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES - 2900 APALACHEE PKWY - TALLAHASSEE, FL 32399		GOVERNMENT	7,332.	0.	N/A	N/A	TRAVEL ASSISTANCE
ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION - P.O. BOX 2485 - LITTLE ROCK, AR 72203		GOVERNMENT	6,604.	0.	N/A	N/A	TRAVEL ASSISTANCE
KANSAS DEPARTMENT OF REVENUE 109 SW 9TH ST TOPEKA, KS 66612		GOVERNMENT	6,576.	0.	N/A	N/A	TRAVEL ASSISTANCE
MAINE BUREAU OF MOTOR VEHICLES 101 HOSPITAL STREET AUGUSTA, ME 04330		GOVERNMENT	6,488.	0.	N/A	N/A	TRAVEL ASSISTANCE

Schedule I (Form 990)

AMERICAN ASSOCIATION OF MOTOR VEHICLE

Schedule I (Form 990)

ADMINISTRATORS

53-0172317

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE DIVISION OF MOTOR VEHICLES - 303 TRANSPORTATION CIRCLE - DOVER, DE 19903		GOVERNMENT	6,432.	0.	N/A	N/A	TRAVEL ASSISTANCE
OREGON DEPARTMENT OF MOTOR VEHICLES - 1905 LANA AVENUE NE - SALEM, OR 97314		GOVERNMENT	6,347.	0.	N/A	N/A	TRAVEL ASSISTANCE
MARYLAND DEPARTMENT OF TRANSPORTATION - 6601 RITCHIE HIGHWAY NE - GLEN BURNIE, MD 21062		GOVERNMENT	6,000.	0.	N/A	N/A	TRAVEL ASSISTANCE
SERVICE OKLAHOMA P.O. BOX 11415 OKLAHOMA CITY, OK 73136		GOVERNMENT	5,606.	0.	N/A	N/A	TRAVEL ASSISTANCE
WASHINGTON DEPARTMENT OF LICENSING PO BOX 9020 OLYMPIA, WA 98507		GOVERNMENT	5,508.	0.	N/A	N/A	TRAVEL ASSISTANCE
STATE OF LOUISIANA P.O. BOX 66909 BATON ROUGE, LA 70896		GOVERNMENT	5,481.	0.	N/A	N/A	TRAVEL ASSISTANCE
MISSOURI DEPARTMENT OF REVENUE 301 WEST HIGH STREET JEFFERSON CITY, MO 65101		GOVERNMENT	5,339.	0.	N/A	N/A	TRAVEL ASSISTANCE
OHIO BUREAU OF MOTOR VEHICLES P.O. BOX 16520 COLUMBUS, OH 43266-0020		GOVERNMENT	5,015.	0.	N/A	N/A	TRAVEL ASSISTANCE

Schedule I (Form 990)

AMERICAN ASSOCIATION OF MOTOR VEHICLE

Schedule I (Form 990) (Rev. 12-2024) ADMINISTRATORS

53-0172317

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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	120	106,259.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AAMVA PROVIDES TRAVEL ASSISTANCE TO MEMBERS ATTENDING AAMVA CONFERENCES AND MEETINGS IN THE FORM OF REIMBURSEMENTS. ALL REIMBURSEMENT REQUESTS MUST INCLUDE APPROPRIATE SUPPORTING DOCUMENTATION. THESE REQUESTS ARE REVIEWED, TRACKED, AND APPROVED BY MANAGERS TO ENSURE COMPLIANCE WITH AAMVA TRAVEL GUIDELINES AND AUTHORIZED TRAVEL ALLOTMENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

AMERICAN ASSOCIATION OF MOTOR VEHICLE

Schedule J (Form 990) (Rev. 12-2024) ADMINISTRATORS

53-0172317

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) IAN GROSSMAN PRESIDENT & CEO	(i)	394,656.	21,500.	0.	19,743.	9,781.	445,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIPPE GUIOT EXECUTIVE ADVISOR	(i)	355,854.	10,000.	0.	21,725.	0.	387,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY SIBLEY VP FINANCE & CFO	(i)	279,581.	9,000.	0.	20,177.	7,133.	315,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SURAJIT CHATTERJEE VP TECHNOLOGY & CIO	(i)	260,055.	8,600.	0.	18,502.	9,383.	296,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY PURA VP HUMAN RESOURCES	(i)	241,945.	8,000.	0.	17,942.	7,282.	275,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP QUINLAN VP BUSINESS DEVELOPMENT	(i)	241,382.	6,000.	0.	17,886.	9,613.	274,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT GONDI SR. DIR, INFRASTRUCTURE STRAT & SVCS	(i)	240,722.	6,600.	0.	17,270.	0.	264,592.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PIERRE BOYER CISO/SR DIR, ENTERPRISE ARCHITECTURE	(i)	233,591.	7,100.	0.	15,999.	7,133.	263,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAMELA DSA VP VEHICLE PROGRAMS AND SERVICES	(i)	228,815.	9,100.	0.	16,747.	7,133.	261,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) VLADIMIR BULKIN CHIEF TECHNOLOGY OFFICER	(i)	227,177.	11,900.	0.	16,550.	5,816.	261,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NOEMI ARTHUR VP MEMBER SUPPORT	(i)	235,709.	5,100.	0.	16,800.	0.	257,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRIAN URSINO VP LAW ENFORCEMENT PROGRAMS AND SERV	(i)	226,358.	5,100.	0.	13,287.	4,526.	249,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GERRIT JORDAAN BUSINESS SOLUTIONS ARCHITECT	(i)	218,500.	4,850.	0.	14,388.	10,220.	247,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

AMERICAN ASSOCIATION OF MOTOR VEHICLE

Schedule J (Form 990) (Rev. 12-2024) ADMINISTRATORS

53-0172317

Part III Supplemental Information

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

PART I, LINE 3:

IN FY2025, AAMVA USED THE FOLLOWING TO DETERMINE COMPENSATION:

- A. REVIEW OF HISTORIC SALARIES AND OTHER INTERNAL EQUITY FACTORS,
- B. INDUSTRY COMPENSATION DATA FOR COMPARABLE ROLES,
- C. PROVIDED A WORKING FILE TO PRESIDENT & CEO TO REVIEW AND APPROVE SALARY, MERIT, AND BONUS DATA (WITH METRICS AND EXECUTIVE LEADERSHIP TEAM MEMBER COMMENTS),
- D. ANNUAL PERFORMANCE EVALUATIONS TO DOCUMENT JOB PERFORMANCE WHICH ARE APPROVED BY HUMAN RESOURCES.

PART I, LINE 7:

AAMVA HAS AN ORGANIZATION-WIDE BONUS PLAN THAT IS BASED UPON OVERALL EMPLOYEE PERFORMANCE AND FUNDING AVAILABILITY. THE BONUS IS DISCRETIONARY AND DISTRIBUTED AT THE DIVISION LEVEL. DIVISION VICE PRESIDENTS AND MANAGERS HAVE THE DISCRETION TO PROVIDE BONUSES TO TOP PERFORMERS. THOUGH NOT SPECIFIC TO MINIMUM PERFORMANCE RATINGS, BONUSES ARE AWARDED BASED ON A NUMBER OF CRITERIA, GENERALLY INCLUDING, BUT NOT NECESSARILY LIMITED TO: PERFORMANCE RATING, SPECIAL PROJECTS, MAJOR DELIVERABLES, TEAM PERFORMANCE, INDIVIDUAL GROWTH, AND THE IMPACT OF WORK ON OVERALL AAMVA SUCCESS. ELIGIBLE EMPLOYEES MUST BE HIRED BY MARCH 31ST OF THE CURRENT FISCAL YEAR. THE BONUS PAYOUT TOTAL IS APPROVED BY THE BOARD EACH YEAR WITH CONSIDERATION TO FUNDING AVAILABILITY. THE FINAL BONUS PERCENTAGES ARE APPLIED TO THE EMPLOYEE'S ANNUAL SALARY FROM THE PRIOR YEAR. BONUS PAYOUTS ARE ISSUED THROUGH PAYROLL IN THE FIRST QUARTER OF THE CALENDAR YEAR.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number	53-0172317
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEMBERS. THE ASSOCIATION ALSO SERVES AS A LIAISON WITH OTHER LEVELS OF GOVERNMENT AND THE PRIVATE SECTOR. ITS DEVELOPMENT AND RESEARCH ACTIVITIES PROVIDE GUIDELINES FOR MORE EFFECTIVE PUBLIC SERVICE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
JURISDICTIONS AND 267 ASSOCIATE MEMBERS. THE ORGANIZATION ALSO HAD 325 MEMBER VOLUNTEERS AND SEVERAL COMMITTEES AND WORKING GROUPS. THESE RESOURCES ADDED TO THE ROBUST LIBRARY ON SUSPENDED DRIVERS, OFF-ROAD VEHICLES, AUTOMATED DELIVERY VEHICLES, FOREIGN DRIVER'S LICENSES, MANAGING DATA PRIVACY AND EXTERNAL ACCESS, AND THIRD-PARTY AGENT ADMINISTRATION.

CONFERENCE, WORKSHOPS, AND MEETINGS: AAMVA HOSTS VARIOUS EVENTS THAT SERVE AS PLATFORMS FOR SHARING AND COLLABORATION SO MEMBERS AND STAKEHOLDERS CAN REMAIN CONNECTED, BUILD RELATIONSHIPS, AND GAIN KNOWLEDGE ON IMPORTANT INDUSTRY MATTERS. DURING FY2025, AAMVA OFFERED 116 ONLINE EDUCATION AND ENGAGEMENT OPPORTUNITIES TO ITS COMMUNITY MEMBERS. THE ANNUAL WORKSHOP AND LAW INSTITUTE WAS HELD IN SALT LAKE CITY, UT AND THE ANNUAL INTERNATIONAL CONFERENCE DREW IN 1,114 ATTENDEES TO PHOENIX, AZ. THE AWARD WINNING PODCAST, AAMVACAST, FEATURES CONVERSATIONS WITH THOUGHT LEADERS IN THE AAMVA COMMUNITY. AAMVACAST SURPASSED OVER 60,000 DOWNLOADS AND RELEASED OVER 280 EPISODES BY THE END OF FY2025.

FORM 990, PART VI, SECTION A, LINE 1A:
THE BOARD OF DIRECTORS MAY, IN THE EXECUTION OF THE POWERS GRANTED, DELEGATE CERTAIN AUTHORITY AND RESPONSIBILITY TO THE EXECUTIVE COMMITTEE (EC) OR OTHER COMMITTEES IN ACCORDANCE WITH THE BYLAWS.

THE EXECUTIVE COMMITTEE IS COMPOSED OF SIX VOTING MEMBERS, INCLUDING THE CHAIR, THE FIRST VICE-CHAIR, THE SECOND VICE-CHAIR, THE SECRETARY, THE TREASURER AND THE IMMEDIATE PAST CHAIR. THE EC MAY ACT IN PLACE, AND INSTEAD OF, THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS ON ALL MATTERS, EXCEPT ANY MATTERS SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:
THERE IS ONE CLASS OF MEMBERS AS THE TERM IS DEFINED BY INSTRUCTIONS BY THE FEDERAL FORM 990. THIS CLASS IS COMPRISED OF 69 GOVERNMENTAL UNITS OF THE UNITED STATES OR CANADA AS SPECIFIED IN THE BYLAWS OF THE CORPORATION. THESE MEMBER JURISDICTIONS ARE REPRESENTED BY STATE, PROVINCIAL AND TERRITORIAL MOTOR VEHICLE AND ENFORCEMENT ADMINISTRATORS AND OFFICIALS HAVING RESPONSIBILITY FOR THE ADMINISTRATION AND ENFORCEMENT OF MOTOR VEHICLE LAWS. THE RIGHTS OF THE MEMBERS INCLUDE THE RIGHT TO ELECT MEMBERS AND OFFICERS OF THE GOVERNING BODY, THE RIGHT TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, AND TO APPROVE OTHER MAJOR CORPORATE MATTERS SUCH AS THE DISSOLUTION OF THE CORPORATION OR A MERGER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBER JURISDICTIONS OF THE CORPORATION HAVE THE RIGHT TO ELECT MEMBERS AND

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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OFFICERS OF THE GOVERNING BODY, GOVERNMENTAL MEMBERS AND ASSOCIATE MEMBERS.

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

MEMBER JURISDICTIONS OF THE CORPORATION HAVE THE RIGHT TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION, DISSOLUTION OF THE CORPORATION OR MERGER TRANSACTIONS INVOLVING THE CORPORATION.

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

MANAGEMENT REVIEWS AND APPROVES THE FORM 990 BEFORE FILING. THE RETURN IS SHARED ONLINE WITH EACH ENTITY'S BOARD IN ADVANCE OF SUBMISSION TO THE IRS. ANY REVISIONS ARE COMMUNICATED TO THE TAX PREPARER FOR UPDATES. MANAGEMENT ALSO CONDUCTS A FULL REVIEW OF THE RETURN WITH AAMVA'S FINANCE, INVESTMENT, & AUDIT COMMITTEE. A FINAL COPY IS THEN PROVIDED TO EACH ENTITY'S BOARD, AS WELL AS TO AAMVA'S FINANCE, INVESTMENT & AUDIT COMMITTEE AND THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

AAMVA MAINTAINS A CURRENT CONFLICT OF INTEREST POLICY, WHICH IS DISTRIBUTED ELECTRONICALLY TO ALL EMPLOYEES EACH YEAR. EMPLOYEES ARE REQUIRED TO REVIEW THE POLICY AND ACKNOWLEDGE IT ELECTRONICALLY. HUMAN RESOURCES MONITORS COMPLIANCE WITH THE POLICY. OPEN COMMUNICATION IS MAINTAINED AMONG OFFICERS, DIRECTORS, AND KEY EMPLOYEES, AND RELEVANT PARTIES ARE INFORMED OF NEW BUSINESS RELATIONSHIPS AS THEY ARISE. WHEN POTENTIAL CONFLICTS ARE IDENTIFIED, MANAGEMENT EVALUATES THE SITUATION, AND IF A CONFLICT IS CONFIRMED, THE INDIVIDUAL INVOLVED IS PROHIBITED FROM PARTICIPATING IN ANY RELATED DELIBERATIONS OR DECISIONS BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 15A:

IN FY2025, AAMVA USED THE FOLLOWING TO DETERMINE COMPENSATION:

- A. INDUSTRY COMPENSATION DATA FOR COMPARABLE ROLES
- B. PROVIDED A WORKING FILE TO PRESIDENT AND CEO TO REVIEW AND APPROVE SALARY, MERIT, AND BONUS DATA (WITH METRICS AND EXECUTIVE LEADERSHIP TEAM MEMBER COMMENTS).
- C. ANNUAL PERFORMANCE EVALUATIONS TO DOCUMENT JOB PERFORMANCE WHICH ARE REVIEWED BY HUMAN RESOURCES.

OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE EVALUATED ANNUALLY USING A PERFORMANCE MANAGEMENT SYSTEM. ALL EMPLOYEE EVALUATIONS ARE REVIEWED BY HUMAN RESOURCES. COMPENSATION FOR ALL EMPLOYEES ARE APPROVED BY THE CEO. THE DESCRIBED PROCESS WAS LAST COMPLETED IN 2025.

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

GOVERNING DOCUMENTS: AVAILABLE ON THE AAMVA WEBSITE AND UPON REQUEST.
FINANCIAL STATEMENTS: AVAILABLE ON THE AAMVA WEBSITE, CANDID (GUIDESTAR) WEBSITE AND UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization AMERICAN ASSOCIATION OF MOTOR VEHICLE ADMINISTRATORS	Employer identification number 53-0172317
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Part I Identification of Disregarded Entities. Complete if the organization 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)	(d) Total income	(e) 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AAMVA REGION I, INC. - 54-1732328 4250 FAIRFAX DRIVE SUITE 1000 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	X	
AAMVA REGION II, INC. - 54-1732394 4250 FAIRFAX DRIVE SUITE 1000 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	X	
AAMVA REGION III, INC. - 54-1732433 4250 FAIRFAX DRIVE SUITE 1000 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	X	
AAMVA REGION IV, INC. - 54-1732434 4250 FAIRFAX DRIVE SUITE 1000 ARLINGTON, VA 22203	SUPPORT AAMVA	VIRGINIA	501(C)(3)	LINE 12B, II	AAMVA	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.